

Coastal Bend College

Beeville Alice Kingsville Pleasanton

HALO- Flight EMS TRAINING ACADEMY –EMT Packet

Packet must be completed and turned in before the first day of class. Missing information will result in the student being dropped from the class.

Student Name: _____

Location: _____

Check list:

____ Completed Student Information Sheet

____ Criminal Background check- \$40.75 – <https://mycb.castlebranch.com/>

____ Signed Criminal Background Statement

____ Copy of High School Diploma or GED

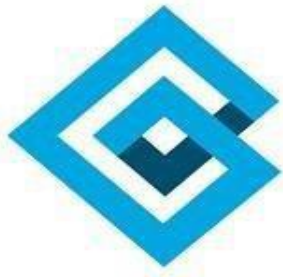
____ Course fees: \$933.00 (does not include books or supplies)

____ Proof Immunization to include:

Note: if you do not have a record – you will need a prescription to obtain vaccinations from a clinic (Walgreens, HEB, etc.)

- Hepatitis B Vaccines
- Tetanus/Diphtheria
- Measles/Mumps/Rubella
- Varicella
- TB skin Test (a **negative TB result within 6 months prior to clinical date**)

____ **Pre- requisite:** Student must provide proof of American Heart Association- CPR Certification Health Care Provider.



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Student Information Sheet

Applicant /Student Name:

Date: _____

Site/Location:

Mailing Address:

Email Address:

Contact Phone number: _____

Alternate Phone Number: _____

Students supplies needed on the first day of class:

_____ Pearson Education, Emergency Care 13th edition, by Daniel Limmer, ISBN:

0-13-419132-3 KIT INCLUDES :(Textbook, Workbook, MyBradyLab)

_____ Uniforms and medical equipment that are required for clinical will be discussed on the first day of class. And will be the responsibility of the student.



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Criminal Background Statement

Applicant/Student (Print Name) _____

Social Security Number: _____ DOB: _____

Campus Site/High School: _____

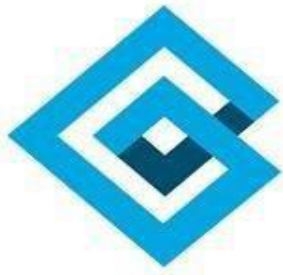
Signature of Parent or guardian (if minor):
(By signing the parent or guardian is consenting to a background check of the minor listed above)

Signature: _____ Date: _____

I understand if I am guilty of any of the below crimes I will not be allowed to participate in the clinical component of the Phlebotomy Training Program.

I have not been convicted of the following crimes:

- An offense under Chapter 19, Penal Code (criminal homicide),
- An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint); An offense under Section 22.11, Penal Code (indecent with a Child);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02., Penal Code (aggravated assault);
- An offense under Section 22.,04, Penal Code, (injury to a child, elderly individual, or disabled individual), An offense under Section 22.041, Penal Code (abandoning and endangering Child);
- An offense under Section 22.08, Penal Code (aiding suicide);
- An offense under Section 25.031, Penal Code (agreement to abduct from custody): An offense under Section 25.08, Penal Code (sale or purchase of a child);
- An offense under Section 28.02, Penal Code (arson);
- An offense under Section 29.02, Penal Code (robbery);
- An offense under Section 29.03, Penal Code (aggravated robbery);
- A conviction under the laws of another state, federal law, or the Uniform code of Military Justice for an offense containing elements that are substantially similar the elements of a offense listed under Subdivision (1)-(13).
 - a. A conviction of an offense under Section 30.02, Penal Code (burglary) or
 - b. A conviction under the laws of another state, federal law, or the Uniform code of Military Justice for an offense containing elements that are substantially similar the element of an offense under Section 30.03, Penal Code.
- In addition, I have not been convicted of the following crimes within the last five years: an offense under Chapter 22.o1, Penal Code (assault), that is punishable as a Class A misdemeanor or as a Felony: an offenses under Chapter 31, Penal Code (theft), that is punishable as a felony an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution),that is punishable as a Class A misdemeanor or as a felony' or an offense under Section 32.46, Penal Code (securing execution of a document by deception). That is punishable as a Class A misdemeanor or as a Felony.



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Student Information

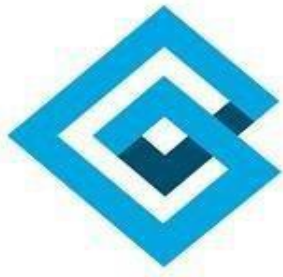
Student Name: _____

(Please keep for your records)

Rule 97.62

Exclusion from compliance are allowable on an individual bases for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States, children and students in these categories must submit evidence for exclusions from compliance as specified in the Health and Safety Code, 161.004(b), Health and Safety Code, 161.0041, Education Code, Chapter 38, Education Code, Chapter 51, and the Human Resource Code, Chapter 42.

- (1) To claim an exclusion for medical reasons, the child or student must present a statement signed by the child's physician (MD or DO) duly registered and licensed to practice medicine in the United States who has examined the child, in which it is stated that, in the physician's opinion, the vaccination required is medically contraindicated or poses a significant risk to the health and well- being of the child or any member of child's household. Unless it is written in the statement that a lifelong condition exists, *this exemption statement is valid for only one year from the date signed by the physician.*
- (2) To claim exclusion for reasons of conscience, including a religious belief, a signed affidavit must be presented by the child's parent or legal guardian, stating that the child's parent or legal guardian declines vaccinations for reasons of conscience, including because of the person's religious beliefs. The affidavit will be valid for a two- year period. The child, who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by the commissioner of public health.
 - (A) A person claiming exclusion for reasons of conscience, including a religious belief, from a required immunization may only obtain the affidavit form by submitting a written request to the department. The request must include the following:
 - (I) Full name of child; and
 - (II) Child's date of birth (month/day/year)
 - (B) Requests for affidavit forms must be submitted to the department through one of the following methods:
 - (i) Written request through the United States Postal Service (or other commercial carrier) to the department at DHS Immunization Branch, Mail code 1946, PO Box 149347, Austin, TX. 78714-7544
 - (ii) By facsimile at (512) 458-7544;
 - (iii) BY HAND-DELIVERY AT THE DEPARTMENT'S PHYSICAL ADDRESS AT 1100 West 49th St. Austin TX. 78756 or
 - (iv) Via the department's Immunization program Internet website (go to www.ImmunizeTexas.org).



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- (C) Upon request, one affidavit form per each child will be mailed unless otherwise specified (shall not exceed a maximum of five forms per child)
- (D) The department shall not maintain a record of the names of individuals who request an affidavit and shall return the original request (where applicable) with the forms requested.
- (E) To claim exclusion for armed forces, persons who can prove that they are serving on active duty with the armed forces of the United States are exempted from the requirements in these sections.

Rule 97.64

Required Vaccinations for Students Enrolled in Health-Related Courses in Institutions of Higher Education

- (a) This section applies to all students enrolled in health-related courses, which will involve direct patient contact in medical or dental care facilities. This includes all medical interns, residents, fellows, nursing students, and other who are being trained in medical schools, hospitals, and health science centers listed in the Texas Higher Education Coordinating Board's list of higher education in Texas; and regardless of the number of courses taken, number of hours taken, and the classification of the student.
- (b) Students may be provisionally enrolled for up to one semester or one quarter to allow students to attend classes while obtaining the required vaccines and acceptable evidence of vaccination.
- (c) Students cannot be provisionally enrolled without at least one dose of measles, mumps, and rubella vaccine if direct patient contact will occur during the provisional enrollment period.
- (d) Polio vaccine is not required. Students enrolled in health-related courses are encouraged to ascertain that they are immune to poliomyelitis.
- (e) One dose of tetanus-diphtheria toxoid (Td) is required within the last ten years.
- (f) Students who were born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968.
- (g) Students must show, prior to patient contact, acceptable evidence of vaccination of one dose of rubella vaccine.
- (h) Students born on or January 1, 1957, must show prior to patient contact, acceptable evidence of vaccination of one dose of mumps vaccine
- (i) Students shall receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus.
- (j) Students shall receive two doses of varicella vaccine unless the first dose was received prior to thirteen years of age.



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Order Instructions for **HALO- Flight, Inc • EMS**

1. Go to <https://mycb.castlebranch.com/>
2. In the upper right hand corner, enter the Package Code that is below.

Package Code **HF46**: Background Check

About

About CastleBranch

HALO•Flight, Inc • EMS and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

Order Summary

Payment Information

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us

For additional assistance, please contact the Service Desk at 888•723•4263 or visit <https://mycb.castlebranch.com/help> for further information.



Office of Admissions/Registrar
3800 Charco Road Beeville TX 78102
361-354-2245 Phone 361-354-2254 Fax

For Office Use Only	
Date reviewed: _____	Qualified: Yes _____ No _____
Reason not awarded: _____ _____	
Site: ___ Bee ___ Alice ___ King ___ Pleas ___ Other _____	
Date award mailed: _____	

Completion Application

I, _____, expect to complete the requirements for the following award
(Print name as desired on award)

during _____:
Date to Date

Check only one (complete a separate application for each award)

- | | | |
|---------------------------|-------------------------|---------------------------------|
| _____ Credit | _____ CEU | _____ Marketable Skills Award |
| _____ Level I Certificate | _____ Institution Award | _____ Certificate of Completion |

The name of my award is: _____
(Name of award program taken at CBC)

Total Credit/CEU: _____

My Program Representative at CBC is: _____

Have you completed courses at another college? ___ YES ___ NO (Continuing Education)

Names of colleges: _____

Award Plan: Please see your program representative to review your award plan.
Both you and your program representative must sign and date it.

RETURN THE AWARD PACKET TO: Coastal Bend College
Admissions/Registrar's Office
3800 Charco Road
Beeville TX 78102

I give CBC permission to print my name in news releases. ___ YES ___ NO
(Failure to indicate will be taken as implied permission)

MAIL MY AWARD TO THIS ADDRESS

Address _____ City _____ State _____ Zip _____

Social Security Number _____ CBC ID _____

Phone Number () _____ Alternate Number () _____

Student Signature _____

Steps for Completion Application Process

Student Name _____

_____ Step 1 **See program representative**

Review award plan with program representative to see if all requirements for completion have been met.

Primary site ___ Alice ___ Bee ___ King ___ Pleas ___ Other _____

Date _____

_____ Program Representative Signature
(Signature implies that student has met all requirements for completion and award)

_____ Student Signature

_____ Step 2 Obtain signature of CBC Official in each of the four lines below.

Offices	Signature	Yes	No
Business			
Financial Aid			
Library			
Student Success Center Equipment			

_____ Step 4 Return award packet to: Coastal Bend College
 Admissions/Registrar's Office
 3800 Charco Road
 Beeville TX 78102

Packet includes:	Completion Application	Signed Award Plan
	A copy of this completed checklist with signatures	Substitution forms, if applicable

_____ Step 5 Diplomas will be ready within four weeks of the completion of the award.
 Time frame may vary due to holidays, school closing, or the short summer semesters.

Include a mailing address on the application so that your award can be mailed. It is your responsibility to report an address change.

IMPORTANT: You will be required to apply/reapply for the next completion if: (1) you do not meet the completion requirements during the completion term indicated on the completion award application.