



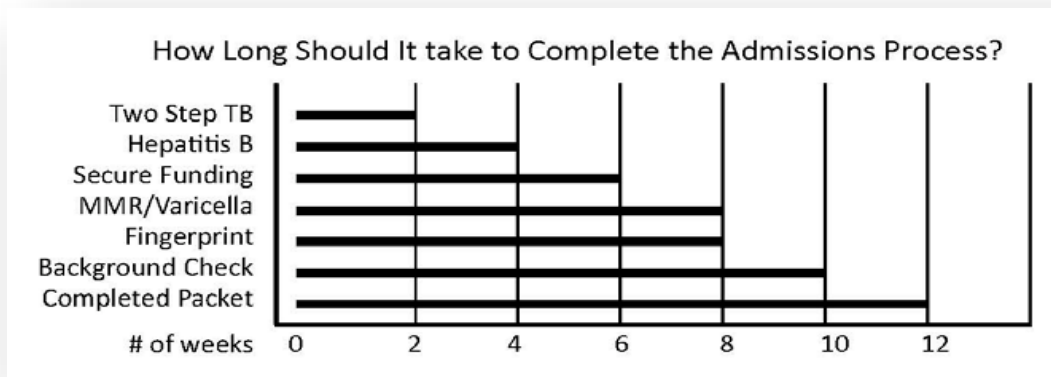
Student Name \_\_\_\_\_ Contact # \_\_\_\_\_

<p><b>1. Attend Information Session</b> (Thursdays at 3 p.m.) – or - If you cannot attend a session, email Navigator to schedule an appointment <a href="mailto:misty.martinez@gatewaycc.edu">misty.martinez@gatewaycc.edu</a> or <a href="mailto:Bianca.pineda@gatewaycc.edu">Bianca.pineda@gatewaycc.edu</a> . Front desk (602) 392-5401</p>	
<p><b>2. Obtain Student ID number/ Apply for Program.</b> You can do this from anywhere! 1) Visit main website at <a href="http://my.maricopa.edu">my.maricopa.edu</a>. If you have never attended a college in the Maricopa County Community College District (MCCCD), select “Enroll Now” <u>or</u> if you have attended within MCCCD, select “help” on right column to retrieve your student ID and MEID then got o “Enroll Now”; apply for Admission, New application, to complete your academic plan select: <b>Clock/GWCC/ Term/Career and Technical certificate, and Phlebotomy</b>; <u>or</u> Visit SWSC/ GWCC Enrollment Services in person.</p>	
<p><b>3. Take Placement Test(s) at the Testing Center in Komatke Hall B</b> Required Scores: <b>263 or higher</b> -Next Generation Reading, or <b>74</b> or higher-Accuplacer in <b>Reading</b> <b>NOTE:</b> Items that will exempt you from placement testing include: Successful completion of RDG091 or RDG100 with a “C” or higher; a college degree; (program manager will initial this document to approved exemption).</p>	
<p><b>4. Secure Funding</b> Options for funding pgs. 3, 4.</p>	
<p><b>5. Complete “Student Declaration of Citizenship or Status”</b> (Attached, page 7) Documents that can be used to complete this requirement include: Valid original Driver’s License –or-U.S. Certificate of Birth.</p>	
<p><b>6. Obtain Level One Finger Print Clearance Card</b> Code: ARS 15-1881 Students must go to: <a href="http://www.azdps.gov/">http://www.azdps.gov/</a> and follow the online process. DPS: (602) 223-2279</p>	
<p><b>7. Obtain Healthcare level CPR certification</b> (See page 2 of appropriate requirements)</p>	
<p><b>8. Establish Account with Castle Branch Background Check</b> (Instructions attached, page 14)</p>	
<p><b>9. Complete “Health and Safety Documentation”</b>(page 8 for a list of documentation) Upload documentation of vaccines and/or lab results or declinations to each required field within Castle Branch. The Healthcare provider form <b>MUST</b> be signed by licensed healthcare examiner. (Download forms from Castle Branch)</p>	
<p><b>10. Complete Castle Branch background check and requirements with “COMPLIANT” results.</b></p>	
<p><b>11. Schedule an appointment for intake with the Navigator</b>- email: <a href="mailto:misty.martinez@gatewaycc.edu">misty.martinez@gatewaycc.edu</a> or <a href="mailto:bianca.pineda@gatewaycc.edu">bianca.pineda@gatewaycc.edu</a> or by Phone:(602) 392-5401 . Attend an intake session <b>ONLY</b> when your <b>packet is complete</b>, you have all required documents, and you are ready to pay or have funding secured.</p>	
<p><b>12. Payment</b></p> <ul style="list-style-type: none"> <li>❖ The Navigator will provide you with a Registration Form to review and sign.</li> <li>❖ Payments can be made 24 hours after submitting packet for enrollment. Cash payments can be made in person at SWSC student financial services, credit/debit card payments can be made over the phone at GateWay (602) 286-8277.</li> <li>❖ Payments must be submitted at least 35 days prior to start of class.</li> </ul>	



You must take the Registration Form to “Cashier” services. After payment is made or funding is secured from third party vendor, please bring the signed Secured Funding Form with the completed packet back to the Navigator and/or Reception Desk.

***The admission requirements and costs of GateWay SouthWest Skill Center programs are subject to change. Students must consult with the Navigator to ensure appropriate requirements are met.***



\* All timeframe are estimated and can be completed in more or less time dependent on student

### CPR Card Requirement and Acceptable Providers

Having a current CPR card is required. It must be valid for one year from the start of the program. The training cannot be online and it must include hands-on training AED, Adult, Child and Infant CPR. Provider level (**Healthcare Provider (BLS) or Professional Rescuer**) CPR certification card from **ANY** national certifying organization.

### Financing Your Education

You are responsible for the total program cost, which includes tuition and fees, out-of-pocket expenses, and any additional expenses associated with this program. You are to secure sufficient financial aid or Agency funding, and/or an established payment plan during your enrollment.



PROGRAM TUITION AND FEES	PHLEBOTOMY
Registration Fee*	\$15.00
Tuition Clock Hour	\$1,500.00 (300 X \$5)
Course Fees	\$305.00
<b>TOTAL Tuition &amp; Fees</b>	<b>\$1,820.00</b>

\*Registration fee is applied per fiscal year: July 1 – June 30<sup>th</sup>. If a student’s program crosses over June 30<sup>th</sup>, a 2<sup>nd</sup> Registration Fee will be assessed. Add \$15.00. \*All tuition and fees are subject to change pending MCCCDC Governing Board Approval.

**Additional Expense.** Books and student uniforms are not part of tuition costs. Other admission requirements will not be covered as part of tuition. All admission requirements are estimated and dependent on what items the student will need to obtain. Student will also be responsible for obtaining a urine drug screen within a specified time. This screening is done on a random basis. **Do NOT obtain a drug screen on your own** as it cannot be used. Screen results from tests taken prior to the start of the program will not be accepted. Information concerning the urine drug test will be given at orientation. The charge for this testing is approximately \$37.00. A positive screen for any reason will require a review by the Medical Review Officer. Any student not cleared by the Medical Review Officer will be immediately withdrawn. A \$36.50 externship fee will also apply prior to externship paid directly to My Clinical Exchange.

Listed below are some options for how to finance your education.

- ❖ **Agency Funding-** Obtain required paperwork from agency (Maricopa or Phoenix Workforce Connection, Arizona Youth Resources, etc.) These agencies have specific criteria that must be met. Please work carefully with your agency. A firm obligation/intent to pay with your name and amount must be received from the agency prior to enrollment.
- ❖ **Pay In Full (Buy-In)** - Use cash, check, or credit card to pay in full at time of packet acceptance and admission into the program.
- ❖ **Payment Plan (Buy-In)**-The student will be responsible for signing up for the Equal Payment Plan and make their first payment prior to the start of their program. The student will be required to make their payment by the 1<sup>st</sup> of each month for the amount of their payment plan. Payment plans are required to be complete by the 20<sup>th</sup> of the month before the program end.

MONTHLY PAYMENT (ROUNDED) (Varies by length of the program)	PHLEBOTOMY (PHB105)
Payment plan amount - \$1,820.00   3 total payments	\$607.00

## Verification of Complete Packet

Schedule an appointment with the Navigator to review your packet. The Navigator will make photocopies as required. They will verify that all admission requirements have been met by completing the Packet Intake Checklist.

- ❖ Partial packets will NOT be accepted.
- ❖ All packets must be hand delivered. NO exceptions.
- ❖ Submission of the packet does not guarantee admission.
- ❖ Admission is based on eligibility, completed documents, and space in the program.

## Your Financial Account

For your convenience, you can view account activity at [www.my.maricopa.edu](http://www.my.maricopa.edu). Cash or check payments can be made at any GateWay campus including the SouthWest Skill Center, Central City or GateWay Washington campus. Credit card payments are also accepted via phone at (602) 286-8277.

## Refund Policy for Credit/Clock Classes

Students who officially withdraw from credit/clock classes (in fall, spring, or summer) within the withdrawal deadlines listed below will receive a 100% refund for tuition, class and registration processing fees. Deadlines that fall on a weekend or a college holiday will advance to the next college workday except for classes fewer than 10 calendar days in length or as specified by the college. Calendar days include weekdays and weekends. Refer to individual colleges for withdrawal and refund processes. Never attending is not an allowable refund exemption or an excuse of the debt incurred through registration.

Length of Class	Official Withdrawal Deadlines for 100% Refund
1-9 calendar days	Prior to the class start date
10-19 calendar days	1 calendar day including the class start date
20-29 calendar days	2 calendar days including the class start date
30-39 calendar days	3 calendar days including the class start date
40-49 calendar days	4 calendar days including the class start date
50-59 calendar days	5 calendar days including the class start date
60-69 calendar days	6 calendar days including the class start date
70+ calendar days	7 calendar days including the class start date

*\*Course fees and registration processing fees will be refunded only if the student qualifies for a 100% refund. Debts owed to any MCCCCD college must be satisfied before any refunds are paid to the student. Refunds for students receiving federal financial assistance are subject to federal guidelines. Requests for exceptions to the refund policy must be filed within one year from the semester in which the course was taken.*

## Maricopa Student Refund Program (MSRP)

Once your packet is complete and you have secured your funding, your packet will be submitted for processing of registration. Your next step would be to set up your Maricopa Student Refund Program (MSRP) account. In the event

that you would be due a refund, having the account in place may prevent delays for you.

Money Network® is processing all student refunds for the Maricopa Student refund Program (MSRP). To ensure you receive your student refunds, you will need to enroll with Money Network® using this link:  
<https://www.enroll.moneynetworkedu.com/blackboard/enrollmentApp.gft?orgId=11296>

To set up your account, you will need the following information:

- ❖ Your student ID#
- ❖ Your date of birth
- ❖ Your OFFICIAL Maricopa Student email address

For more information: [www.my.maricopa.edu/msrp](http://www.my.maricopa.edu/msrp)

## Course Curriculum

All classes are ran as a cohort and each course is completed with a predetermined amount of hours. Class curriculum is comprised of classes that will equal out to fulfill entire program hours. All courses are not reflective of the actual curriculum that will be addressed in class. Courses are broken down into grouping of material covered to complete a total of 270 clock hours, as follows:

PLC109- Phlebotomy Basic Skills

PLC111- Phlebotomy

PLC122- Practicum- Phlebotomy & Specimen Processing

## Externship

Externship Locations/Hours vary and are not guaranteed to reflect the classroom days and times.

Externship placement is dependent on site availability. Traveling outside of the West Valley may be required.

Your own transportation is required to attend and complete your externship.

Externship Location CANNOT be changed once selected. Without accepting location could result in withdraw from program, NO completion.

## Uniforms and Professional Appearance

You are required to wear scrubs. Top and bottom must be maroon. Shoes must be white sneakers made of a non-absorbent material (leather-like, no fabric), no mesh or small holes. Scrub locations will be provided upon request. Phlebotomy Scrubs color: Maroon.

Hair is required to be of a natural color. No visible body piercings or tattoos.

## Disability Resource Center, Classroom Accommodations

Students with disabilities who believe that they may need accommodations in a class or program must contact the Disability Resource Center (DRC) at GateWay at (602) 286-8171. The manager of Disability Resource Center is responsible for determining a student's eligibility for services and will notify the faculty in writing of the accommodations requested. During the first class session, faculty members shall announce that students may meet

with them during office hours if they need special accommodations for a disability. If you have a question or concern, please contact the DRC. For more information about accommodating students, visit the website at <https://www.gatewaycc.edu/disability-resources>

## **Nondiscrimination Policy**

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities.

## **Notice**

GateWay Community College reserves the right to change, without notice, any materials, pricing, information, curriculum requirements, and regulations stated in this publication.



## Explanation of Health and Safety Requirements

### A. MMR (Measles/Rubeola, Mumps, & Rubella)

MMR is a combined vaccine that protects against three separate illnesses – measles, mumps and rubella (German measles) – in a single injection. Measles, mumps, and rubella are highly infectious diseases that can have serious, and potentially fatal, complications. The full series of MMR vaccination requires two doses. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you can have an IgG MMR titer drawn, which provides evidence of immunity to each disease. If the titer results are POSITIVE, showing immunity to each disease, upload a copy of the lab results.

#### Options to meet this requirement:

1. Submit documentation of two MMR vaccinations on separate dates at least 4 weeks apart.  
OR
2. Lab documentation of POSITIVE titer results for each disease (measles, mumps and rubella).
3. NEGATIVE or EQUIVOCAL titer results for measles, mumps or rubella shows lack of immunity, meaning you must Submit documentation of one MMR booster (vaccination) dated after negative or equivocal titer.

### B. Varicella (Chickenpox)

Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV). Infection with chickenpox also makes people susceptible to develop herpes zoster (shingles) later in life. The best means of preventing chickenpox is to get the varicella vaccine.

Varicella vaccination is required for all healthcare workers who do not meet evidence of immunity by having met any of the following criteria: a). Documentation of receiving 2 doses of varicella vaccine, separated by at least 4 weeks or b). Laboratory evidence of immunity or laboratory confirmation of disease. If you haven't had the varicella vaccine or if you don't have a blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.

#### Options to meet this requirement:

1. Documentation of two varicella vaccines, including dates of administration. OR
2. Upload a copy of proof of a POSITIVE IgG titer for varicella. If the titer is NEGATIVE or EQUIVOCAL. Upload documentation of one varicella (vaccination) booster dated after negative or equivocal titer.

**C. Tetanus/Diphtheria/Pertussis (Tdap):**

Tetanus, diphtheria, and pertussis are serious bacterial illnesses which can lead to illness and death. Tdap vaccination can protect against these diseases and is recommended for healthcare personnel with direct patient contact who have not previously received Tdap. Tdap vaccination can protect healthcare personnel against pertussis and help prevent them from spreading it to their patients.





The Td vaccine protects against tetanus and diphtheria, but not pertussis. Following administration of Tdap, a Td booster should be given if 10 years or more since the Tdap. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap can be administered regardless of interval since the previous Td dose.

To meet this requirement:

Provide documentation of a Tdap vaccination administered after the age of 11 and then a Td vaccination every 10 years thereafter.

**D. Tuberculosis (TB)**

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis* which usually infects the lungs, but can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria develops tuberculosis. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal.

All students entering a MCCCDC Healthcare program are required to upload documentation showing negative TB disease status. Documentation may include a negative 2-step Tuberculosis Skin Test (TBST) or negative blood test (QuantiFERON or T-Spot) performed within the previous six (6) months. The TBST or negative blood test must remain current throughout the semester of enrollment.

To maintain compliance with annual TB testing requirements, students who initially submitted a 2-step TBST may submit a current 1-step TBST for subsequent annual testing. A TBST is considered current if no more than 365 days have elapsed since the date of administration of the second of the 2-step TBST. Most recent skin testing or blood test must have been completed within the previous six (6) months.

If you have ever had a positive TBST, you must provide documentation of a negative blood test or negative chest X-ray. You will also need to complete a TB Symptom Screening Questionnaire annually.

To meet this requirement:

1. Proof of a negative 2-step TBST completed within the previous 6 months, including date given, date read, result, and name and signature of the healthcare provider. A 2-step TBST consists of an initial TBST and a boosted TBST 1-3 weeks apart.  
OR
2. Submit documentation of a negative blood test (QuantiFERON or T-Spot) performed within the last six months.  
OR
3. Submit documentation of a negative chest X-ray if TBST or Blood Testing is positive.



4. **POSITIVE RESULTS:** If you have a positive TBST, provide documentation of negative chest X-ray or negative blood test and a completed MCCCDC Tuberculosis Screening Questionnaire. The questionnaire can be found in the CastleBranch Medical Document Tracker. This questionnaire must be completed annually.

#### **E. Hepatitis B**

MCCCDC students may be exposed to potentially infectious materials which can increase their risk of acquiring hepatitis B virus infection, a serious disease that can cause acute or chronic liver disease which can lead to a serious, lifelong illness. MCCCDC recommends that all students receive the hepatitis B 3-vaccine series administered over a 6 month period. Obtain the first vaccination; the second is given 1 - 2 months after the first dose and the third injection is 4 - 6 months after the first dose.

Effective immunization status can be proven by a titer confirming the presence of anti-Hbs or HepBSab antibodies in the blood. This titer is recommended but not mandatory.

Students may choose to decline the hepatitis B vaccine; however, lack of immunity to hepatitis B means that students remain at risk of acquiring the disease.

#### Options to meet this requirement:

1. Submit a copy of laboratory documentation of a positive HbsAb titer.  
OR
2. Upload a copy of your immunization record, showing completion of the three Hepatitis B injections. If the series is in progress, upload a copy of the immunizations received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation. One to two months after your last immunization, it is recommended that you have an HbsAb titer drawn.  
OR
3. Upload a copy of your signed Hepatitis B declination noting that by declining the vaccine you continue to be at risk of acquiring hepatitis B, a serious disease. MCCCDC declination form is available in CastleBranch.

#### **F. Influenza (Flu Vaccine)**

Influenza is a serious contagious respiratory disease which can result in mild to severe illness. Susceptible individuals are at high risk for serious flu complications which may lead to hospitalization or death.

The single best way to protect against the flu is annual vaccination. A flu vaccine is needed every season because: 1). the body's immune response from vaccination declines over time, so an annual vaccine is needed for optimal protection; 2). because flu viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and sometimes updated to keep up with changing flu viruses. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season.

Students are required to be vaccinated every flu season and to upload documentation proving annual vaccinations.

To meet this requirement:

Upload a copy of proof of flu vaccine proving annual vaccination.

**G. CPR (Basic Life Support) Certification**

CPR is a procedure performed on persons in cardiac arrest in an effort to maintain blood circulation and to preserve brain function. MCCCCD students are required to learn CPR by completing an acceptable Basic Life Support course. CPR certification must include infant, child, and adult, 1-and 2-man rescuer, and evidence of a hands-on skills component.

CPR courses are offered at numerous locations throughout the greater Phoenix area. The American Heart Association provides in-person courses and an online course. Students who complete online courses must complete the hands-on skills training and testing. CPR training without the hands-on skills training and testing component will not be accepted. Students are required to maintain current CPR certification throughout enrollment in the program.

To meet this requirement:

Upload a copy of the signed CPR card (front and back) or CPR certificate.

**H. Level One Fingerprint Clearance Card**

All students admitted to any MCCCCD healthcare program are required to obtain and maintain a valid Level One Arizona Department of Public Safety Fingerprint Clearance Card (FCC). The FCC must remain current throughout every semester of enrollment in the program.

If the FCC is suspended or revoked at any time during the program, the student must report this to the Program Director within five (5) school days and will be unable to continue in the program until the FCC is reinstated.

To meet this requirement:

Upload a copy (front and back) of a current Level One DPS Fingerprint Clearance Card.

**I. Health Care Provider Signature Form**

Must be completed and signed by a licensed healthcare provider (M.D., D.O., N.P., P.A.) within the past six (6) months.

To meet this requirement:

Upload a copy of the signed Health Care Provider Signature form completed within the past six (6) months.

### **J. CastleBranch Clearance Document**

All students admitted to a MCCCDC healthcare program are required to show a "Pass" result on the MCCCDC-required supplemental background screening completed within the past six (6) months through CastleBranch. Information regarding the background clearance is obtained from the MCCCDC healthcare program following your acceptance into the program.

Please note that results for the CastleBranch self-check cannot be accessed by the program. If you have done a self-check, you will be required to do an additional background check through CastleBranch using your program access code.

To meet this requirement:

Upload a copy of your CastleBranch clearance completed within the previous six (6) months showing a "Pass" status.

### **IMPORTANT:**

- Healthcare students have a responsibility to protect themselves and their patients and families from preventable diseases. All students will purchase a supplemental background screen and Medical Document Tracker from CastleBranch. Program requirements will be approved by CastleBranch.
- Students are responsible for maintaining all health and safety requirements and to submit documentation by due date. Failure to maintain program health and safety requirements will result in inability to continue clinical experiences and may result in withdrawal from the program.
- All immunization records must include student name and the signature of healthcare provider.
- Health and safety requirements are subject to change depending on clinical agency requirements.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_ Email: \_\_\_\_\_

***Must attach documentation (copies of lab reports, immunization records, CPR card, etc.) as indicated for each of the following to be in compliance with Maricopa Community College requirements. Fingerprint clearance card, CPR certification and TB skin test must be current through the semester of enrollment or duration of practicum experiences. See "Explanation of Requirements" in the Allied Health Shared Student Policies handbook for specific detail.***

**A. MMR (Measles/Rubeola, Mumps and Rubella):** Requires documented proof of a positive IgG MMR titer or documented proof of One MMR series.

1. MMR vaccination: Dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_  
**OR**

2. Date & titer results:

Booster: \_\_\_\_\_  
Measles: \_\_\_\_\_  
Mumps: \_\_\_\_\_  
Rubella: \_\_\_\_\_

**B. Varicella (Chickenpox):** Requires documented proof of positive IgG titer or documented proof of Varicella series.

1. Varicella vaccination dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_ **OR**  
2. Date & results of varicella IgG titer: Date: \_\_\_\_\_ Result: \_\_\_\_\_  
Booster: \_\_\_\_\_

**C. Tetanus/Diphtheria/Pertussis (Tdap):** You must provide proof of a one-time Tdap vaccination and Td booster if 10 years or more since Tdap vaccination

1. Tdap vaccine: Date: \_\_\_\_\_  
**OR**  
2. Td booster: Date: \_\_\_\_\_

**D. Tuberculosis:** Documentation is required for all tests. For individuals who have not received a TB test within the past year, will need to receive a 2-Step TB test. This consists of two separate TB test; an initial TB skin test and a second TB skin test 1-3 weeks apart. After completion of the 2-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a QuantiFERON test or negative chest X-ray and annual documentation of a TB disease-free status. Most recent skin testing or blood test must have been completed within the previous six (6) months.

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.



Initial Test (#1)                      Date: \_\_\_\_\_                      Date Read: \_\_\_\_\_                      Results: Negative or Positive  
 Boosted Test (#2)                      Date: \_\_\_\_\_                      Date Read: \_\_\_\_\_                      Results: Negative or Positive

2. Annual 1-step TBST (accepted only from continuing students who have submitted initial 2-step TBST)  
 Date: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results: Negative or Positive

**OR**

3. Negative blood test (Either QuantiFERON or TSpot)  
 QuantiFERON Date: \_\_\_\_\_  
 T-Spot Date: \_\_\_\_\_

**OR**

4. Negative chest X-ray

**OR**

5. Documentation of a negative chest X-ray (x-ray report) or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire (available in CastleBranch).  
 Date: \_\_\_\_\_

**E. Hepatitis B:** Documented evidence of completed series or positive antibody titer or signed declination form. If you have not received any injections, do not get a titer. The second injection of the series is 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose.

Date Titer received: \_\_\_\_\_ Results: \_\_\_\_\_

Date of 1st injection: \_\_\_\_\_ Date of 2nd injection: \_\_\_\_\_ Date of 3rd injection: \_\_\_\_\_

**OR**

HBV Vaccination Declination Attached

**F. Influenza:** Documented evidence of influenza vaccination for the current flu season or declination.

Date of Injection: \_\_\_\_\_ OR Signed Declination Form Attached

**G. For Dental programs- Documented evidence of completed Ophthalmic Exam**

Date of Exam: \_\_\_\_\_

**H. For Dental programs- Documented evidence of completed Dental Exam (Excluding Mesa Community College)**

Date of Exam: \_\_\_\_\_

**I. For Dental programs-Documented evidence of completed Physical Exam**

Date of Exam: \_\_\_\_\_

**J. CPR Card (Healthcare Provider level):** An official certification is required  
 (In-Person or Hybrid training courses are only accepted)

Date card issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**K. Level One Fingerprint Clearance Card:** Date card issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**L. CastleBranch Clearance Document:** Passed Date: \_\_\_\_\_

**M. Clearance for Participation in Clinical Practice**

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

I believe the applicant (print name) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ WILL OR \_\_\_\_\_ WILL NOT be able to function as an allied Health student as described above.

If not, explained:

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**Health Care Provider Form:** Reviewed and signed by a licensed health care provider (M.D., D.O., nurse practitioner, or physician's assistant) within the past six (6) months.

**Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.):**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



# How to Place Order

Welcome to **myCB**

To place your order go to

<https://portal.castlebranch.com/si64>

Package Name (if applicable)

Medical Assistant: SJ11bgim - Background Check - Medical Document Manager

Medical Assistant- Honor Health HHC: OH74bgim - Background Check, Document Manager

Phlebotomy: SJ07bgim - Background Check - Medical Document Manager

Spanish Medical Interpreting: SJ10bgim - Background Check - Medical Document Manager

Place Order

Select Program

Select package

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

Please have ready personal identifying information needed for security purposes.

The email address you provide will become your username.

Contact Us: 888.914.7279 or [servicedesk.cu@castlebranch.com](mailto:servicedesk.cu@castlebranch.com)