



## 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](http://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](mailto:imarino@ntcc.edu)

or

Lisa York, Coordinator of Continuing Education  
903-434-8187 or email:  
[lyork@ntcc.edu](mailto:lyork@ntcc.edu)

Larry McRae, Academy Coordinator  
Fire Chief - City of Mt. Pleasant  
903-572-4144 or email:  
[LMcRae@mpcity.org](mailto: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 18<sup>th</sup>
- ✓ 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 requirement 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  
*Fundamentals of Fire Fighter Skills*, Third Edition, Jones & Bartlett, ISBN: 978-1-284-05965-6
- ✓ Consider purchasing student workbook (optional)  
*Fundamentals of Fire Fighter Skills Student Workbook*, Third Edition, Jones & Bartlett, ISBN: 978-1-4496-8824-0  
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 prepare 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](http://www.fafsa.ed.gov) The financial aid office at Northeast Texas Community College determines eligibility. Students interested in financial aid are encourage to apply by December 1<sup>st</sup> 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 ½ 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

Tuition/Fees	\$1,664.00	*Includes Drug Screen/State Exam
Personal Protective Clothing*	\$450.00	*Estimate
Textbook	\$120.00	
Uniforms	\$150.00	*(pants, academy shirts)
Total	\$2,384.00	

\* 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 13 <sup>th</sup> , 2020 to June 26 <sup>th</sup> , 2020
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## Continuing Education Registration Form

P.O. Box 1307 Mt. Pleasant, TX 75456-1307

Office 903-434-8134 | Fax 903-434-4408

[continuing@ntcc.edu](mailto:continuing@ntcc.edu)

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card: \_\_\_\_\_ Company invoice or credit card: \_\_\_\_\_ Payment Plan: \_\_\_\_\_

Student Information			
NTCC Student ID#	Social Security Number _____ - _____ - _____	Date of Birth ____/____/____	
Last Name	First Name	Middle Initial	Nickname
Current Address	City	County	State Zip
Primary Phone:	Home _____ Cell _____ Work _____	Alternate Phone:	Home _____ Cell _____ Work _____
Email address: (the one you check most frequently)		Educational Interest: Personal Enrichment _____ Improve Job Skills _____	

Demographic Information
<i>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.</i>
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			
Course Name & Number	Days/Times	Start Date	Tuition/Fees
FIRS1001.001CE Firefighter Certification I	Mon-Thur 6pm-10pm	1/13/2020-6/26/2020	\$1,664.00
FIRS1007.001CE Firefighter Certification II	Every other Sat 8am-5pm		
FIRT1013.001CE Firefighter Certification III			
FIRS1019.001CE Firefighter Certification IV			
FIRS1023.001CE Firefighter Certification V			
FIRS1029.001CE Firefighter Certification VI			
FIRS1033.001CE Firefighter Certification VII			
Initials: _____ Date Paid: _____ Amount: _____ TPEG Eligible: _____ Total tuition/Fees: _____			

### 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 2<sup>nd</sup> class day. No refund after 2<sup>nd</sup> 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 19<sup>th</sup> 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, without limitations, 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
N Notary Public in and for \_\_\_\_\_ County, Texas

o My commission expires \_\_\_\_\_  
t

Seal:





## Firefighter Essential Job Tasks

Excerpted from NFPA 1582

*Standard on Comprehensive Occupational Medical Program for Fire Departments*

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 contaminants 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 EM Strousers).
Belt	Plain black leather uniform belt, 1 3/8" to 1 W" 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 <u>are not</u> 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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## 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

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# NORTHEAST TEXAS COMMUNITY COLLEGE CONTINUING EDUCATION FINANCIAL AID

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## Continuing Education Financial Aid Policy and Procedures For Financial Aid Assistance

Northeast 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](mailto: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.

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# FINANCIAL AID APPLICATION

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## 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 \_\_\_\_\_ 3th \_\_\_\_\_ 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:

School Name	City/State	Date Attended	Did you receive financial aid?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

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Student Signature

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Date



# 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](mailto:bgooding@ntcc.edu).

**This section should be completed by the student**

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student ID or SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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 by the Health Practitioner named above and on the date provided above.

Health Practitioner or Designee Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

License Number: \_\_\_\_\_ Phone: \_\_\_\_\_