# EKG Technician

## Program Application Packet

*Northeast Texas Community College is an equal opportunity, affirmative action, ADA institution.*

NORTHEAST TEXAS COMMUNITY COLLEGE

## EKG TECHNICIAN PROGRAM

# APPLICATION

**Program description:** The purpose of this program is to prepare the student for an entry-level position as an EKG Technician. The program provides competency in the ability to conduct tests on pulmonary or cardiovascular systems of patients for diagnostic purposes. Program graduates, will be eligible to obtain an EKG Technician certification, upon successfully passing the applicable certification examination.

**The Application Process:** All prospective students for the EKG Technician Program should contact the Health Sciences Continuing Education Coordinator at 903-434-8350 or set an appointment for more information. The applicant must gather and submit the following required documentation to the **NTCC Health Sciences Continuing Education Coordinator** to begin the application for admission process:

1. Completed Application and Student Statement of Understanding.
2. Proof of age (submit copy of driver's license or birth certificate).
3. Proof of high school graduation or GED **or** unofficial college transcripts showing college-level course work completed within the United States.
4. Those applicants who have never taken college-level course work within the United States will be referred for the appropriate academic assessment (TABE) on the Northeast Texas Community College Campus – located in the Academic Skills Center in the Humanities Building – office 109.
5. Verification of required immunizations (page 6).
6. Background check authorization (page 7). Please submit a copy of social security card.

### Class Information:

Classes: ECRD 1101 64 hours classroom and skills lab

ECRD 1091 36 hours clinical externship

- Tuition/fees & National Exam
  (3 free practice exams + remediation included in cost)   **$815**

- Students must provide uniform (Polo style red shirt)

  **$30.00 (est.)**

### Financial Aid:

Qualifying students may be eligible for financial aid. The **Texas Public Education Grant** (TPEG) is available to *assist* non-credit students with tuition expenses only. TPEG application directions can be obtained by submitting proof of eligibility from the NTCC financial aid office. Students are encouraged to apply at least one month prior to registration.

Following submission of the TPEG application, students should follow up with the advisors in the Northeast Texas Community College Financial Aid Department for specific details related to the approval and disbursement of awards. Students may also check with Continuing Education staff members to verify the posting of TPEG awards.

Students that do not qualify for financial aid can set up a payment plan with Northeast Texas Community College. Additional limited assistance may be available. Contact the Continuing Education Department for more information on the student payment plan, at 903-434-8134.

# NORTHEAST TEXAS COMMUNITY COLLEGE
*Continuing Education—Health Sciences*

## EKG TECHNICIAN PROGRAM

*NAME: _____*

## ADMISSION CHECKLIST

APPLICANT – At least 18 years old            _____

GED/HIGH SCHOOL DIPLOMA/COLLEGE            _____

TABE, THEA (or equivalent)            _____

SHOT RECORDS COMPLETE            _____

(*BOOSTERS NEEDED: _____*)

BACKGROUND CHECK            ------------------

COPY OF PHOTO ID            ------------------

# NORTHEAST TEXAS COMMUNITY COLLEGE
*Continuing Education—Health Sciences*

**EKG TECHNICIAN PROGRAM**

**Admissions Application Form**

1.  Name: _____
        Last                          First                         Middle

2.  Home Address: _____
                          Street                          City          State   Zip

3.  Student ID #: _____    Date of Birth: _____

4.  Phone Number(s):
    (Home) _____ (Cell) _____ (Work) _____

5.  Email address: _____

6.  Educational History:                              Completion Date:

    High School: _____    _____

    College: _____    _____

7.  Please explain your interest in the EKG Technician career:

    _____

    _____

    _____

    _____

    _____

8.   _____         _____
                  Applicant Signature                               Date

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# NORTHEAST TEXAS COMMUNITY COLLEGE

*Continuing Education—Health Sciences*

## EKG TECHNICIAN PROGRAM

## STATEMENT OF UNDERSTANDING

I understand that if I miss more than 10% of a class, I may not be able to make it up and will have to retake the class. I also understand that if I am tardy to class, points may be taken off my final grade and/or it may be added to the 10% of hours missed in class. The syllabus will explain the method the instructor will use to determine the grade. He/She will determine if the absence can be excused.

I understand that prior to official registration that I will be required to:

1. provide proof of immunizations or serologic proof of immunity to Measles, Mumps, Rubella, Varicella (Chickenpox), Hepatitis B, Tetanus/Diphtheria/Pertussis, Influenza, and Bacterial Meningitis (required for adults aged 22 and under ) at my own expense;
2. provide proof of current negative TB test at my own expense;
3. submit to a criminal background check through Texas DPS. I further understand that certain offenses prohibit candidates from enrolling in the EKG Technician program.

Refunds must be requested through the Continuing Education Office and will be made according to the following schedule:

- 100% if notification is received prior to the first class meeting.
- 80% prior to the second class meeting.
- NO refund after the second class meeting.

Refunds will be mailed by the College Business Office. Students should allow two to three weeks for processing.

Courses may be postponed or cancelled without notification.

**I certify that I have read each of the above statements and understand their meanings. I also have been given the opportunity to ask questions regarding these statements.**

_____          _____
Applicant's Signature                                                              Date

## EKG TECHNICIAN PROGRAM

## Immunization Records

*\*Students must submit immunization records with dates, or serologic tests confirming immunity.*

**Varicella**
Vaccination
Date:
(2 lifetime)

Vaccine 1_____
Vaccine 2_____

**Influenza**

Vaccine 1_____
(annual)

**Tetanus /
Diphtheria
Booster:**
(every 10 years)

_____

**MMR**
Vaccination
Date:
(2 lifetime)

Vaccine 1_____
Vaccine 2_____

**Meningitis
Vaccine 1**

_____
(if under the age of 22)

**Hepatitis B**
Vaccination
Date:
(3 lifetime)

Vaccine 1  _____
Vaccine 2  _____
Vaccine 3  _____

Tuberculosis Screening Date: _____ (attach results)
(annual)

**Applicants please note:** **Completing this form does not automatically generate the need for a criminal history verification. This verification will not be conducted until the applicant is being seriously considered for employment. An applicant's criminal history does not automatically exclude them from employment; each situation will be reviewed carefully for consideration prior to a final offer of employment. All information is kept at the highest levels of confidentiality and is not included in an employee's personnel file.**

## DPS Computerized Criminal History (CCH) Verification
## (Agency Copy)

I, _____ , have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on Name and date of birth (DOB) information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method. This agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process, I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process, I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of $9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by NTCC. Required for future DPS Audits.)

_____
Signature of Applicant or Employee

_____
Date of birth

_____
Today's date

_____
Agency Name

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

| **Please:** |
| --- |
| **Check and initial each Applicable Space** |
| **CCH Report printed:** |
| **Yes_____ No_____          _____Initial** |
| **Purpose of CCH:_____** |
| **Hire_____ Not hired_____          _____Initial** |
| **Date printed: _____          _____Initial** |
| **Destroyed Date:_____          _____Initial** |
| **Retain in your files** |