

Today's Date: _____

Midland College Nurse Aide Program

Last Name First Name Middle Name

Social Security Number Date of Birth Student ID

Street Address City State Zip Code

Email Address Phone Number

How did you hear about this course? _____

Do you have a Canvas Account? _____

The following information is requested by the State of Texas for reporting purposes:

Sex: _____ Male _____ Female

Ethnicity: _____ White _____ Black _____ Hispanic _____ Asian _____ American Indian _____ Other

Highest Level Education: _____ Continuing Education Student _____ GED _____ High School Grad
_____ Associate Degree _____ Baccalaureate/+

*****Office Records*****

Course #(s): NURA1001.HS NURA1060.HS

Class Start Date: _____ Clinical Start Date: _____

Registration Requirements:

_____ Must be 18 yrs. old

_____ Photo ID or Driver's License. & Social Security Card

(Must be the same on both)

_____ CPR Certification – *within the last 2 years*

Must be American Heart Association Basic Life Support

Immunizations:

_____ Tetanus (Tdap or Td) *must be within last 10 yrs.*

_____ MMR *If born after 1957, must have 2 shots*

_____ Varicella (chicken pox) *2 doses*

_____ Hepatitis B series *all 3 completed before registration*

_____ Tuberculosis (TB) test (negative) *must be within last 12 months*

_____ Flu *during flu season (October – March)*

_____ Covid *(completed series)*

Forms:

_____ Policies

_____ Background Check

_____ PLN

_____ FERPA

_____ Registered

_____ Paid (cash check cc m/o A/R)

_____ Background Check

_____ Employability Check

Midland College
Health Sciences
Continuing Education
Student Handbook Compliance Form

I have read, understood, and will comply with the Health Sciences
Continuing Education Student Policy Handbook (which can be found at:
<https://www.midland.edu/continuing-education/documents/hsce-student-handbook.pdf>).

(Student Printed Name)

(Student Signature)

(Date)





Professional Licensing Notice

Student ID#: _____

Student DOB: _____

Completion of Midland College degrees and/or certificates does not guarantee eligibility to take a certification/registry/licensure examination. The eligibility of each person is determined on an individual basis by the regulatory body of the specific discipline. If you have a conviction of a crime other than a minor traffic violation, physical or mental disability/illness, hospitalization/treatment for chemical dependency within the past five years, current intemperate use of drugs or alcohol or a previous denial of a licensure or action by a licensing authority, you will need to contact the specific regulatory body for an individual ruling. Some programs require a criminal background check and urine and drug screen.

I have read and understand the statement above.

Print Name

Signature

Date

Midland College
Health Sciences Continuing Education
Release of Information Form

Clinical Agencies require proof of compliance with health and safety requirement. The HSCE program director or their designee will provide this information to the clinical agencies which request that such information be provided.

I, _____, do hereby authorize the Midland College Health Sciences Continuing Education department to release any of the following information to clinical agencies as requested:

- ☐ Criminal Background Check Results (if applicable)
- ☐ Drug Test Results (if applicable)
- ☐ Proof of Immunization Records
- ☐ Lab Testing Results (such as blood titers indicating immunity to communicable diseases)
- ☐ Proof of CPR Training
- ☐ Proof of Insurance Coverage
- ☐ Date of Birth

I understand that this authorization will expire when I am no longer enrolled in any Health Sciences Continuing Education classes.

Name of Student (please print) _____

Signature of Student _____

Date _____

Program of Study _____



Criminal Background Check

It is a state requirement that a criminal background check be conducted prior to students entering selected clinical settings dealing with children and individuals with mental illness, mental retardation, or physical limitations. Be aware that if you have had a misdemeanor or felony conviction (other than a minor traffic violation) you may not be able to go to certain clinical facilities and may not be able to complete your health science program.

In order to do a background check, the following information is required:

Last Name

First Name

Middle Name

Date of Birth

Ethnicity

Gender

Social Security Number

Signature

Date



Midland College
Health Sciences Continuing Education
Advanced Technology Center
3200 W. Cuthbert
Midland, TX 79701

Immunization Information

Hepatitis B	3 dose series-#2 at least 4 weeks after #1, dose #3 at 5 months after dose #2.
Influenza	1 dose annually, inactivated intramuscularly or live attenuated vaccine intranasal.
**MMR(LIVE)	HCP born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. Give SC.
**Varicella (Chickenpox)(Live)	For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.
Tetanus, Diphtheria, Pertussis	Give a dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy. Give TD booster every 10 years thereafter. Give IM>.
**Meningococcal (Not During Preg)	Give 1 dose to microbiologists who are routinely exposed to isolates of N. meningitides and boost every 5 years if risk continues. Give MCV4 IM; if necessary to use MPSV4, give SC.
TB Skin Test	Mantoux Tuberculin Skin Test is performed by injecting a small amount of fluid into the skin in the lower part of the arm. You must return within 48 to 72 hours to have it read and return the report. Test is only given on M-TU-F and read three days later.
**	Are NOT to be administered while Pregnant

Midland Health & Senior Services	Bring copy of Shot record & insurance card if you have one.
(Midland Health Department)	The state will NOT turn away someone if they cannot pay.
Kingsway Center (Midkiff & Illinois)	They file for private insurance now.
3303 W. Illinois, Suite 22	16 to 18 years pay \$20.00 for all immunizations.
Midland, TX 79703	They do have administrative fees.
432-681-7613	Prices differ for each circumstance.

Other options:

Preferred Medical Clinic	NO-MMR or VARICELLA	TB \$50.00	Tdap \$50.00
1200 Andrews Hwy		Influenza(Flu) \$25.00	Hepatitis B \$90.00 each
Midland, TX 79701		Meningococcal \$150.00	
432-520-5678			*Prices Subject to Change

HEB Pharmacy	Recommended Time:	Influenza (Flu) \$37.00	Tdap \$54.00
3325 W. Wadley Ave	10-3, Monday - Friday	Hepatitis B \$75.00 each	Varicella \$140.00
Midland, TX 79707		MMR \$94.00	Meningococcal \$130.00
432-697-1484	Other Injections available		*Prices Subject to Change

April 2022