



# CLOCK HOUR HEALTHCARE APPLICATION

## INFORMATION/APPLICATION PACKET

NA-PCT PATHWAY \_\_\_\_\_ NA ONLY \_\_\_\_\_

OPHTHALMIC ASST \_\_\_\_\_ PHLEBOTOMY \_\_\_\_\_

CLINICAL LAB ASST \_\_\_\_\_ PCT STAND ALONE \_\_\_\_\_

PHARMACY TECH \_\_\_\_\_

LOCATION: CENTRAL CITY CAMPUS \_\_\_\_\_

DEER VALLEY CAMPUS (PATHWAY ONLY) \_\_\_\_\_

## APPLICANT CHECKLIST

Please use this checklist to help organize and collect the required materials necessary for your Information/Application Packet.

**Incomplete packets will not be accepted.**

This checklist will be the first page, **please bring this along with your completed packet** to:

**GateWay Community College  
Trade and Technical Training  
Health Occupations  
1245 E. Buckeye Road  
Phoenix, AZ 85034**

- Signed **Healthcare Program Information form**
- Signed **Background Check Acknowledgement form**
- **Health and Safety Documentation** checklist along with proof of all applicable immunizations/titers attached.
- **Health Care Provider Signature form** completed and signed by a licensed physician, nurse practitioner, or physician assistant
- Copy of current **Health Care Provider CPR** card (must remain current throughout the program)
- Copy of high school diploma, GED certificate, or high school transcript
- Copy of front & back of current, unrestricted **AZ Level 1 Fingerprint Clearance Card** (AZ DPS). You must bring the actual card so all information is verified.
- Assessment Test scores (**Done prior to application submittal**)
- Student **must** have Federal Aid, Agency Pay or Self Pay funding started and completed prior to attending any clock hour Healthcare class.

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### FOR OFFICE USE ONLY

Verified that Information/Application Packet is complete:

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

**1. Applicants seeking admission to any Healthcare Program must attend a Healthcare Information Session for assistance in completing the application process.**

**2. Student Information Form:** Complete this form at GATEWAY CENTRAL CITY enrollment if you are a new student to the campus. The information is necessary for your transcript evaluation and registration for courses.

**3. High School graduation or GED** is required. Please proof submitted to both GATEWAY CENTRAL CITY Healthcare and GATEWAY CENTRAL CITY enrollment.

**4. Transcripts:**

Request that all official colleges/universities transcripts be sent to the Admissions Office at the college. Please request that the institution include a current name and student identification number. It is the students' responsibility to confirm the receipt and evaluation of all transcripts with the Advisor/Admissions Officer.

**5. Fingerprint Requirement:**

Submit a current **Level One** Fingerprint Clearance Card. Any copies for your application will be obtained by the school after visual inspection of the original. Allow up to 12 weeks to receive the card.

**6. Immunizations (see details in application)**

**7. Healthcare Provider Form signed (In application)**

**8. Healthcare provider CPR card**

**9. Accuplacer for English Comprehension (Score of 56 or above) and Elementary Algebra(** Score of 20 or above) or transcript proof of passing score in class ENG091 and MAT081.

### **ATTENDANCE, DRUG SCREENING, AND FINGERPRINT REQUIREMENTS**

A minimum of 95% attendance is required to remain in the program. Drug screening tests are random. They will be administered from as early as orientation until the end of the first day of class and as necessary, throughout the program. Again, a current Level One Fingerprint Clearance Card is required for admission to the any GATEWAY CENTRAL CITY healthcare program and must be maintained throughout.

### **FINANCIAL REQUIREMENTS**

The GATEWAY CENTRAL CITY healthcare Program is a clock hour financial aid eligible program. Tuition, fees, class materials, and uniforms are all included within the program fee. Once an applicant is offered a seat, a payment must be secured required by the date specified by the GATEWAY CENTRAL CITY business office, or the seat will be forfeited.. **Be sure to do your financial aid early. Failure to have financial requirements completed will result in your seat being withdrawn.**

- GATEWAY CENTRAL CITY'S FINANCIAL AID OFFICE ASSISTS YOU WITH APPLYING FOR FEDERAL AID SUCH AS GRANTS AND LOANS.
- ALL FINANCIAL AID QUESTIONS SHOULD BE DIRECTED TO THE FINANCIAL AID OFFICE AT 602.238.4398.
- TO BE CONSIDERED FOR FEDERAL AID, STUDENTS MUST COMPLETE THE FAFSA ONLINE: [WWW.FAFSA.ED.GOV](http://WWW.FAFSA.ED.GOV)
  - YOU NEED YOUR PREVIOUS YEAR'S TAX RETURN IN ORDER TO COMPLETE THE FAFSA.
  - GATEWAY CENTRAL CITY'S SCHOOL CODE IS **E00701**
- THE OA PROGRAM IS ELIGIBLE FOR PELL GRANT FUNDING (TO THOSE WHO QUALIFY).
- APPLY FOR FINANCIAL AID EARLY TO AVOID DELAYS IN ENROLLMENT.

If you have questions about your funding (out-of-pocket or 3<sup>rd</sup> party agency students), or you need to make a payment, please contact the Business Office at (602) 238-4340/4347. The OA Program is eligible for Financial Aid to those who qualify. **Be sure to do your financial aid early.**

### **TEXTBOOKS AND SUPPLIES**

Your textbook will be distributed at the start of class at GATEWAY CENTRAL CITY and is included in the program total cost. After the first class textbooks are non refundable. You will need to provide standard school supplies – paper, pens, a 4 inch binder, etc.

### **DRESS CODE**

Healthcare students wear GATEWAY CENTRAL CITY scrubs during class lab and extern/ off-site days. Scrub fees will be discussed at orientation. The dress code and other requirements will be discussed in greater detail on the first day of class.

\*\*\*\*\* Requirements can change and are subject to current class standards. Requirements will be approved based on the current status of each program and are subject to change.

**STUDENT HEALTH AND SAFETY DOCUMENTATION CHECKLIST  
(ALL HEALTHCARE PROGRAMS)**

**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 Healthcare requirements.**

**Fingerprint clearance card, CPR certification and TB skin test *must be current through the semester of enrollment.* See "Explanation of Requirements" 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.

Date & results of IgG titer: Measles/Rubeola: \_\_\_\_\_ Mumps: \_\_\_\_\_  
Rubella: \_\_\_\_\_

If unable to provide proof of positive titer, list immunizations and dates received:  
MMR Series/Dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_

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

Date of IgG titer: \_\_\_\_\_

If unable to provide proof of positive titer, list all varicella immunizations and dates received:

#1 \_\_\_\_\_ #2 \_\_\_\_\_

**C. Tetanus/Diphtheria/Pertussis (Tdap):** One-time dose of Tdap, followed by a Td booster every 10 years.

Tdap Date: \_\_\_\_\_ Td: \_\_\_\_\_

**D. Tuberculosis:** Documentation of a tuberculin skin test (TST). For individuals who have never had a TB test, this consists of an initial TB skin test and a boosted 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 within the last 2 years, 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.**

**TB Skin Test:**

Initial Test (#1) Date: \_\_\_\_\_ AND Date of Reading: \_\_\_\_\_ Results: Negative

**OR** Positive

**AND**

Boosted Test (#2) Date: \_\_\_\_\_ Date of Reading: \_\_\_\_\_ Results: Negative **OR** Positive

**Annual Update:**

Date: \_\_\_\_\_ Date of Reading: \_\_\_\_\_ Results: Negative **OR** Positive

**OR** Chest x-ray Date: \_\_\_\_\_ Results: Negative **OR** Positive Date of Symptom Sheet:

\_\_\_\_\_

QuantIFERON Test: Date: \_\_\_\_\_ Results: Negative **OR** Positive

Applicant: \_\_\_\_\_ Student ID \_\_\_\_\_ Date: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Hepatitis B:** Documented evidence of completed series or positive antibody titer. If you have not received any injections, do not get a titer. If you are beginning the series, first injection must be prior to admission, the second injection is 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose. A Hepatitis B titer is recommended 1-2 months after dose #3 to confirm immunity.

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

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

**OR**

HBV Vaccination Declination Form Date: \_\_\_\_\_

**F. CPR Card (Healthcare Provider level):** An official **card** is required (online certificates are not accepted)

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

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

**H. 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.

**I. Certified Background Clearance Document:** Passed Date: \_\_\_\_\_

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

**IMPORTANT:** All students placed in GATEWAY CENTRAL CITY Healthcare must provide documentation of compliance for the vaccinations and TB testing required to protect patient safety. Only students providing documentation of health and safety requirements are enrolled in Healthcare courses. The Health Occupations Department will accept only photocopies of all documentation of health-related materials. Students

are responsible for maintaining their records and must submit documentation when due. All immunization records must include your name and the signature of your healthcare provider.

**A signature on the Health Care Provider Signature form, without proof of immunization or titer status, is NOT acceptable.**

Health and Safety requirements are subject to change depending on clinical agency requirements.

**EXPLANATION OF HEALTH AND SAFETY REQUIREMENTS**

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

Options to meet this requirement:

a. Attach a copy of proof of positive IgG antibody titer for Measles/Rubeola, Mumps and Rubella or completion of one series of MMR immunizations. One "series" of immunizations includes immunization for each disease on separate dates at least 28 days apart.

b. 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. If the titer results are POSITIVE, attach a copy of the lab results to the health declaration form. If any of the titer results are NEGATIVE or EQUIVOCAL, you must get your first MMR vaccination and attach documentation to this health and safety documentation checklist. The second MMR must be completed after 28 days and proof submitted to the nursing department.

**B. Varicella (Chickenpox)**

Options to meet this requirement:

a. Attach a copy of proof of a positive IgG titer for varicella.

b. If the titer is NEGATIVE or EQUIVOCAL, attach a copy of proof to this health and safety documentation checklist that you received the first vaccination. Complete the second vaccination 30 days later and submit proof to the nursing department.

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

Tdap = Tetanus / Diphtheria / Pertussis Td = Tetanus / Diphtheria

You must provide proof of Tdap vaccination, followed by a Td booster every 10 years. Attach proof of a Tdap vaccination and Td if indicated.

**D. Tuberculosis (TB)**

All students entering the healthcare program are required to submit documentation of a negative tuberculosis status. Documentation may include a negative 1-step or 2-step Tuberculosis Skin Test (TST). If you have ever received a TST in the past, you are required to get a 1-step TST before beginning the nursing program. If you have never had a TST in the past, you are required to receive a 2-step TST. A TST is considered current if no more than 365 days have elapsed since the administration of the test. For a 2-step TST, the 365 day time interval starts the day the second test is administered. If you have ever had a positive TST, you must provide documentation of a negative QuantiFERON test or negative chest X-ray. Your most recent skin testing or blood test must have been completed within the previous six (6) months. Documentation for TB skin testing requires date given, date read, result, and the name and signature of the healthcare provider. If you have a positive TST, provide documentation of negative QuantiFERON blood test OR negative chest X-ray within the last 2 years and annual completion of a Tuberculosis Screening Questionnaire.

### **E. Hepatitis B**

If you have not received the injections in the past, do not get a titer. You must obtain the first injection and attach a copy as requested. The second injection is given 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose. Documentation required:

Submit a copy of proof of a positive HbsAb titer.

OR

Attach a copy of your immunization record, showing completion of the three Hepatitis B injections.

If the series is in progress, attach 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.

### **G. CPR Card:**

You must have a Healthcare Provider CPR card (Basic Life Support). CPR certification must include infant, child, and adult, 1 and 2-man rescuer, and evidence of a hands-on skills component. Attach a copy of both sides of the CPR card to this form. CPR certification must remain current through the semester of enrollment. A fully online CPR course will not be accepted.

### **H. Level One Fingerprint Clearance Card:**

All students admitted Healthcare Programs are required to obtain a valid Level One Arizona Department of Public Safety Fingerprint Clearance Card (FCC). The original Fingerprint Clearance Card (FCC) will need to be presented and validated prior to course registration. The FCC must remain current throughout the semester of enrollment.



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. The student must be able to show his or her FCC during the clinical rotations upon request.

#### **I. Health Care Provider Signature Form:**

Must be completed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant within the past six (6) months. A signature on the Health Care Provider Signature form, without proof of immunization or titer status, is NOT acceptable.

#### **J. Certified Background Clearance Document:**

All students admitted to healthcare are required to show a "Pass" result on the MCCCCD-required background screening through Certified Background. Information on the background clearance is obtained from health care once you are accepted into a program. Please note that results for the Certified Background self-check cannot be accessed by the nursing program. If you have done a self-check, you will be required to do an additional background check through Certified Background using your Nursing Program access code.

**HEALTH DECLARATION:** It is essential that healthcare students be able to perform a number of physical activities in the externship portion of the program. At a minimum, students will be required to lift patients, 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 direct patient care. The externship 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. Individuals should give careful consideration to the mental and physical demands of the program prior to making application. All students must provide documentation of compliance with all health and safety requirements. Only students in compliance with the mandatory health and safety requirements are permitted to enroll in ophthalmic courses. Students will meet these requirements by providing the Health/Safety Requirements Documentation Checklist with all required documentation attached, and a signed Health Declaration Form.

**BACKGROUND CLEARANCES:** To be eligible for admission or maintain enrollment in Maricopa County Community College District's (MCCCCD) Allied Health programs students must be in compliance with all of the following:

- A copy of an Arizona Department of Public Safety Level One Fingerprint Clearance Card must accompany the Ophthalmic Assistant Program Application. Fingerprint Clearance Cards that are not Level One status will not be accepted.
- A signed original version of the Criminal Background Check Disclosure Acknowledgement form must accompany the Ophthalmic Assistant Program application. The required form is included as an attachment to this application packet.

- Documentation of a pass result on the Certified Background check. Students possessing the required Certified Background check on the date of actual admission that is more than 6 months old or students who have been in a program for more than 12 months may be required to obtain an updated Certified Background check.

**Additional information regarding the Certified Background check will be provided once a complete Healthcare admission packet has been received.**

At all times during enrollment students must obtain and maintain BOTH a valid Level One Fingerprint Clearance Card and a passing disposition on the Certified Background check. Admission requirements related to background checks are subject to change as mandated by clinical experience partners.

- Obtain Department of Public Safety (D.P.S.) Level 1 FCC Application Packet at Student Services or from AZ DPS.
- Cost is \$69 (subject to change)
- It can take up to 6-8 weeks to receive card.
- Visit DPS site at <http://www.azdps.gov/Services/Fingerprint/>

*Please note, a valid FCC card will be needed upon application submittal. Please be sure to give at least two months prior application submittal for it to arrive. You must have the actual card to apply.*

**DRUG SCREENING:** All students are required to complete a urine drug screen at some point during the program. All students are required to complete the urine drug screening procedure under the specified program account code, within the specified timeframe, and according to directions given at the time of notification. Faculty will instruct students on this process and **students should NOT complete the process prior to receiving further instructions.** Students will receive specific instructions on completing the urine drug screen during the healthcare Program Orientation. Only students in compliance with the screening guidelines and receiving a negative drug screen, as reported by the Medical Review Officer (MRO), will be permitted to continue their enrollment in Ophthalmic Assistant courses.

## Health Care Provider Signature Form

### Instructions for Completion of Health Care Provider Signature Form

A health care provider **must** sign the Health Care Provider Signature Form **within six (6) months of program admission** and indicate whether the applicant will be able to function as a nursing assistant student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant.

(Please Print)

Applicant Name \_\_\_\_\_ Student ID  
Number \_\_\_\_\_

It is essential that HEALTHCARE students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, 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 direct patient care. The extern 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. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I have reviewed the GateWay Central City Essential Skills and Functional Abilities for HEALTHCARE. I believe the applicant

**WILL** or  **WILL NOT** be able to function as an GATEWAY CENTRAL CITY HEALTHCARE student as described above.

If not, explain:

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### LICENSED HEALTH CARE EXAMINER (M.D., D.O., N.P., or P.A.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

### **Essential Skills and Functional Abilities for Healthcare Students**

Individuals enrolled in Maricopa HEALTHCARE PROGRAMS must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the GATEWAY CENTRAL CITY HEALTHCARE PROGRAMS must determine, on an individual basis, whether a reasonable accommodation can be made.

<b>Functional Ability</b>	<b>Standard</b>	<b>Examples Of Required Activities</b>
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment such as a syringe and administer medications by all routes, fining tuning of instruments and gauges.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc. Visual acuity to read calibrations on 1 cc syringe, assess color (cyanosis, pallor, etc). Tactile ability to feel pulses, temperature, palpate veins, etc. Olfactory ability to detect smoke or noxious odor, etc.
Behavioral/ Interpersonal / Emotional	Ability to relate to colleagues, staff and patients with honesty, integrity and nondiscrimination. Capacity for development of mature, sensitive and effective therapeutic relationships. Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds. Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes.	Establish rapport with patients/clients and colleagues. Work with teams and workgroups. Emotional skills sufficient to remain calm in an emergency situation. Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of clients. Adapt rapidly to environmental changes and multiple task demands. Maintain behavioral decorum in stressful situations.
Safe environment	Ability to accurately identify patients. Ability to effectively communicate with	Prioritizes tasks to ensure patient safety and standard of care.

Functional Ability	Standard	Examples Of Required Activities
for patients, families and co-workers	<p>other caregivers.</p> <p>Ability to administer medications safely and accurately.</p> <p>Ability to operate equipment safely in the clinical area.</p> <p>Ability to recognize and minimize hazards that could increase healthcare associated infections.</p> <p>Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls.</p>	<p>Maintains adequate concentration and attention in patient care settings.</p> <p>Seeks assistance when clinical situation requires a higher level or expertise/experience.</p> <p>Responds to monitor alarms, emergency signals, calls from patients, and orders in a rapid and effective manner.</p>
Communication	<p>Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language).</p> <p>Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy</p>	<p>Gives verbal directions to or follows verbal directions from other members of the Ophthalmic team and participates in health care team discussions of patient care.</p> <p>Elicits and records information about health history, current health state and responses to treatment from patients or family members.</p> <p>Conveys information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner.</p> <p>Establishes and maintain effective working relations with patients and co-workers.</p> <p>Recognizes and reports critical patient information to other caregivers.</p>
Cognitive/ Conceptual/ Quantitative Abilities	<p>Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis.</p> <p>Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities.</p> <p>Ability to comprehend three-dimensional and spatial relationships.</p> <p>Ability to react effectively in an emergency situation.</p>	<p>Calculates appropriate medication dosage given specific patient parameters.</p> <p>Analyzes and synthesize data and develop an appropriate plan of care.</p> <p>Collects data, prioritize needs and anticipate reactions.</p> <p>Comprehend spatial relationships adequate to properly administer injections, assess correctly patient concerns as well as proper treatment plans.</p> <p>Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers.</p> <p>Transfers knowledge from one situation to another.</p> <p>Accurately processes information on medication container, Ophthalmologists orders, and monitor</p>

Functional Ability	Standard	Examples Of Required Activities
		and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.
Punctuality/ work habits	Ability to adhere to MCCDOA policies, procedures and requirements as described in the Student class syllabi, college catalog and student handbook. Ability to complete classroom and clinical assignments and submit assignments at the required time. Ability to adhere to classroom and clinical schedules. Ability to be on time and to adhere to the Attendance guidelines.	Attends class and clinical assignments punctually. Reads, understands and adheres to all policies related to classroom and clinical experiences. Contact instructor in advance of any absence or late arrival. Understand and complete classroom and clinical assignments by due date and time.

WAIVER OF LICENSURE / CERTIFICATION GUARANTEE

Upon satisfactory completion of the Healthcare Program the student is eligible to receive a Certificate of Completion from GATEWAY CENTRAL CITY. Please note: Completing the courses and requirements does not guarantee certification. Certification requirements are the exclusive responsibility of the healthcare board for each specific program.

# HEALTHCARE PROGRAM STUDENT INFORMATION FORM

NAME (last, first, middle): \_\_\_\_\_ Student ID# \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LIST ALL PREVIOUS NAMES THAT MAY BE NOTED ON TRANSCRIPTS OR SCHOOL RECORDS: \_\_\_\_\_

\_\_\_\_\_

ARE YOU 18 OR OVER?  Yes  No

DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITIES THAT MAY LIMIT YOUR PERFORMANCE AS AN OPHTHALMIC STUDENT?

Yes  No EXPLANATION: \_\_\_\_\_

## EDUCATION RECORD

**HIGH SCHOOL NAME:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEGREE OR DIPLOMAS:

**COLLEGE/ UNIVERSITY NAME:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEGREE OR DIPLOMAS:

**TRADE OR TECHNICAL TRAINING:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ **DEGREE/DIPLOMA:** \_\_\_\_\_

**MILITARY EXPERIENCE** (LIST ALL HEALTH OCCUPATIONS TRAINING ACQUIRED DURING ACTIVE MILITARY DUTY):

\_\_\_\_\_

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**HEALTH OCCUPATIONS EDUCATION & EMPLOYMENT HISTORY**

1. HAVE YOU EVER ATTENDED A HEALTH OCCUPATIONS COURSE?  Yes  No
2. DO YOU CURRENTLY HOLD A CERTIFICATE FROM A HEALTH OCCUPATIONS COURSE?  Yes  No  
If you answered yes to question #1 or #2, please answer the following:

NAME OF PROGRAM: \_\_\_\_\_ LENGTH OF PROGRAM: \_\_\_\_\_

TYPE OF CERTIFICATE: \_\_\_\_\_

3. HAVE YOU EVER WITHDRAWN, BEEN RELEASED OR TERMINATED FROM A HEALTH OCCUPATIONS COURSE OR PROGRAM?

Yes  No If yes, please explain the circumstances of your release:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. HAVE YOU WORKED IN THE HEALTH CARE/ OCULAR FIELD IN THE PAST?  Yes  No

If yes, please explain:

\_\_\_\_\_

5. ARE YOU CURRENTLY EMPLOYED IN THE HEALTH CARE/ OCULAR FIELD?  Yes  No

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_

PHONE: \_\_\_\_\_

WILL YOU CONTINUE TO WORK WHILE IN SCHOOL?  Yes  No

If yes, how many hours and what shifts? \_\_\_\_\_

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**FINANCIAL INFORMATION**

1. ARE YOU BEING SPONSORED BY AN AGENCY?  Yes  No

AGENCY NAME: \_\_\_\_\_ COUNSELOR NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## **SUMMARY OF CRIMINAL BACKGROUND CHECK REQUIREMENTS for Allied Health and Nursing Programs, Maricopa County Community College District:**

### **Overview of the Requirements**

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Allied Health and Nursing programs ("Programs") beginning on September 1, 2011, students must provide with their application to a Program all of the following:

A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted.

An original version of the "**Criminal Background Check Disclosure Acknowledgement**" form attached to this Summary signed by the student.

A document from MCCCD's authorized vendor for background checks demonstrating that the student has passed the background check. Students are required to pay the cost of obtaining the background check. Students whose background checks on the date of actual admission to a Program that are more than 6 months old or students who have been in a Program for more than 12 months may be requested to obtain an updated background check. The addition of this criminal background check is due to the fact that some of MCCCD's largest clinical experience partners have established standards that are more stringent than those for obtaining a Card.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners.

### **Implementation of the Requirements**

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.

2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.

3. The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the data collection form of the MCCCD authorized

background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that

Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:

Legal Name

Maiden Name

Other names used

Social Security Number

Date of Birth

Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.

Pending criminal charges that have been filed against you including dates and details. Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCCD background check vendor will be asked to pass or fail each student based on the standards of MCCCCD's clinical experience partners that have established the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCCD.

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*(Student: Sign and Attach to Application)*

**ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS  
APPLICABLE TO STUDENTS SEEKING ADMISSION TO ALLIED HEALTH OR NURSING  
PROGRAMS ON OR AFTER SEPTEMBER 1, 2011**

**Maricopa County Community College District**

In applying for admission to a Nursing or Allied Health program ("Program") at the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDC authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction, or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form.

Additionally, you must disclose anything that is likely to be discovered in the MCCCDC supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCDC authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally, by signing this acknowledgement, you acknowledge the following:

- I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCDC supplemental criminal background check.
- I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
- I understand that I must submit to and pay any costs required to obtain an MCCCDC supplemental background check prior to the start of the class.
- I understand that failure to obtain a "pass" as a result of the MCCCDC supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
- I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
- I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCDC, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
- I understand that the both the MCCCDC supplemental or the clinical agency background check may include but are not limited to the following:

- Nationwide Federal Healthcare Fraud and Abuse Databases
  - Social Security Verification
  - Residency History
  - Arizona Statewide Criminal Records
  - Nationwide Criminal Database
  - Nationwide Sexual Offender Registry
  - Homeland Security Search
- By virtue of the MCCCCD supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:
    - Social Security Search-Social Security number does not belong to applicant
    - Any inclusion on any registered sex offender database
    - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
    - Any conviction of Felony no matter what the age of the conviction
    - Any warrant any state
    - Any misdemeanor conviction for the following - No matter age of crime
      - violent crimes
      - sex crime of any kind including nonconsensual sexual crimes and sexual assault
      - murder, attempted murder
      - abduction
      - assault
      - robbery
      - arson
      - extortion
      - burglary
      - pandering
      - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
      - any abuse or neglect
      - any fraud
      - illegal drugs
      - aggravated DUI
    - Any misdemeanor controlled substance conviction last 7 years
    - Any other misdemeanor convictions within last 3 years
    - Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)

- I understand that I must disclose on all background check data collection forms (DPS, MCCCCD background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
- I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCCD has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
- I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
- I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program.

# ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name and Student ID

\_\_\_\_\_

Health Care Program

Upon acceptance of the healthcare packet, students will be advised of additional required steps.

**NURSING ASSISTANT AND PATHWAY STUDENTS ONLY**

Student Acknowledgement:

**As of January 1, 2012 the Arizona State Board of Nursing requires all Certificates of Completion associated with Nursing Assistant Programs be issued by Headmaster LLP/D & S Diversified Technologies LLP (Referred to as Headmaster).**

The student is required to provide the following information to the Nursing Assistant Program instructor of record or designee in order to receive a Certificate of Completion.

This information will be conveyed electronically to Headmaster. Upon receipt of this information, the student will be registered with Headmaster.

**PLEASE PRINT LEGIBLY:**

Name: (as it appears on Arizona issued picture ID) \_\_\_\_\_

*\*Picture IDs need to be copied and handed to instructor or designee at time of orientation*

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Cell Phone (with area code): \_\_\_\_\_

I (*print legibly*) \_\_\_\_\_, have read and understand the contents of the Headmaster Student Acknowledgement Form and give Gateway Community College and/or the GateWay Central City permission to share this information with Headmaster LLP/D & S Diversified Technologies LLP.

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

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

## **INFORMATION FOR NURSING ASSISTANT/ PATHWAY STUDENTS ONLY**

- **ZERO TOLERANCE POLICY:** The Nursing Assistant/Patient Care Associate Pathway Program supports a Zero Tolerance Policy for the following behaviors:
  - Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
  - Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
  - Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.Students engaging in this misconduct are subject to immediate dismissal from nursing classes and disciplinary action as described in the Student Handbook of the college/skill center.
- **HEALTH DECLARATION:** It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, 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 direct patient care. The clinical nursing 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. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.  
**All students placed in the nursing program must provide documentation of compliance of all health and safety requirements required to protect patient safety.** Only students providing documentation of compliance are permitted to enroll in nursing courses. Students will meet these requirements by providing the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form, with all documentation attached, as directed. If a religious/personal belief or medical variance is required, address all requests for variance to the Director of the Nursing Division at GateWay Community College.
- **FINGERPRINTING REQUIREMENT:** Fingerprint clearance is required for enrollment in nursing courses. Fingerprint clearance is required to work and care for children, the elderly, and any vulnerable adult. If there is a positive criminal history, a fingerprint clearance may be denied. The Level One Fingerprint Clearance Card cannot expire during the program. The Level One Fingerprint Clearance Card required for the program will not meet the requirements for certification through the Arizona State Board of Nursing.
- **DRUG SCREENING:** All students are required to submit to a urine drug screening laboratory test. Students must complete the urine drug screening under the program account number, within the specified timeframe, and according to directions given at the time of notification to meet this requirement. Only students meeting the drug screening requirement and receiving negative drug screens, as reported by the Medical Review Officer (MRO), will be permitted to maintain enrollment in nursing courses.



- **HESI A2 ADMISSION EXAMINATION FOR THE PRACTICAL NURSE PROGRAM:** The student will be required to complete the HESI-A2 Admission Examination with an English Composite score at 75% or higher and a math score of 75% or higher by the end of the pathway prior to admission to the GateWay Practical Nurse program. No rounding is allowed to meet this criteria. **A review course and HESI A2 information will be provided during the pathway program of study.** A student who enters the pathway having met the HESI A2 requirement may waive this portion of the pathway.
- **WAIVER OF LICENSURE/CERTIFICATION GUARANTEE:** Admission or graduation from the NA/PCA Pathway Program does not guarantee a license or certification. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation. According to A.R.S. § 32-1646 (B), an applicant for nursing assistant certification is not eligible for certification if the applicant has had any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge from the sentence for all felony convictions must be received five (5) or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board will notify you that you do not meet the requirements for certification.

All nursing assistant applicants for certification will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. All applicants with a positive history are investigated. If there is any question about eligibility for licensure or certification, contact the nursing education consultant at the Arizona State Board of Nursing (602-771-7800).