

Requirement Explanation

Package Name	Category Name	Student Notes	URL	Item Name	Field Name
Adult Learner - Non-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"> 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. 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. 		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"> TSIA 2.0 ELAR with score of 938 or higher TSIA 1.0 reading test with score of 342 or higher STAAR EOC with a score of 2 or higher College transcript indicating English Composition or English 1301 Diploma for associates degree or higher TABE Reading Level M 442-575+ or Above 		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
	CPR	<p>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.</p>		Valid CPR Card (BLS Provider preferred)	Document
					Date
					Expiration Date
	Health Insurance	You must submit your current health insurance here.		Health Insurance	Document
	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>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/3.pdf</p>		Hepatitis B Dose 2	Document
Date					
Hepatitis B Dose 3					Document
					Date
Hepatitis B Titer					Document
					Results
Date					
Hepatitis B Dose 1	Document				
	Date				



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					Date
		Hepatitis B Heplisav Dose 2 of 2	Document		
		Date			
	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>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/3.pdf</p>		Measles Titer	Document
					Results
					Date
				Rubella Titer	Document
					Results
					Date
				MMR Dose 2	Document
					Date
	MMR Dose 1	Document			
		Date			
Mumps Titer	Document				
	Results				
	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>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/1.pdf</p>		Tdap	Document	
				Date	
				Expiration Date	



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Adult Learner - Non-CNA Post102020	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>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/3.pdf</p>		Varicella Dose 2	Document
					Date
				Varicella Titer	Document
					Results
					Date
		Proof of disease	Document		
		Date			
		Varicella Dose 1	Document		
		Date			
	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 http://forms.complio.com/ReviewStandards/1.pdf</p>	http://odessacompliance.com/forms/OdessaFluDeclination.pdf	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>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/1.pdf</p>		Meningitis Dose	Document	
				Date	



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Tuberculosis

If you test negative for tuberculin exposure, you must submit a 2-step PPD (2 PPD's each implanted 2-3 days before being read and read 7-21 days apart from each other) or an IGRA (QuantiFERON OR T-Spot). If your test becomes 1 year old, you must submit a new Annual PPD (implanted 2-3 days before being read) or a new IGRA.

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 2-step PPD.

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.

Your school has provided the below image to help with understanding the steps for students who would prefer a diagram and are choosing a 2-step PPD.

<http://odessacompliance.com/forms/Odessa2StepPPDExplanation.pdf>

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
Result		
TB Clearance Letter	Document	
	Date	
	Expiration Date	
Chest X-Ray	Document	
	Date	
	Expiration Date	
	Result	
Initial QuantiFERON TB Gold Test / T-Spot	Document	
	Date	
	Result	
Annual QuantiFERON TB Gold Test / T-Spot	Document	
	Date	
	Expiration Date	
	Result	
Letter indicating chest x-ray is needed	Document	
Healthcare Employer TB Screening Record	Document	
	Date	
American DataBank Background Check	Document	
	Date	
	Results	
American DataBank Drug Screen	Document	
	Date	

Background Check

You must order a background check from American DataBank. Once your search is complete, it will be automatically uploaded here for you.

Drug Screening

You must order a drug screen from American DataBank. Once complete, it will be automatically uploaded here for you.



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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	Expiration Date
				Results
CE Health Careers Registration Form	You must electronically complete the CE Health Careers Registration Form.	http://odessacompliance.com/forms/HealthCareersRegistrationForm2022.pdf	CE Health Careers Registration Form	Document
				Date
				Complete Form
Documents to Review	<p>You must acknowledge that you have read the below required document information:</p> <ol style="list-style-type: none"> 1. Welcome Health Careers Students 2. Wrangler Express Center Student Information 3. Student Email Blackboard Login Information 4. HC Student Contract - Classroom Guidelines 5. Student Clinical Agreement Form 6. Odessa-Complio-Student-User-Guide-05142020 7. OC Training Waiver 8. Health Careers Immunization Requirements 9. Health and Wellness for Students - Insurance and Healthcare Providers Information 10. Adult Model Release Information 11. Itemized Additional cost list •12. T-Shirt and Scrub Set Size <p>Note: This category is currently optional. Please note that this category will become required on November 30th 2021.</p>		Welcome Health Careers Students Information	Document
				Date
				Have you read the Welcome Health Careers Students Information?
				Complete Form
			Wrangler Express Center Student Information	Document
				Date
				Have you read the Wrangler Express Center Student Information?
				Complete Form
			Student Email Blackboard Login Information	Document
				Date
				Have you read the Student Email Blackboard Login Information?
				Complete Form
			HC Student Contract - Classroom Guidelines	Document
				Date
				Have you read the Student Contract - Classroom Guidelines Information?
	Complete Form			
Student Clinical Agreement Form	Document			
	Date			
	Have you read the Student Clinical Agreement Form?			
	Complete Form			
Odessa-Complio-Student-User-Guide-05142020	Document			
	Date			



Adult Learner - Non-CNA Post102020	Documents to Review	<p>You must acknowledge that you have read the below required document information:</p> <ol style="list-style-type: none"> 1. Welcome Health Careers Students 2. Wrangler Express Center Student Information 3. Student Email Blackboard Login Information 4. HC Student Contract - Classroom Guidelines 5. Student Clinical Agreement Form 6. Odessa-Complio-Student-User-Guide-05142020 7. OC Training Waiver 8. Health Careers Immunization Requirements 9. Health and Wellness for Students - Insurance and Healthcare Providers Information 10. Adult Model Release Information 11. Itemized Additional cost list •12. T-Shirt and Scrub Set Size <p>Note: This category is currently optional. Please note that this category will become required on November 30th 2021.</p>		Odessa-Complio-Student-User-Guide-05142020	<p>Have you read the Odessa-Complio-Student-User-Guide-05142020?</p> <p>Complete Form</p>
				OC Training Waiver	<p>Document</p> <p>Date</p> <p>Have you read the OC Training Waiver?</p> <p>Complete Form</p>
				Health Careers Immunization Requirements	<p>Document</p> <p>Date</p> <p>Have you read the Health Careers Immunization Requirements?</p> <p>Complete Form</p>
				Health and Wellness for Students - Insurance and Healthcare Providers Information	<p>Document</p> <p>Date</p> <p>Have you read the Health and Wellness for Students - Insurance and Healthcare Providers Information?</p> <p>Complete Form</p>
				Adult Model Release Information	<p>Document</p> <p>Date</p> <p>Have you read the Adult Model Release Information?</p> <p>Complete Form</p>
				T-Shirt and Scrub Set Size	<p>T-Shirt Size</p> <p>Scrub Set Size</p>
	FERPA Form	<p>You may electronically complete the below FERPA form. This document will allow the College to provide information about the student to only those that are listed by the student, including parents.</p>	http://odessacompliance.com/forms/FERPAForm.pdf	FERPA Form	<p>Document</p> <p>Date</p> <p>Complete Form</p>
	Certificate of Completion	<p>This category is for your administration to complete once all course requirements have been met.</p>		Certificate of Completion	<p>Document</p> <p>Date</p>