Northeast Texas Community College

Fire Academy Application

City of Mt. Pleasant - Central Station
728 East Ferguson Road
Mt. Pleasant, TX 75455

www.ntcc.edu/fireacademy

To Register or for More Information Contact:

Iris Marino, Secretary for Continuing Education
903-434-8134 or email:
imarino@ntcc.edu

or

Lisa York, Coordinator of Continuing Education
903-434-8187 or email:
lyork@ntcc.edu

Larry McRae, Academy Coordinator
Fire Chief - City of Mt. Pleasant
903-572-4144 or email:
LMcRae@mpcity.org

Academy Staff
David Abernathy - retired – Texas A & M Forest Service
Danny Beard - Mt. Pleasant Fire Department
Jason Browning - Collin County Fire Marshal’s Office
Gerald Clark - Sugar Hill VFD Chief
Otis Clark - Mt. Pleasant Fire Department
Brad Eubanks - Mt. Pleasant Fire Department
John Pack - Mt. Pleasant Fire Department
Northeast Texas Community College
Fire Academy Checklist

Required Documents
✓ Submit required documentation by December 18th
✓ Complete Registration Form
✓ Have the Release and Indemnification of Claims notarized
✓ Have the Waiver of Liability notarized
✓ Evidence of Physical Examination
✓ Evidence of Vaccination against Bacterial Meningitis
✓ Complete and sign Random Drug Screen
✓ Proof of high school graduation or GED or unofficial college transcript

Medical Requirements
✓ Make an appointment to see your health care provider for a physical examination. Ensure that the physician sees the fire academy physical requirements.
✓ Have the physician complete the medical certification portion

Meningitis Vaccine Requirement
✓ Evidence of Vaccination

Evidence of Vaccination must verify that the vaccination was received no later than the first day of the semester and must be submitted in one of the following four formats:

- A complete Evidence of Vaccination against Bacterial Meningitis Form. Use this form if you plan to obtain your vaccination somewhere other than your personal physician’s office.
- A document bearing the signature or stamp of the physician or his/her designee or public health personnel (must include the month, day, and year the vaccination was administered).
- An official immunization record generated from a state or local health authority (must include the month, day, and year the vaccination was administered).
- An official record received from school officials, including a record from another state (must include the month, day, and year the vaccination was administered).

Uniforms
Uniforms will be discussed and ordered at orientation during the first night of class. Purchase all uniform requirements and wear to all class meetings.

Personal Protective Clothing (PPE) Rent or obtain PPE
If department issued PPE, equipment must pass inspection of fire academy staff

Textbook
✓ Purchase textbook before first day of class
✓ Consider purchasing student workbook (optional)
Available from the publisher at http://www.jblearning.com/catalog/9781449688240/ or other online sources

Report to Class
✓ Monday, January. Mt Pleasant Central Fire Station @ 6:00 pm.
728 East Ferguson Road, Mt. Pleasant, TX 75455

*Tuition will include an Amazon Fire tablet for loading course material. The tablets will be issued to the student the first night of class.
Northeast Texas Community College Firefighter Academy

General Information

The Northeast Texas Community College Fire Academy is a partnership between Northeast Texas Community College and the Mt Pleasant, Texas, Fire Department. Northeast Texas Community College is a publicly supported, two-year community college that offers educational opportunities in traditional academic studies, occupational/technical programs, and workforce development through credit and non-credit offerings. Mt Pleasant Fire Department is a career fire department serving the citizens of Mt Pleasant, Texas.

The Northeast Texas Community College Fire Academy prepares trainees for a career as a firefighter. The academy is an authorized training facility for structural firefighting under Texas Commission on Fire Protection (TCFP - FDID #107). Guidelines and trainees who successfully complete the academy will be eligible for the certification exam given by the TCFP.

Emergency medical training is also available through Northeast Texas Community College. Upon completion of the academy, successful passing of the state practical and written exam, and completion of emergency medical training with a minimal of Emergency Medical Responder training or EMT Basic.

Requirements for Eligibility

- Minimum age - 18 years (a high school senior can enroll in the academy if he/she will be 18 by the completion of the Academy).
- Maximum age - None set by Northeast Texas Community College, but applicants should be aware that many fire departments have maximum hiring ages.
- Minimum education - High School Diploma or GED
- Drug screen - no evidence of illegal drug use
- Medical examination - physician examination and certification required. Physician must certify that applicant is physically capable of meeting the physical demands of the academy.

Schedule

The class hours for the academy are: Monday - Thursday 6:00 - 10:00 pm, and 8:00 AM to 5:00 PM, on alternating Saturdays.

Financial Aid/Financial Assistance

Fire Academy trainees can apply for financial aid assistance. To qualify for financial aid, students must apply for financial aid through www.fafsa.ed.gov The financial aid office at Northeast Texas Community College determines eligibility. Students interested in financial aid are encouraged to apply by December 1st for the January class. If students qualify for aid, then students can then apply for a Texas Public Education Grant (TPEG) and if eligible, can receive $2 of the tuition paid by the grant. The balance is the responsibility of the student. Payment plans are available for every situation. Contact Continuing Education Department at 903-434-8134 for more information.

Volunteer firefighters are eligible for grants from the Texas A&M Forest Service Rural VFD Assistance (HB2604).
Northeast Texas Community College Fire Academy

Estimated Cost

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/Fees</td>
<td>$1,664.00</td>
</tr>
<tr>
<td>*Includes Drug Screen/State Exam</td>
<td></td>
</tr>
<tr>
<td>Personal Protective Clothing*</td>
<td>$450.00</td>
</tr>
<tr>
<td>*Estimate</td>
<td></td>
</tr>
<tr>
<td>Textbook</td>
<td>$120.00</td>
</tr>
<tr>
<td>Uniforms</td>
<td>$150.00</td>
</tr>
<tr>
<td>*(pants, academy shirts)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$2,384.00</td>
</tr>
</tbody>
</table>

* Protective clothing cost shown is based on an estimate for rented gear. Trainees who are members of a fire department may not incur this expense if compliant PPE is issued by department.

** Costs other than tuition are estimated and paid by student direct to supplier.

*** Payment plans are available. Contact Iris Marino at 903-434-8134 for more information.

Academy Dates

| Spring 2020 | January 13th, 2020 to June 26th, 2020 |
Continuing Education Registration Form  
P.O. Box 1307 Mt. Pleasant, TX 75456-1307  
Office 903-434-8134 | Fax 903-434-4408  
continuinged@ntcc.edu

<table>
<thead>
<tr>
<th>Cash</th>
<th>Check #</th>
<th>Credit Card:</th>
<th>Company invoice or credit card:</th>
<th>Payment Plan:</th>
</tr>
</thead>
</table>

**Student Information**

<table>
<thead>
<tr>
<th>NTCC Student ID#</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Nickname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Phone:</th>
<th>Home</th>
<th>Cell</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternate Phone:</th>
<th>Home</th>
<th>Cell</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Email address: (the one you check most frequently)  

<table>
<thead>
<tr>
<th>Educational Interest:</th>
<th>Personal Enrichment</th>
<th>Improve Job Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Demographic Information**

The following information is used for federal and/or state reporting purposes and to help provide support for our programs. Your answers are completely voluntary and will be kept strictly confidential.

Please Select One:  
- Male  
- Female  
- Decline to Answer

PLEASE SELECT ONE:  
- Native American/Alaskan  
- Hawaiian/Pacific Islander  
- White  
- Asian  
- Black/African American  
- Hispanic/Latino  
- Non-Hispanic/Latino  
- Decline to Answer

**Registration**

<table>
<thead>
<tr>
<th>Course Name &amp; Number</th>
<th>Days/Times</th>
<th>Start Date</th>
<th>Tuition/Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRS1001.001CE Firefighter Certification I</td>
<td>Mon-Thu 6pm-10pm</td>
<td>1/13/2020-6/26/2020</td>
<td>$1,664.00</td>
</tr>
<tr>
<td>FIRS1007.001CE Firefighter Certification II</td>
<td>Every other Sat 8am-5pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRS1019.001CE Firefighter Certification IV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRS1023.001CE Firefighter Certification V</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRS1029.001CE Firefighter Certification VI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRS1033.001CE Firefighter Certification VII</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initials:</th>
<th>Date Paid:</th>
<th>Amount:</th>
<th>TPEG Eligible:</th>
<th>Total tuition/Fees:</th>
</tr>
</thead>
</table>

**Payment Method**

*Make checks payable to Northeast Texas Community College. Driver's license must be on the check.*

**Refund Policy**: A 100% refund if the "drop" form is completed before the first class day. 80% refund if completed before the 2nd class day. No refund after 2nd class day. Students must contact the Continuing Education office to withdraw.

This information I have provided is complete and correct to the best of my knowledge. I agree to abide by the policies, rules and regulations in the programs to which I am admitted. I authorize the college to verify the information I have provided. I also grant permission for the college to use photos in which I appear for NTCC publicity. I have also read and understand the refund policy.

Payment Plan terms: I understand the payment plan terms as explained to me. I understand that I must make a down payment of $832 before December the 19th in order to set up a Herring Bank payment plan. If at any time, I fail to make the agreed payment on time, I may be dismissed from the academy and will lose my tuition/fees already paid.

Signature: ___________________________ Date: ___________________________  

How did you hear about this course(s)?  
- NTCC Website  
- Email  
- Friend  
- Flyer  
- Newspaper  
- Social Media  
- Other  

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

Fire Academy - City of Mt. Pleasant

RELEASE AND INDEMNIFICATION OF CLAIMS

I, ______________________________, in consideration of being allowed by the Mt. Pleasant Fire Department and/or the City of Mt. Pleasant, Texas to participate in training programs utilizing City facilities and/or apparatus as part of the Northeast Texas College Fire Academy, voluntarily and knowingly do execute this release and indemnification with the express intention of effecting the extinguishments of any and all claims against the Mt. Pleasant Fire Department and/or the City of Mt. Pleasant, Texas which may result from the agreement as herein designated above.

I, with the intention of binding myself, my heirs, executors, administrators, and assigns do hereby expressly release and discharge all claims, demands, actions, judgments and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have, or claim to have against the Mt. Pleasant Fire Department and/or the City of Mt. Pleasant, Texas its officers, employees, servants, and agents, in both their public and private capacities, created by, or arising out of, personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, that sequence of events which occur from the agreement as herein designated above.

Furthermore, I agree to indemnify and save harmless the Mt. Pleasant Fire Department and/or the City of Mt. Pleasant, Texas, its officers, employees, servants and agents, from all claims, demands, costs, or judgments, including attorney’s fees, arising against the Mt. Pleasant Fire Department and/or the City of Mt. Pleasant, Texas, arising out of my participation in the activities described in this release and indemnification agreement.

I have read this release and indemnity agreement and understand all of its terms and I execute it voluntarily and with full knowledge of its significance.

Executed this the _____ day of ____________, AD 20____

__________________________________
Signature

STATE OF TEXAS
COUNTY OF ____________

THIS INSTRUMENT WAS ACKNOWLEDGE BEFORE ME ON THE ___ DAY OF __________________ , OF THE YEAR ____________

__________________________________
NOTARY PUBLIC, and for ____________ County, Texas

MY COMMISSION EXPIRES: __________________

SEAL:
Northeast Texas Community College Fire Academy

Waiver of Liability

I, the undersigned, a private person, for and in consideration of the privilege of participating in any event sponsored and sanctioned by Northeast Texas Community College, and in recognition that such participation involves certain inherent dangers, do hereby release Northeast Texas Community College, its administrators, agents, and employees in both their public and private capacity from any and all liabilities, claims, suits, demands, or causes of action which may arise from my participation as aforementioned.

This release shall be binding upon my successors and heirs.

Signed: _____________________________________________

Sworn to and subscribed before me by ________________________ on _____________________________.

This ______ day of __________________, ____________.

________________________________________
Notary Public in and for __________ County, Texas

My commission expires ______________________

Seal:
Northeast Texas Community College
Firefighter Medical Examination Certification

<table>
<thead>
<tr>
<th>Candidate Full Name</th>
<th>Date of Birth (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In consideration of being considered for acceptance into the Northeast Texas Community College Fire Academy, I authorize my physician to release this medical evaluation to the Northeast Texas Community College Fire Academy. I understand that this certification is not public information and that the academy will protect this privacy of this information.

Signature __________________________ Date ______________

Physician Certification

I certify that I have examined the fire academy trainee candidate listed above, including medical history, physical examination, and any tests deemed necessary (lab work, x-rays, EKG). I have also reviewed the list of firefighter essential job tasks included with this form.

I is my medical opinion that, as of the date of the examination, this candidate (mark one box)

____ Can safely perform the job tasks listed.

____ Cannot safely perform the job tasks listed.

Physician Name (Print) __________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physician Signature __________________________ Date ______________
A firefighter trainee shall be medically and physically able to:

1. While wearing personal protective equipment (PPE) and self-contained breathing apparatus (SCBA), perform firefighting tasks (operate and pull hose lines, crawl extensively, lift and carry heavy objects, use power and hand tools), perform rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods.

2. Wear an SCBA, which includes a demand valve type positive pressure face piece, requiring the ability to tolerate increased respiratory workloads.

3. Be exposed to smoke, heated gases, and possibly other contaminate in spite of wearing SCBA.

4. Climb four (4) flights of stairs while wearing PPE and SCBA weighing at least 50 pounds, while also carrying tools or equipment weighing up to 40 pounds additional.

5. Wear a fire protective ensemble, including SCBA that is encapsulating and insulated which may result in fluid loss and can elevate core body temperature.

6. While wearing PPE and SCBA, search for, locate, and drag victims of various weights up to 200 pounds or more despite hazardous conditions and low visibility.

7. While wearing PPE and SCBA, advanced water filled hose lines up to 2 W*in diameter from fire apparatus to building (150feet or more), which can involve negotiating flights of stairs, ladders and other obstacles.

8. While wearing PPE and SCBA, climb ladders, operate from heights, walk, or crawl, in the dark along narrow or uneven surfaces.

9. Perform critical, time sensitive complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, and/or tightly enclosed spaces.

10. Communicate (give and comprehend verbal orders) while wearing PPE and SCBA under conditions of high background noise, poor visibility, and wet conditions.

11. Function as an integral member of a team, where sudden incapacitation of a team member may put other team members at significant risk.
**Uniform Requirements**

Each Fire Academy Trainee is required to have uniforms of the following components:

- **Shirt**  Blue shirt (will be designed and printed by local print shop)
- **Pants**  Navy work pant with standard pockets and cut (not tactical pants, or EMS trousers).
- **Belt**  Plain black leather uniform belt, 13/8” to 1W” in width. Plain buckle.
- **Shoes**  Black leather, plain rounded toe, shoes or boots that can be polished. Shoes must be dress/uniform types shoes or boots. Athletic shoes or cowboy boots are not acceptable.

Each trainee must have at least two (2) shirts with and two (2) pants. If you want to buy more, that is up to you. Only one belt, and one pair of shoes/boots is required.

Trainees should have a uniform appearance. Therefore, no substitution of brands, colors, or item numbers is allowed, other than as noted above. Uniforms are to be purchased by the trainee and must be worn on the first and all subsequent days of class, and t-shirt can be worn during hands-on sessions.

**Personal Protective Equipment**

Each trainee is required to have a complete set of personal protective equipment (PPE) meeting the requirements of the Texas Commission on Fire Protection (TCFP) and NFPA Standard 1351, *Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting*. A complete set of PPE includes protective coat with wristlets and collar; protective trousers with suspenders; bunker boots; helmet with face shield, earflaps, and chin strap; protective hood; and gloves.

If a trainee owns PPE or has PPE issued by a fire department, it may be used if it meets the required standards. Otherwise, PPE rental is recommended. Trainees may use any vendor of their choice, and equipment must be certified and meet academy and TCFP and NFPA standards.

Regardless of the source of the PPE, it must meet these requirements:

- PPE must be compliant with NFPA 1851 requirements on age of PPE. No PPE over 1) years old shall be used.
- PPE used must have received an Advanced Inspection verifying compliance with standards in NFPA 1351 and TCFP regulations. If the PPE is issued by a department subject to NTCCFP regulation, it probably meets this standard. PPE issued by volunteer departments and departments in other states may not. *It is the responsibility of each trainee to ensure PPE meets standards!* This inspection must be performed by personnel qualified to make these inspections under NFPA 1851 standards and must be documented. If the PPE is issued by a department, the chief of the department must complete and sign the PPE form provided in the Fire Academy Packet. PPE provided by First-In Fire Solutions and most other rental companies will have these certifications.
- PPE must be clean and in good repair.

During the academy, PPE must be maintained in good repair and kept clean. If the Academy Coordinator or Instructor determines that any trainee’s PPE is damaged or dirty, the trainee will not be allowed to participate in drills requiring PPE until the damaged/dirty PPE has been cleaned, repaired, or replaced.

**Protective Clothing Certification Form**

This attached form is required only if protective clothing is being provided by a fire department for a sponsored trainee. If this applies, the Fire Chief must complete the form. Along with the signed form, copies of the most recent advanced inspection and advanced cleaning records must be submitted. If you are renting protective clothing this form is not required. The rental agency will provide the required records to the academy.
Northeast Texas Community College Fire Academy
Protective Clothing Certification

The Fire Department listed below wishes to provide protective clothing to our member who is enrolled in the Northeast Texas Community College Fire Academy. As Fire Chief, I certify to the academy all of the following:

1. Protective clothing consists of bunker coat, bunker pants, boots, gloves, hood, and helmet with face shield (or goggles) and ear protection. (A gear bag is optional but recommended).

2. I certify that the protective clothing provided has not been modified in any way, except as approved by the manufacturer and in accordance with NFPA 1851 and Texas Commission on Fire Protection regulations.

3. This protective clothing was purchased in accordance with NFPA standards and met the requirements of the edition of NFPA 1971, Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting that was in effect at the time of purchase.

4. This protective clothing has been inspected, tested, cleaned, and maintained in accordance with NFPA 1851, Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting, and applicable Texas Commission on Fire Protection regulations.

5. I certify that the most recent advanced inspection on the provided protective clothing was done on _________(date) and that the protective clothing met the standards in NFPA 1851 or was repaired in accordance with those standards.

6. I certify that the most recent advanced cleaning of this protective clothing was done on __________________________(date) and that said cleaning was done in accordance with NFPA 1851 and applicable Texas Commission on Fire Protection regulations.

7. I certify that the protective clothing provided is in good condition, clean, and meets all applicable standards for use. I understand that if protective clothing is damaged in the academy, or is found upon inspection by academy staff to not be in compliance, it must be replaced or repaired before the trainee is allowed to participate in any activities requiring protective clothing.

________________________________________  ______________________________________
Trainee Name  Department Name

________________________________________  ______________________________________
Address  City  State  Zip

________________________________________  Email

________________________________________  Date

Northeast Texas Community College is an equal opportunity, affirmative action, ADA institution.
Random Drug Screen

I __________________________________ understand that I am required to undergo a random drug screen. I further understand that if I fail the drug screen(s), I may be dropped from the academy unless proof of prior treatment and prescription from my health care provider is provided to the satisfaction of the academy coordinator and the NTCC Continuing Education department. Violation of illegal substances will result in automatic dismissal from the academy.

_______________________________________    _____________________________
Student Signature                           Date
Continuing Education Financial Aid Policy and Procedures
For Financial Aid Assistance

Northwest Texas Community College (NTCC) financial aid program for Continuing Education is designed to assist students whose family or personal circumstances make financial assistance necessary to meet tuition, fees, and/or books. The Texas Public Educational Grant (TPEG) program is available for eligible students enrolling in eligible continuing education programs. For course information, call the Continuing Education Office at (903) 434-8134 or email continuinged@ntcc.edu.

1. Funds are awarded based on the availability and the number of applicants applying. Funds may cover the cost of tuition, fees, or books.

2. The Texas Public Educational Grant is awarded on the basis of financial need.

3. NTCC adheres to the "federal financial need formula" to determine a student's financial need. Students must complete the Free Application for Federal Funds at least 1 week prior to starting classes. Applications for Federal funds are available in the Financial Aid Office located in the Administration Building.

4. An institutional application may be picked up in the Continuing Education Office. This will determine if the student needs to complete the FAFSA.

5. Students are required to apply annually for the TPEG funds.

6. Students may be required to submit other income documents.

7. Students enrolling in continuing education courses are not required to enroll in credit courses.

8. Continuing Education financial aid recipients may not be eligible for future assistance if students withdraw or do not satisfactorily complete all course work.
FINANCIAL AID APPLICATION

Part I Continuing Education Office Use Only

Educational Skill Upgrade ______ yes ______ no
Program Eligibility for Funding ______ yes ______ no (if no, not eligible for financial aid)
Satisfactory Progress Status ______ yes ______ no (if no, not eligible for financial aid)

Signature of CE Staff ___________________________ Date: ________________

Part II - Applicant - Complete All Information:

Name________________________________________ Social Security Number____________________

Mailing Address: ____________________________________________________________________________

City ___________________________ Zip ___________ Phone ___________________________

I am applying for the following quarters: ________ 1st ______ 2nd ______ 3rd ______ 4th

I am requesting financial aid for (check one): ______ Tuition ______ Fees ______ Books

Where will you be living during the academic term? ______ With Parents ______ Off Campus

Indicate all colleges, universities, trade, and/or technical schools previously attended:

<table>
<thead>
<tr>
<th>School Name</th>
<th>City/State</th>
<th>Date Attended</th>
<th>Did you receive financial aid?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the information I have reported on this application is complete and correct.

Student Signature ___________________________ Date ___________________________

*** Submit this application with the Continuing Education registration form and the Student Aid Report to the
Statement of Student Eligibility
2019-2020 School Year

First Name ___________________ Last Name ___________________ SSN or Student ID Number ___________________

Home Phone ___________________ Cell Phone ___________________ Email Address ___________________

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

YES ☐ NO ☐

*If your answer is yes, contact the financial aid office to determine your eligibility to receive a TEXAS Grant, Texas Educational Opportunity Grant, or Texas Public Educational Grant.

I hereby certify that the information I have provided in this statement is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed. I also understand that it is my responsibility to inform the financial aid office if my status changes at any time while attending this institution.
Evidence of Vaccination against Bacterial Meningitis

Purpose of Form: This form may be used by any incoming student to Northeast Texas Community College in order to satisfy the requirement to submit evidence of a bacterial meningitis vaccination, in compliance with Texas Senate Bill 1107. The complete form can be hand-delivered, mailed, faxed or emailed to the Registrar’s Office, Northeast Texas Community College, PO Box 1307, Mount Pleasant, TX 75456, Fax: 903-572-6712, Email: bgooding@ntcc.edu.

This section should be completed by the student

Student Last Name: ___________________________ Student First Name: ___________________________

Student ID or SS#: ___________________________ Date of Birth: _______ / _______ / _______

Phone Number: ___________________________ Preferred Email Address: ___________________________

First Semester at Northeast Texas Community College (Select one and indicate the appropriate year):

☐ Spring, Year: ___________ ☐ Summer, Year: ___________ ☐ Fall, Year: ___________

By signing this form, I certify that the information provided is true and accurate and I understand the rules and regulations concerning the bacterial meningitis vaccination requirement.

Student Signature: ___________________________ Date _______ / _______ / _______

This section should be completed by a licensed Health Practitioner or Designee.

Last/Family Name of the Health Practitioner who administered the vaccination: ___________________________

First/Given Name of the Health Practitioner who administered the vaccination: ___________________________

Date of the administration of the bacterial meningitis vaccination: ___________________________ / _______ / _______

Last/Family Name of the vaccination recipient (i.e. the student): ___________________________

First/Given Name of the vaccination recipient (i.e. the student): ___________________________

Date of birth of the vaccination recipient (i.e. the student): ___________________________ / _______ / _______

By signing this form, I certify that the information provided is true and accurate. Specifically, I certify the following:

● I am a Health Practitioner authorized by law to administer an immunization or I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.

● The individual who administered the bacterial meningitis vaccination to the student named above is or was a Health Practitioner authorized by law to administer an immunization.

● The bacterial meningitis vaccination was administered to the student named above and on the date provided above.

Health Practitioner or Designee Signature: ___________________________ Date _______ / _______ / _______

17
License Number: ___________________________ Phone: ___________________________