



## Requirement Explanation

| Package Name                     | Category Name  | Student Notes  | URL   | Item Name                                      | Field Name    |
|----------------------------------|--|--|---|--|---------------|
| Adult Learner - CNA Post102020   | Photo Identification and Social Security Card  | <p>You must submit your current government or school issued photo ID and your social security card.</p> <ul style="list-style-type: none"> <li>Acceptable alternative photo identification include: Current Passport, U.S. state issued Driver's License, U.S. VISA, U.S. Permanent Resident card, or U.S. Citizenship and Immigration Services (USCIS) photo identification.</li> <li>Acceptable alternatives to Social Security Card include: If you do not have a Social Security card, please provide Department of the Treasury Internal Revenue Service Individual Taxpayer Identification Number (ITIN) letter or card, U.S. Citizenship and Immigration Services (USCIS) identification card, or Medicare Card with SSN.</li> </ul>          | <a href="http://forms.complio.com/ReviewStandards/32768.pdf">http://forms.complio.com/ReviewStandards/32768.pdf</a> | Government or School issued photo ID           | Document      |
|                                  |  |  |   | Social Security Card                           | Document      |
|                                  | Age verification   | You must be at least 17 years old for this program. Enter your Date of Birth to validate program eligibility   |   | Date of Birth                                  | Date of Birth |
|                                  | High School Diploma, GED or College Transcript   | You must submit your high school diploma, GED or College Transcript here.  |   | High School Diploma, GED or College Transcript | Document      |
|                                  | TSI Reading Test or English 1301   | <p>You must either upload your TSIA 1.0 reading test with a score of 342 or higher or a TSIA 2.0 ELAR with a score of 938 or higher or a STAAR EOC with a score of 2 or higher or your college transcript indicating completion of English composition or English 1301.</p> <p>You must upload one of the following:</p> <ul style="list-style-type: none"> <li>TSIA 2.0 ELAR with score of 938 or higher</li> <li>TSIA 1.0 reading test with score of 342 or higher</li> <li>STAAR EOC with a score of 2 or higher</li> <li>College transcript indicating English Composition or English 1301</li> <li>Diploma for associates degree or higher</li> <li>TABE Reading Level M 442-575+ or Above</li> <li>Texas Bridge Certificate Reading</li> </ul> |   | TSIA 1.0 Reading Test                          | Document      |
|                                  |  |  |   | Transcript with English 1301                   | Document      |
|                                  |  |  |   | TSIA 2.0 ELAR                                  | Document      |
|                                  |  |  |   | STAAR EOC                                      | Document      |
|                                  |  |  |   | Diploma for associates degree or higher        | Document      |
|                                  |  |  |   | TABE Reading Level M 442-575+ or Above         | Document      |
| Texas Bridge Certificate Reading |  |  |   | Document                                       |               |
| CPR                              | You must submit your valid CPR card here. The American Heart Association (AHA) Basic Life Support (BLS) for Healthcare Providers CPR card is preferred but not required.   | <a href="http://forms.complio.com/ReviewStandards/32.pdf">http://forms.complio.com/ReviewStandards/32.pdf</a>  | Valid CPR Card (BLS Provider preferred)   | Document<br>Date<br>Expiration Date            |               |
| Hepatitis B                      | <p>You must submit A OR B:</p> <p>A) 3 doses of the Hepatitis B Vaccine, or the 2 dose Heplisav series.</p> <p>B) Positive Hepatitis B Titer.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "" Request an Immunization Record"" towards the bottom of the page.</p> <p><a href="https://www.dshs.texas.gov/immunize/immtrac/clients.shtm">https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</a></p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a></p> | <a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a>  | Hepatitis B Dose 2  | Document<br>Date                               |               |
|                                  |  |  | Hepatitis B Dose 3  | Document<br>Date                               |               |
|                                  |  |  | Hepatitis B Titer   | Document<br>Results<br>Date                    |               |
|                                  |  |  | Hepatitis B Dose 1  | Document<br>Date                               |               |
|                                  |  |  | Hepatitis B Heplisav Dose 1 of 2  | Document                                       |               |



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|-------------|--|---|----------------------------------|-----------------|
| Hepatitis B | <p>You must submit A OR B:</p> <p>A) 3 doses of the Hepatitis B Vaccine, or the 2 dose Heplisav series.</p> <p>B) Positive Hepatitis B Titer.</p>  | <a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a> | Hepatitis B Heplisav Dose 1 of 2 | Date            |
|             |  |   | Hepatitis B Heplisav Dose 2 of 2 | Document        |
| MMR         | <p>You must submit A OR B:</p> <p>A) 2 doses of the MMR Vaccine.</p> <p>B) Positive titers for Measles, Mumps, and Rubella.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "" Request an Immunization Record"" towards the bottom of the page.</p> <p><a href="https://www.dshs.texas.gov/immunize/immtrac/clients.shtm">https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</a></p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a></p>   | <a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a> | Measles Titer                    | Document        |
|             |  |   |                                  | Results         |
|             |  |   |                                  | Date            |
|             |  |   | Rubella Titer                    | Document        |
|             |  |   |                                  | Results         |
|             |  |   |                                  | Date            |
|             |  |   | MMR Dose 2                       | Document        |
|             |  |   |                                  | Date            |
|             |  |   | MMR Dose 1                       | Document        |
|             |  |   |                                  | Date            |
| Tdap        | <p>You must submit a Tdap from within the last 10 years.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "" Request an Immunization Record"" towards the bottom of the page.</p> <p><a href="https://www.dshs.texas.gov/immunize/immtrac/clients.shtm">https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</a></p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/1.pdf">http://forms.complio.com/ReviewStandards/1.pdf</a></p>  | <a href="http://forms.complio.com/ReviewStandards/1.pdf">http://forms.complio.com/ReviewStandards/1.pdf</a> | Tdap                             | Document        |
|             |  |   |                                  | Date            |
|             |  |   |                                  | Expiration Date |
| Varicella   | <p>You must submit A OR B OR C:</p> <p>A) 2 doses of the Varicella Vaccine.</p> <p>B) Positive Varicella Titer.</p> <p>C) Documentation of having had varicella from your physician.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "Request an Immunization Record" towards the bottom of the page.</p> <p><a href="https://www.dshs.texas.gov/immunize/immtrac/clients.shtm">https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</a></p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a></p> | <a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a> | Varicella Dose 2                 | Document        |
|             |  |   |                                  | Date            |
|             |  |   | Varicella Titer                  | Document        |
|             |  |   |                                  | Results         |
|             |  |   |                                  | Date            |
|             |  |   | Proof of disease                 | Document        |
|             |  |   |                                  | Date            |
|             |  |   | Varicella Dose 1                 | Document        |
|             | Date   |   |                                  |                 |



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|                                   |   |   |  |                 |          |
|-----------------------------------|---|---|--|-----------------|----------|
| Adult Learner - CNA<br>Post102020 | Influenza   | <p>You must submit a flu shot for the current season or electronically sign the below influenza declination form.</p> <p>Your flu shot must be received no earlier than 8/1 to be accepted for the current flu season.</p> <p>This category is not tracked between 5/1 and 9/30.</p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/1.pdf">http://forms.complio.com/ReviewStandards/1.pdf</a></p>   | <a href="http://odessacompliance.com/forms/OdessaFluDeclination.pdf">http://odessacompliance.com/forms/OdessaFluDeclination.pdf</a> ,<br><a href="http://forms.complio.com/ReviewStandards/1.pdf">http://forms.complio.com/ReviewStandards/1.pdf</a> | Flu Shot        | Document |
|                                   |   |   |  | Date            |          |
|                                   |   |   |  | Expiration Date |          |
|                                   |   |   |  | Flu Declination | Document |
|                                   |   |   |  | Date            |          |
|                                   | Expiration Date   |   |  |                 |          |
|                                   | Complete Form   |   |  |                 |          |
|                                   | Meningitis  | <p>If you are 21 or under you must submit one dose of the meningitis vaccination.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "" Request an Immunization Record"" towards the bottom of the page.</p> <p>This might also be documented on your immunization record as MCV4 or Menactra</p> <p><a href="https://www.dshs.texas.gov/immunize/immtrac/clients.shtm">https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</a></p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/1.pdf">http://forms.complio.com/ReviewStandards/1.pdf</a></p> |  | Meningitis Dose | Document |
|                                   |   |   |  |                 | Date     |
|                                   |   |   |  |                 |          |
| Tuberculosis                      | <p>If you test negative for tuberculin exposure, you must submit a negative PPD skin test, or an IGRA (QuantiFERON OR T-Spot) blood test each year.</p> <p>If you complete annual TB test through your healthcare industry employer, you may submit a record of your two most recent negative annual TB tests that dated within two years from today's date from your employer as an alternative to the PPD or IGRA.</p> <p>If you test positive for tuberculin exposure, you must submit a positive test, along with a negative chest x-ray from the last 3 years and a TB clearance letter from the last 1 year. If you do not have a positive test to submit, you may submit a letter from your physician indicating that you need a chest x-ray for tuberculosis screening.</p> | <a href="http://odessacompliance.com/forms/Odessa2StepPPDExplanation.pdf">http://odessacompliance.com/forms/Odessa2StepPPDExplanation.pdf</a> ,<br><a href="http://forms.complio.com/ReviewStandards/464.pdf">http://forms.complio.com/ReviewStandards/464.pdf</a>  | PPD Step 1   | Document        |          |
|                                   |   |   |  | Read Date       |          |
|                                   |   |   |  | Implant Date    |          |
|                                   |   |   |  | Result          |          |
|                                   |   |   | PPD Step 2   | Document        |          |
|                                   |   |   |  | Read Date       |          |
|                                   |   |   |  | Implant Date    |          |
|                                   |   |   |  | Result          |          |
|                                   |   |   | Annual PPD   | Document        |          |
|                                   |   |   |  | Expiration Date |          |
|                                   |   |   |  | Read Date       |          |
|                                   |   |   |  | Implant Date    |          |
|                                   |   |   | TB Clearance Letter  | Document        |          |
| Date                              |   |   |  |                 |          |
| Expiration Date                   |   |   |  |                 |          |
| Chest X-Ray                       | Document  |   |  |                 |          |
|                                   | Date  |   |  |                 |          |
|                                   | Expiration Date   |   |  |                 |          |



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|---|---|--|---|-----------------|
| Tuberculosis                            | <p>If you test negative for tuberculin exposure, you must submit a negative PPD skin test, or an IGRA (QuantiFERON OR T-Spot) blood test each year.</p> <p>If you complete annual TB test through your healthcare industry employer, you may submit a record of your two most recent negative annual TB tests that dated within two years from today's date from your employer as an alternative to the PPD or IGRA.</p> <p>If you test positive for tuberculin exposure, you must submit a positive test, along with a negative chest x-ray from the last 3 years and a TB clearance letter from the last 1 year. If you do not have a positive test to submit, you may submit a letter from your physician indicating that you need a chest x-ray for tuberculosis screening.</p> | <a href="http://odessacompliance.com/forms/Odessa2StepPPDExplanation.pdf">http://odessacompliance.com/forms/Odessa2StepPPDExplanation.pdf</a> ,<br><a href="http://forms.complio.com/ReviewStandards/464.pdf">http://forms.complio.com/ReviewStandards/464.pdf</a>   | Chest X-Ray                               | Result          |
|   |   |  | Initial QuantiFERON TB Gold Test / T-Spot | Document        |
|   |   |  |   | Date            |
|   |   |  |   | Result          |
|   |   |  | Annual QuantiFERON TB Gold Test / T-Spot  | Document        |
|   |   |  |   | Date            |
|   |   |  |   | Expiration Date |
| Letter indicating chest x-ray is needed | Document  |  |   |                 |
| Healthcare Employer TB Screening Record | Document  |  |   |                 |
|   | Expiration Date   |  |   |                 |
| CNA, NAR and EMR Registry               | <ol style="list-style-type: none"> <li>Click on the website link:<br/><a href="https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp">https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp</a></li> <li>Student enters SS number in the appropriate field with no dashes</li> <li>Submit</li> <li>View and confirm any information listed on Employability Status Check Search Results for accuracy on the yellow and white table. Students are expected to produce a "No Results Found" result if they have never been a CNA.</li> <li>Export Options Select PDF (below yellow and white table)</li> <li>Download PDF and upload to CNA, NAR and EMR Registry category</li> </ol>   |  | CNA, NAR and EMR Registry                 | Document        |
| Background Check                        | You must order a background check from American DataBank. Once your search is complete, it will be automatically uploaded here for you.   |  | American DataBank Background Check        | Date            |
|   |   |  |   | Results         |
|   |   |  |   |                 |
| Drug Screening                          | You must order a drug screen from American DataBank. Once complete, it will be automatically uploaded here for you.   |  | American DataBank Drug Screen             | Document        |
|   |   |  |   | Date            |
|   |   |  |   | Expiration Date |
|   |   |  |   | Results         |
| CE Health Careers Registration Form     | You must electronically complete the CE Health Careers Registration Form.   | <a href="http://odessacompliance.com/forms/HealthCareersRegistrationForm2022.pdf">http://odessacompliance.com/forms/HealthCareersRegistrationForm2022.pdf</a> ,<br><a href="http://odessacompliance.com/forms/HealthCareersRegistrationForm2022_CPF.pdf">http://odessacompliance.com/forms/HealthCareersRegistrationForm2022_CPF.pdf</a> | CE Health Careers Registration Form       | Document        |
|   |   |  |   | Date            |
|   |   |  |   | Complete Form   |



