

*Welcome to the School of Health, Science and Education  
and  
CONGRATULATIONS on your acceptance to the highly competitive  
Dental Hygiene Program!*

**Acceptance Checklist – Dental Hygiene Program  
FALL 2024**

This Acceptance Checklist is designed to provide a timeline for completion of the essential program admission requirements.

It is important that you read through the entire checklist and note the due dates listed on the Table of Contents associated with each requirement so that you do not miss any deadlines.

If you intend to accept the offer of admission to the Dental Hygiene Program, it is critically important that you begin the process for obtaining the required PA Criminal Background Check, FBI, and Child Abuse Clearances immediately. **These documents require time for agency processing and early action on your part will assure you meet the firm deadlines listed within this documentation and are eligible to register for classes.**

**Due to time constraints, the Verification of Residency Form, Photo ID, and background checks should be done as soon as you receive your acceptance packet.**

***No prior background clearances will be accepted. Acceptance is conditional upon receipt of all three background clearances (see enclosure for further explanation).***

Best wishes for much success as you start your journey down this rewarding career path!

**PLEASE PRINT ONE-SIDED**

# Timeline for Completion of Requirements – Page 1

## **BEGIN IMMEDIATELY**

### **Orientations**

- Complete the mandatory NCC onboarding, advising, and registration orientation (Parts 1 and 2) at: <https://www.northampton.edu/admissions/enrollment-checklist.html>.
- Watch the prerecorded **Health Career Orientation** at <https://www.northampton.edu/education-and-training/programs/health-science-resources.html> which contains information on several important topics.
- Mark your calendar for the **mandatory Dental Hygiene Program Orientation** to be held on **Thursday, May 23rd at 9:00 a.m.** at the **Fowler Campus, Sixth Floor, Room 605**.

### **Verification of Residency and Photo ID**

- Complete the Verification of Residency Form (*see Section A*) listing the past two (2) consecutive years of residency. If you have not lived in Pennsylvania for two (2) consecutive years, you will need to obtain the PA Department of Aging FBI Background Clearance (*see Section G below*).
- Your State-issued Driver's License or Photo ID. (*see Section B*) must match the current address listed on your Verification of Residency Form. If it does not, we will need a Change of Address card with your current address.

### **Background Clearances**

- Read Background Check Review and Positive Criminal History Review Processes (*see Section C*) to follow procedures for obtaining clearances and actions required if you have a previous record. **Acceptance into the program is conditional upon receipt of these clearances**, and approval by the Health Career Review Committee and Clinical Facilities, if applicable. *You will answer YES or NO to this question on myRecordTracker and upload the letter of explanation, if applicable.*
- Submit online request for PA Criminal Background Check (*see Section D*).
- Register (pre-enroll) for fingerprint-based FBI Background Clearance through PA Department of Human Services (Service Code 1KG 756) and schedule time to get fingerprinted (*see Section E*).
- Submit online application for PA Child Abuse History Clearance (*see Section F*).
- If you have not lived in Pennsylvania for two (2) consecutive years, register for fingerprint-based FBI Background Clearance through PA Department of Aging (Service Code 1KG 8RJ) and schedule time to get fingerprinted (*see Section G*).
- Read, sign, and date the Felony Disclosure Form (*see Section H*), Student Release of Information Form for Clinical Sites (*see Section I*), and Medical Marijuana Policy (*see Section J*). *These will be uploaded to myRecordTracker.*

### **BLS Certification and First Aid Classes**

- Register for BLS-Basic Life Support for Healthcare Providers if you do not have that certification. Courses are available at NCC. To register online, go to <http://www.northampton.edu/cpr>; scroll to bottom of page and click on *Basic Life Support for Healthcare Providers*. This certificate is also available through the American Heart Association at [www.americanheart.org](http://www.americanheart.org). **Online BLS courses will NOT be accepted** (*see Section L*).
- Register for Heartsaver® First Aid if you do not have that certification. Courses are available at NCC at <http://www.northampton.edu/cpr> (*see Section M*).

## Timeline for Completion of Requirements – Page 2

### Physical Exam

- Complete the OSHA Questionnaire (*see Section N*) and take this form to the appointment for your physical. Your Medical Provider must clear you to be fit tested for an N95 respirator face mask for clinical rotation. *The medical clearance will be uploaded to myRecordTracker.*
- Schedule an appointment for a physical and any required testing. Pay special attention to **time sensitive tests** (such as TB) listed on the health form (*see Section P: Student Health Requirements*).
- Complete page 1 of the Health Form and take the form to the appointment for your physical (**Health Form is included in Section P**). Your Medical Provider must complete the remaining pages of the health form.

### Financial Aid

- Apply for financial aid at <https://www.northampton.edu/admissions/tuition--financial-aid-scholarships/financial-aid.htm> (*if needed*).

### Childcare

- Apply to NCC Children’s Center (*if needed*).

### May 23, 2024 - Orientation

#### **MANDATORY DENTAL HYGIENE PROGRAM ORIENTATION**

- Attend mandatory Dental Hygiene Program Orientation on May 23<sup>rd</sup> at 9:00 a.m.**  
Northampton Community College  
**Fowler Family Southside Campus**  
511 E. Third Street, **Sixth Floor, Room 605**  
Bethlehem, PA 18015
- Important course information, departmental policies, and procedures as well as course registration information will be covered at these sessions. **Attendance is mandatory.**

### By June 30, 2024

- Set up your myRecordTracker® account from the email you received at your NCC email address from [myrecordtracker@verticalscreen.com](mailto:myrecordtracker@verticalscreen.com). Please check your spam folder if you do not see this email in your inbox. (*See Section R: Certiphi Screening MyRecordTracker® Student Guide*)
- Upload your completed Verification of Residency Form to myRecordTracker® indicating whether you have lived in Pennsylvania for the past two (2) consecutive years (*see Section A*).
- Upload your current State-issued Driver’s License or Photo Identification to myRecordTracker® (*see Section B*).
- Upload your Pennsylvania State, FBI (DHS), and Child Abuse clearances (*Sections D, E, and F*) to your myRecordTracker® account. **Positive background checks will require review and may delay registration (refer to Section C).**
- Upload your FBI through the Department of Aging (Service Code 1KG 8RJ) if you have **not** lived in Pennsylvania for the past two (2) consecutive years (*Section G*) to your myRecordTracker® account.

## Timeline for Completion of Requirements – Page 3

### By June 30, 2024 (Continued)

- Upload your signed and dated Felony Disclosure form. (**Section H**).
- Upload your signed and dated Student Release of Information for Health Career Clinical Sites Form. (**Section I**).
- Upload your signed and dated NCC Healthcare Careers Medical Marijuana Policy (**Section J**).
- Complete the Health Network Employee Identification Badge requirement by answering YES and listing your employer or answering NO (**Section K**).
- Obtain an NCC Student ID by completing the online form at <https://www.northampton.edu/ncc-id.htm>.

### By July 31, 2024

- Upload completed OSHA Form/Fit Test Medical Clearance (**Section N**) to your myRecordTracker® account.
- Upload current health insurance card (**front & back**) to myRecordTracker® (**Section O**).
- Upload completed Health Form (**Section P**) and supporting documentation (lab reports and immunization records) to your myRecordTracker® account.

### By August 19, 2024

- Upload a copy of your certification in Basic Life Support (BLS) for Healthcare Providers to myRecordTracker® (**Section L**).
- Upload a copy of your certification in Heartsaver® First Aid to myRecordTracker® (**Section M**).
- Buy books at NCC bookstore or online at <https://www.bkstr.com/northamptonccstore/home>. Financial Aid for books is available in August. Please check with the bookstore for dates at 610-861-5322.

### August 26, 2024

- Begin Classes. Good Luck!!!

#### **\*\*\*IMPORTANT – PLEASE NOTE \*\*\***

- 📌 *The **Dental Hygiene Department** reviews background clearances, BLS and First Aid certifications, and all signed forms and documentation on myRecordTracker®. **Verification is not immediate.** Please be assured that the documentation will be reviewed as soon as possible.*
- 📌 *The **Health Center** reviews all health-related documents, along with the health insurance card. Please call **610-861-5365** if you have questions related to your health form. **Verification is not immediate.** Please be assured that the documentation will be reviewed as soon as possible.*
- 📌 *It is your responsibility to upload all the background checks by the due date listed. Always keep a copy for your records.*
- 📌 ***Failure to comply with the established deadlines for document submission will result in cancellation of your acceptance.***



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<b>SECTION</b>	<b>REQUIREMENTS AND IMPORTANT INFORMATION</b>	<b>DUE DATE</b>
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Section C	Background Check and Criminal History Review Process	Read Immediately
Section D	PA State Police Background Check (PATCH) Instructions	6/30/2024
Section E	FBI Background Clearance Instructions (DHS)	6/30/2024
Section F	Child Abuse Clearance Instructions	6/30/2024
Section G	FBI Background Clearance (Aging) – <i>if applicable</i>	6/30/2024
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Section N	OSHA Questionnaire / Fit Test Certificate	7/31/2024
Section O	Proof of Health Insurance	7/31/2024
Section P	Student Health Requirements and Health Form	7/31/2024
Section Q	Urine Drug Screening Requirements	Read Immediately
Section R	myRecordTracker® Instructions	6/30/2024

## IMPORTANT PHONE NUMBERS

### **Dental Hygiene Department:**

Program Secretary: Jackie Bare 610-861-5390

Program Director: Sherri Meyers 610-861-5440

*(Note: Department closed mid-June through mid-August)*

**Health and Wellness Center 610-861-5365**

### **Bethlehem Campus**

Admissions Office 610-861-5500

Bookstore 610-861-5322

Bursar's Office 610-861-5407

Children's Center 610-861-5477

Disability Services 610-861-5342

Financial Aid 610-861-5510

Housing/Student Life 610-861-5324

Records/Registration Office 610-861-5494

### **Monroe Campus**

Admissions Office 570-369-1801

Bookstore 570-369-1830

Children's Center 570-369-1860

Disability Services 570-369-1910

Enrollment Office 570-369-1800

Student Life 570-369-1850



**Verification of Residency for Acceptance into an NCC Health Science Program**

Date: \_\_\_\_\_ Class Start Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
*Last First Middle*

Current Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State Zip Code*

- I lived at the above Pennsylvania address for two (2) consecutive years or more.
- I lived in Pennsylvania for two (2) consecutive years or more at my current address and previous addresses listed below:

1. Prior Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State Zip Code*

I lived at this address from \_\_\_\_\_ until \_\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

2. Prior Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State Zip Code*

I lived at this address from \_\_\_\_\_ until \_\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

- I have NOT lived in Pennsylvania for the past two (2) or more consecutive years and must submit a PA Department of Aging FBI Background Clearance through IdentoGO (Service Code **1KG 8RJ**).

By submitting this form, I certify all the information I have provided is complete, accurate, true, and correct. I make this declaration subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For NCC Staff Use Only*

- I am the Authorized NCC Representative who received this completed form and verified the applicant's current residency by comparison with an official State-issued photo identification.
- I have verified the applicant's residency for the past two (2) consecutive years or more.

**PA Department of Aging FBI clearance needed:**  Yes  N/A

Authorized NCC Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

PHOTO IDENTIFICATION REQUIREMENTS

The address listed on your State-issued Driver’s License or Photo ID must match the current address listed on your Verification of Residency Form (*Section A*). If it does not, please obtain a Change of Address card. This information is needed so you can determine whether or not you need to obtain a PA Department of Aging FBI Background Clearance which is required if you have not lived in Pennsylvania for the past two (2) consecutive years. Thank you!

State-issued Driver’s License



State-issued Identification Card



PennDOT Change of Address Website

<https://www.dmv.pa.gov/Driver-Services/Name-Address-Changes/Pages/Changing-Your-Address.aspx>



**\*\*\*IMPORTANT\*\*\***

### **BACKGROUND CHECK REVIEW PROCESS INFORMATION**

A Pennsylvania State Police Criminal History Report, FBI Criminal History Record Report, and Pennsylvania Child Abuse History Clearance must be completed by all Health Career students by the deadline noted within this Acceptance Checklist in order to comply with clinical facility requirements. Acceptance is considered conditional until the criminal background check requirement is met. The timeline is established to allow adequate time for the Health Career Review Committee to review the report and make a recommendation to the Program Director regarding full acceptance into the program. Acceptance will be rescinded if the documents are not received by the deadline.

Students with three (3) reports reflecting “no record” (no convictions) can consider themselves fully accepted.

If there is a positive record, entry into clinical education will be dependent on the decision of the Health Career Review Committee after the **background clearances, including the RAP sheet**, together with a written, detailed explanation are uploaded to myRecordTracker® (See next page). Upon receipt of the statement and clearances, the Health Career Review Committee will review the reports and make a recommendation to the Program Director regarding the student’s acceptance into the program. Students will be notified of their status within three (3) days of the committee’s review. The student may appeal the decision in writing to the Provost within five (5) working days of notification receipt. The decision of the Provost is final. The records related to the criminal background process for students will be secured in the Dean’s office.

Clinical agencies have the right to deny access to any student with a criminal record based on that site’s own criteria. In the event that a student is denied clinical placement based on their criminal record, their acceptance will be rescinded.

**Students are required to obtain new clearances annually for the duration of their program (this applies to all three background clearances), per the clinical agencies.**



**\*\*\*IMPORTANT\*\*\***

**POSITIVE CRIMINAL HISTORY REVIEW INFORMATION**

If you have a positive criminal history check (a record shows up on your clearances), a letter with the information described below must be uploaded to myRecordTracker®, along with your background check results, providing further information on the convictions and non-convictions that appeared on your record. It is important for us to gain as much information as possible about these charges to fairly evaluate your acceptance into the program. To that end, we request that you submit, in writing to the Credentialing Coordinator, the following information:

1. Date of conviction
2. Exact location
3. Offense(s)
4. How did you plead?
5. What was the outcome/sentencing?
6. Are you still on probation?
7. Provide details surrounding the offense(s) with your version of what happened.

In addition to your written statement, please provide all documentation you may possess that relates to the above record(s). Inability to comply with this request may result in dismissal from the program.

Should you have any questions, please contact Sherri Meyers, Director of Dental Programs at 610-861-5440.



### Submitting a Request for PA Criminal History Record Check (PATCH)

A Pennsylvania Criminal Background Check is required of all NCC Health Career students. To obtain your record follow the steps below:

1. Go to <https://epatch.pa.gov/home>.
2. Select the **Submit a New Record Check** option. **Do NOT use the gold box titled “New Record Check (Volunteers only)” option.**
3. Read the **Terms and Conditions** surrounding use of the system in order to proceed with record check request submission. Click on **Accept**.
4. Complete the **Personal Information** form.
  - a. Select **Other** from the drop-down list as **Reason for Request**.
  - b. Name, address and telephone number are required fields.
5. Click **Next** and the screen will display the personal details entered in the last step. Review details and click the **Proceed** button.
6. Complete the **Record Check Request Form**.
  - a. Name, Social Security Number, Date of Birth, Sex, & Race.
  - b. List all aliases and/or Maiden Names.
  - c. Click **Enter this Request**
7. Confirm the **Record Check Request Review** and click on **Submit**. The charge is **\$22.00** per request.
8. Complete the **Credit Card Information** form. PATCH accepts Visa, Discover, Master Card, and American Express. Required information:
  - a. Name and address
  - b. Credit Card Type and Credit Card Number
  - c. Card Verification Method (CVM) number
  - d. Expiration Date
9. Click **Next** once the form has been completed.
10. PATCH will display the credit card information entered in the last step. Review the details. Click **Back** if any of the information needs to be changed. Otherwise, click **Submit**.
11. At this point, PATCH will charge the credit card entered for the amount shown. Once the submit button is clicked, this transaction will be processed. **This cannot be undone.**
12. PATCH will display a summary listing of the Record Check Results.
  - a. Details on the record check result can be reviewed by clicking on your name.
  - b. Click on the Invoice Number in the Record.
  - c. Check Details page to access a printable invoice.
  - d. Click on blue link titled **Certification Form** in the Record. This will bring up the record with the State seal.  
**Please print multiple copies, as you may need this for employment or licensure purposes.**
13. PATCH report will either show:
  - a. **No Record** status if there are no records found for the request, *or*
  - b. **Request Under Review**. A “Request Under Review” response **does not** necessarily indicate a criminal record. If this occurs, log on to the website daily to check status. You will not be notified when the results are updated. Once the results are in, follow Step 12d. above to access and print the report, including the RAP sheet if the response indicates a criminal record.
14. Upload your PATCH Clearance results to your student account at <https://www.myrecordtracker.com>.
15. **IF YOUR CLEARANCE COMES BACK WITH A RECORD**, you must submit the **original**, including the accompanying Rap Sheet, together with a letter of explanation of the charges to the Program Director, since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

**Submitting a Request for an FBI Criminal Background Clearance (DHS)**

The NCC Health Career Programs require Federal Bureau of Investigation (FBI) criminal background checks on all students. The fingerprint-based background check is a multiple-step process. Please complete the following steps of the process promptly to assure you meet the **firm deadline** for submitting results. **Please be advised that failure to comply with this requirement by the established deadline will result in cancellation of your acceptance and/or removal from the Health Career Program.**

- 1. Registration:** The applicant must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at <https://uenroll.identogo.com>. Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

When registering online, an applicant must use the appropriate agency specific Service Code to ensure they are processed for the correct agency and/or applicant type. Using the correct service code ensures the background check is submitted for the correct purpose.

**Enter Service Code: 1KG 756**

- 2. Employer:**

<b>Northampton Community College</b>
<i>For Main or Pocono Campuses, enter:</i> 3835 Green Pond Road, Bethlehem, PA 18020
<i>For Fowler Campus, enter:</i> 511 E. Third Street, Bethlehem, PA 18015

- 3.** Applicants who register under Identogo for fingerprints can receive their results electronically. This opportunity applies to results with no record. During the registration process you will be asked for an email address, and you will be asked to create a security question and a security answer. It is very important that once you create your security question and answer that you retain this information. Three (3) unsuccessful logins will prevent you from retrieving your results. This information cannot be reset.

- 4. Payment:** The applicant will pay a fee of **\$25.25** for the fingerprint service and to secure an official copy of the Criminal History Record. Major Credit Cards as well as Money orders or cashier’s checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. **No cash transactions or personal checks are allowed.**

- 5. Fingerprint Locations:** After registration, the applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on IDEMIA's website at <https://uenroll.identogo.com>. The location of fingerprint sites may change over time; applicants are encouraged to confirm the site location nearest to their location.

LOCATION	DAYS	HOURS
<b>HELLERTOWN</b>		
Identogo 1866 Leithsville Road Creekside Marketplace Hellertown, PA 18055-2505	Monday – Friday Saturday	09:00 AM - 05:00 PM 09:00 AM - 01:00 PM
<b>ALLENTOWN</b>		
Identogo 1382 Hanover Avenue Allentown Commons Plaza Allentown, PA 18109-2019	Monday – Friday	09:00 AM - 12:00 PM <i>and</i> 12:30 PM - 04:30 PM

LOCATION	DAYS	HOURS
<b>EAST STROUDSBURG</b>		
IdentoGO 5224 Milford Road Suite 155 East Stroudsburg, PA 18302-9671	Monday – Friday Saturday	09:30 AM - 06:30 PM 09:30 AM - 02:30 PM

6. **Fingerprinting:** At the fingerprint site, the Enrollment Agent (EA) manages the fingerprint collection process. The fingerprint transaction begins when the EA reviews the applicant’s qualified State or Federal photo ID before processing the applicant’s transaction. A list of approved ID types may be found on the IDEMIA website at <https://uenroll.identogo.com>. **Applicants will not be processed if they cannot produce an acceptable photo ID.** After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.

<b>ACCEPTABLE DOCUMENTS</b>
<ul style="list-style-type: none"> <li>➤ Canadian Commercial Driver’s License (CDL)</li> <li>➤ Commercial Driver’s License issued by a State or outlying possession of the U.S.</li> <li>➤ Department of Defense Common Access Card</li> <li>➤ Driver’s License PERMIT issued by a State or outlying possession of the U.S.</li> <li>➤ Driver’s License issued by a State or outlying possession of the U.S.</li> <li>➤ Employment Authorization Card/Document (I-766) with Photo</li> <li>➤ Enhanced Tribal Card (ETC)</li> <li>➤ Foreign Driver’s License (Mexico and Canada Only)</li> <li>➤ Foreign Passport</li> <li>➤ Merchant Mariner Document (MMD)</li> <li>➤ Military Dependent’s Card</li> <li>➤ Military ID Card</li> <li>➤ Passport Book or Card</li> <li>➤ Permanent Resident Card / Green Card (I-551)</li> <li>➤ Photo ID Waiver for Minors</li> <li>➤ State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency</li> <li>➤ Uniformed Services Identification Card (Form DD-1172-2)</li> <li>➤ Visa</li> </ul>

7. Shortly after your fingerprints have been taken and a result can be provided, you will receive an email. You will be advised to click on the link within the email and enter your security question and answer. If you lock yourself out of your security question and answer, your result will be mailed by US Mail. Current Mailing timelines take 7 to 10 business days to reach the intended destination.

When you do access your result, it is important that you be able to download it, save it and print it for future needs. There will be no second access to this electronic result.

**If any result has a record associated with it, those results will not be electronically available and can only be mailed by US Mail.** Current Mailing timelines take 7 to 10 business days to reach the intended destination.

8. Upload results of your FBI Clearance **PRIOR TO THE DUE DATE** given to your student account at <https://www.myrecordtracker.com>.
9. Once uploaded, check with your Program Director to determine if you are required to submit the **original** document to the College as part of fulfilling your clinical requirement.
10. **IF YOUR CLEARANCE COMES BACK WITH A RECORD**, you are **REQUIRED** to submit the **original** to the Program Director, including the **accompanying Rap Sheet**, together with a **letter of explanation** of the charges. Please contact the Program Director immediately if you feel there is something that will come up on your background clearance since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

## Submitting a Request for Child Abuse Clearance

A Child Abuse History Clearance is required of all NCC Health Career students. **Applications are submitted online, but it may still take several weeks to receive the results.**

***Please note: Failure to follow the instructions below may cause a considerable delay in the processing of your application and could affect your ability to meet the deadline for submitting results. Please be advised that failure to comply with this requirement by the established deadline will result in cancellation of your acceptance and/or removal from the Health Career Program.***

1. Please go to the **PA Child Welfare Information Solution Portal** at <https://www.compass.state.pa.us/CWIS>.
2. Select **“Create Individual Account”** and follow the instructions to create a Keystone ID account. You will be asked to provide some personal information and answer security questions.
  - a. Creation of your Keystone ID will prompt their system to send you two e-mails. One will contain confirmation of your recently created Keystone ID and the other will provide you with a temporary password.
  - b. Go back to the Child Welfare Portal website at <https://www.compass.state.pa.us/CWIS> and choose the **“Individual Login.”** Choose **“Access my Clearance”**. Read **“Learn More”** and scroll down to **“continue”** to login.
  - c. Login by using your Keystone ID using the temporary password copied and pasted from the email sent to you.
  - d. Once logged in, the system will require you to immediately change the password. Set permanent password and click **“Submit”**. The website will then tell you to click on **“Close Window”** button.
  - e. Login again to your application with your Keystone ID and newly created personal password.
3. **My Child Welfare Account Terms & Conditions**
  - a. Choose to accept the Terms & Conditions and click **“Next.”**
  - b. On the **“My PA Child Abuse History Clearances”** screen choose **“Create Clearance Application.”**
4. **Getting Started**
  - A. Scroll to bottom and select **“Begin”**. Complete the Application in full.
  - a. Complete the following sections: Application Purpose, Application Info, Current Address, Previous Address, Household Members, & Application Summary. (The form asks for all previous names, addresses, and household members since 1975). This information must be provided to the best of your knowledge and belief.
  - b. The last part consists of the following sections: eSignature and Application Payment.
5. **Application Purpose**
  - a. Select **“School Employee Not Governed by Public School Code.”**
6. **Payment**
  - A. Finish completing application process. Payment of \$13.00 is required at time of request. Debit or credit cards will be accepted. If the system gives you the option to print the results out immediately as well as have one sent to you in the mail, please choose both options.
7. Upload results of your Child Abuse Clearance to your student account at <https://www.myrecordtracker.com>. Keep a copy for your records.
8. **IF YOUR CLEARANCE COMES BACK WITH A RECORD**, you are **REQUIRED** to submit the **original** to the Program Director, including the accompanying Rap Sheet, together with a letter of explanation of the charges. Please contact the Program Director immediately if you feel there is something that will come up on your background clearance since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

**Submitting a Request for an FBI PA Department of Aging Clearance**

If you have not lived in Pennsylvania for the past two (2) consecutive years, you are required to obtain an FBI through the Pennsylvania Department of Aging. Please follow the instructions listed below:

11. **Registration:** The applicant must register prior to going to the fingerprint site. Walk-in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at <https://uenroll.identogo.com>. Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

When registering online, an applicant must use the appropriate agency specific Service Code to ensure they are processed for the correct agency and/or applicant type. Using the correct service code ensures the background check is submitted for the correct purpose.

**Enter Service Code: 1KG 8RJ**

12. **Employer:** **Northampton Community College**  
*For Main or Pocono Campuses, enter:* 3835 Green Pond Road, Bethlehem, PA 18020  
*For Fowler Campus, enter:* 511 E. Third Street, Bethlehem, PA 18015
13. Applicants who register under Identogo for fingerprints can receive their results electronically. This opportunity applies to results with no record. During the registration process you will be asked for an email address, and you will be asked to create a security question and a security answer. It is very important that once you create your security question and answer that you retain this information. Three (3) unsuccessful logins will prevent you from retrieving your results. This information cannot be reset.
14. **Payment:** The applicant will pay a fee of **\$25.25** for the fingerprint service and to secure an official copy of the Criminal History Record. Major Credit Cards as well as Money orders or cashier's checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. **No cash transactions or personal checks are allowed.**
15. **Fingerprint Locations:** After registration, the applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on IDEMIA's website at <https://uenroll.identogo.com>. The location of fingerprint sites may change over time; applicants are encouraged to confirm the site location nearest to their location.

LOCATION	DAYS	HOURS
<b>HELLERTOWN</b>		
1866 Leithsville Road Creekside Marketplace Hellertown, PA 18055-2505	Monday – Friday Saturday	09:00 AM - 05:00 PM 09:00 AM - 01:00 PM
<b>ALLENTOWN</b>		
1382 Hanover Avenue Allentown Commons Plaza Allentown, PA 18109-2019	Monday – Friday	09:00 AM - 12:00 PM <i>and</i> 12:30 PM - 04:30 PM
LOCATION	DAYS	HOURS
<b>EAST STROUDSBURG</b>		
5224 Milford Road Suite 155 East Stroudsburg, PA 18302-9671	Monday – Friday Saturday	09:30 AM - 06:30 PM 09:30 AM - 02:30 PM



16. **Fingerprinting:** At the fingerprint site, the Enrollment Agent (EA) manages the fingerprint collection process. The fingerprint transaction begins when the EA reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction. A list of approved ID types may be found on the IDEMIA website at <https://uenroll.identogo.com>. **Applicants will not be processed if they cannot produce an acceptable photo ID.** After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.

#### ACCEPTABLE DOCUMENTS

- Canadian Commercial Driver's License (CDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Department of Defense Common Access Card
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License issued by a State or outlying possession of the U.S.
- Employment Authorization Card/Document (I-766) with Photo
- Enhanced Tribal Card (ETC)
- Foreign Driver's License (Mexico and Canada Only)
- Foreign Passport
- Merchant Mariner Document (MMD)
- Military Dependent's Card
- Military ID Card
- Passport Book or Card
- Permanent Resident Card / Green Card (I-551)
- Photo ID Waiver for Minors
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Uniformed Services Identification Card (Form DD-1172-2)
- Visa

17. **ALL OUT-OF-STATE RESIDENTS, PLEASE NOTE:** if you enter your zip code and find there is no fingerprinting location in your own State, you can create an appointment and select the option to have local law enforcement do a physical fingerprinting, which can then be sent by mail to Identogo. This takes a little extra time (6-8 weeks), but it should not cause a significant delay in your application. **(You will need 2 cards: one for Dept. of Human Services and one for PA Dept. of Aging.)**

18. Shortly after your fingerprints have been taken and a result can be provided, you will receive an email. You will be advised to click on the link within the email and enter your security question and answer. If you lock yourself out of your security question and answer, your result will be mailed by US Mail. Current Mailing timelines take 7 to 10 business days to reach the intended destination.

When you do access your result, it is important that you be able to download it, save it and print it for future needs. There will be no second access to this electronic result.

**If any result has a record associated with it, those results will not be electronically available and can only be mailed by US Mail.** Current Mailing timelines take 7 to 10 business days to reach the intended destination.

19. Upload results of your FBI Aging Clearance **PRIOR TO THE DUE DATE** given to your student account at <https://www.myrecordtracker.com>.
20. Once uploaded, check with your Program Director to determine if you are required to submit the **original** document to the College as part of fulfilling your clinical requirement.
21. **IF YOUR CLEARANCE COMES BACK WITH A RECORD**, you are **REQUIRED** to submit the **original** to the Program Director, including the **accompanying Rap Sheet**, together with a **letter of explanation** of the charges. Please contact the Program Director immediately if you feel there is something that will come up on your background clearance since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.



The following information is very important for Dental Hygiene students. Although this does not affect students until they complete their education and apply for licensure, the Northampton Community College Dental Hygiene Department requires proof (by your signature) that you were notified of this law prior to starting the program. Please read this information carefully, sign and return this document to the Dental Hygiene Department via mail to the address listed previously or in Dental Hygiene Director's office (Fowler 339).

The Dental Law known as Act of May 1, 1993, P.L. 216, No. 76 Cl. 63, Section 4.1 as amended Dec. 27, 1994, P.L. 1361, No. 160 of the Commonwealth of Pennsylvania State Board of Dentistry declares the following:

**Section 4.1 Reason for Refusal, Revocation or Suspension of License or Certificate.**

- a) "The Board shall have authority, by majority action, to refuse, revoke or suspend the license of any dentist or dental hygienist or certificate of an expanded function dental assistant for any or all of the following reasons:
- 1) Failing to demonstrate the qualification or standards for a license contained in this act or regulations of the board.
  - 2) Making misleading, deceptive, untrue or fraudulent representations.
  - 3) Practicing fraud or deceit in obtaining a license to practice dentistry or dental hygiene or certificate for expanded function dental assisting or making a false or deceptive biennial renewal with the board.
  - 4) Having been found guilty of a crime or misdemeanor involving moral turpitude or having been found guilty of a felony in violation of the laws of this Commonwealth or any other state, territory or country. For purposes of this clause (4), the phrase 'having been found guilty' shall include a finding or verdict of guilt, an admission of guilt or a plea of nolo contendere.
  - 5) Having a license to practice dentistry or dental hygiene or certificate for expanded function dental assisting revoked, suspended or having other disciplinary action imposed or consented to by the proper licensing authority of another state, territory or country or his application for license refused, revoked or suspended by the proper licensing authority of another state, territory or country.
  - 6) Violating any of the provision of this act or a lawful regulation promulgated by the board or violating a lawful order of the board previously entered by the board in a disciplinary proceeding."
  - 7) "(8) Engaging in unprofessional conduct. For purposes of this clause (8), unprofessional conduct shall include any departure from, or failure to conform to, the standards of acceptable and prevailing dental or dental hygiene practice and standard of care for expanded function dental assistants in which proceeding actual injury to the patient need not be established.
  - 8) Committing an act of gross negligence, malpractice or incompetence or repeated acts of negligence, malpractice or incompetence.
  - 9) Engaging in false, misleading or deceptive advertising.
  - 10) Being able to practice dentistry or as a dental hygienist or as an expanded function dental assistant with reasonable skill and safety to patients by reason of illness, drunkenness, excessive use of controlled substances, chemicals or any other type of material, or as the result of any mental or physical condition...
- b) When the board finds that the license or certificate of any personal may be refused, revoked or suspended under the terms of this section, the board may:
- 1) Deny the application for license or certificate."

**Your signature indicates that you have read and understand the above excerpts from The Dental Law known as Act of May 1, 1993, P.L. 216, No. 76 Cl. 63, Section 4.1 as amended Dec. 27, 1994, P.L. 1361, No. 160.**

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*Print Name*

---

*Signature*

---

*Date*

***Upload signed form to your myRecordTracker® account.***

# NORTHAMPTON

## COMMUNITY COLLEGE

### Student Release of Information Form For Health Career Clinical Sites Only

The Family Educational Rights and Privacy Act of 1974 (FERPA) protects the student's educational record from disclosure to unauthorized individuals. As an admitted and enrolled student in this NCC Health Career program, additional documentation is required to be submitted, including criminal background checks, health and vaccination/titer information, and drug screening results. While these items are not part of the student educational record, they are maintained as confidential by the program/school. Northampton Community College is required to share positive results of criminal background checks and drug screening with any affiliated institution used for clinical education in the Health Career programs, as well as any pertinent health information requested by the clinical facilities.

- I understand that the clinical affiliate requires that positive results of my background check(s) be shared with the following individuals: the VP Human Resources, Labor/Employment Counsel, VP Patient Care Services, and/or the manager(s) of the unit where the student is assigned for clinical.
- I understand that any requested information will be released to the requestor according to the guidelines outlined in the affiliation agreement between the college and the clinical affiliate.
- In connection with my admission and enrollment in an NCC Health Career Program and my participation in the program's clinical training opportunities, I hereby authorize the College and its agents to release any and all information relevant to my criminal record, health information, and/or drug screen results to any authorized clinical site representative it deems appropriate in order to determine my suitability to be enrolled in the Health Career Program and/or to be assigned to a clinical site selected by the College. A photocopy of this release will be sufficient to authorize the release of the information.

#### Student Information:

*(Please print legibly)*

Student ID

Student's Name (Last) (First) (Middle) (Previous)

Address (Street) (City) (State) (Zip)

Primary Phone Number

Secondary Phone Number

Signature of Student Authorizing Release

Date

***Upload signed form to your myRecordTracker® account.***

## Health Careers Medical Marijuana Policy

In order to be transparent regarding the entire drug screening process and the use of Medical Marijuana, Northampton Community College recognizes our responsibility to fully inform students of NCC's policy at the time of acceptance. Please read the following policy carefully and acknowledge your understanding by signing and uploading this form to myRecordTracker.

The Pennsylvania Department of Health is currently implementing the Pennsylvania Medical Marijuana Program, a component of the Medical Marijuana Act (MMA) that was signed as law on April 17, 2016. This program provides access to medical marijuana for patients with serious medical conditions as defined by the Pennsylvania Department of Health.

At this time, the Federal government regulates drugs through the Controlled Substances Act, which does not recognize the difference between medical and recreational use of marijuana. Under Federal law, marijuana is a Schedule 1 controlled substance, meaning that it is considered to have no medical value. Medical practitioners may not prescribe marijuana for medical use under Federal law.

Students entering any Health Science Careers Program are required to have urine drug screenings upon admission to the clinical phase of the program and on a yearly basis while participating in clinical experiences. As per current policy, if the results are positive, the student will be dismissed from the program immediately and referred for appropriate counseling.

**Students using medical marijuana will not be eligible for clinical, internship, or externship placement in any NCC health science career program**, due to the current discrepancy between State and Federal law regarding Drug Free Work Place Act and the MMA. Businesses who are not in compliance with Federal law are at risk for criminal or civil charges; and additionally, may find issue with eligibility for Federal contracts and grants. Additionally, Pennsylvania's Medical Marijuana statute specifically provides that an employer does not have to accommodate an individual in a safety sensitive position if that person is under the influence of medical marijuana. Most positions involving direct patient care will be considered safety sensitive positions.

Students should also understand that under current Pennsylvania State Board law, many health career licensing boards require drug screening at the time of application for licensure. Similarly, most health care employers will perform routine drug screening as a condition for employment, as these positions involve direct patient care, and are considered safety sensitive positions. **This discrepancy between Federal and State law allows our clinical partners to deny student placement for clinical experiences and the State of Pennsylvania to deny licensure.**

Due to current laws, NCC cannot provide admission to the clinical phase in any of our Health Science Career Programs and students who have been admitted and are later to be found positive for medical marijuana will be dismissed from the Program.

---

***I hereby acknowledge that I have read and understand NCC's Health Careers Medical Marijuana Policy.***

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*Student's Name (Please Print)*

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*Signature of Student*

---

*Date*

***Upload signed form to your myRecordTracker® account.***

**ARE YOU AN EMPLOYEE OF A MAJOR HEALTH NETWORK?**

This is a **question** on myRecordTracker, which requires you to fill in a **response**.

**If you are employed** by Lehigh Valley Health Network, St. Luke's University Health Network, Grand View Health, Geisinger, or any of their combined facilities or medical offices, please list the health network where you are employed.

**If you do not work for a health network**, please answer NO.

Thank you!



# BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS (BLS)

# Section L

Below you will find a listing of the current course offerings (*subject to change*) for BLS for Healthcare Providers and BLS for Healthcare Providers **Renewal** so that you may plan to get your certification prior to the start of your class. The American Heart Association strongly promotes knowledge and proficiency in BLS and has developed instructional materials for this purpose. Use of these materials in an educated course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course does not represent income to the Association.

To obtain a listing of the current offerings and/or to enroll in a course, please visit our website at <https://northampton.edu/cpr>. Toward the bottom of the page, under View Featured Classed, click on Basic Life Support to view the current schedule of classes to choose the section that best accommodates your schedule. Please email [healthcare@northampton.edu](mailto:healthcare@northampton.edu) or call 610-332-6585 with any questions or for more information.

Campus locations and room numbers are indicated next to each class. Campus addresses are listed below:

**FOWLER SOUTHSIDE CAMPUS**  
511 East Third Street, Third Floor  
Bethlehem, PA 18015

**POCONO CAMPUS**  
2411 Route 715, Kapp Hall  
Tannersville, PA 18372

## BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS

Designed to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use of an AED and relieve choking in Adult, Child and Infant, in a safe, timely and effective manner.

Section	Date(s)	Day(s)	Hours	Campus	Room
42	5/4/24	Saturday	9:00am-3:30pm	Pocono, Kapp	011A
43	5/9/24	Thursday	9:00am-3:30pm	Fowler	348
44	5/18/24	Saturday	9:00am-3:30pm	Fowler	348
45	5/23/24	Thursday	9:00am-3:30pm	Fowler	348
48	6/4/24	Tuesday	9:00am-3:30pm	Fowler	348
49	6/14/24	Friday	9:00am-3:30pm	Fowler	348
50	6/22/24	Saturday	9:00am-3:30pm	Fowler	348
51	7/2/24	Tuesday	9:00am-3:30pm	Fowler	348
52	7/20/24	Saturday	9:00am-3:30pm	Fowler	348
53	7/26/24	Friday	9:00am-3:30pm	Fowler	348
54	8/17/24	Saturday	9:00am-3:30pm	Fowler	348
55	8/31/24	Saturday	9:00am-3:30pm	Fowler	348
56	9/7/24	Saturday	9:00am-3:30pm	Fowler	348
<b>Course: CPRFA500</b>				<b>Fee: \$160</b>	

## BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS - RENEWAL

Designed to provide healthcare professionals the ability to review changes in basic life support and to renew their healthcare certification. Includes adult, child and infant. Prerequisite: Current BLS for HCP card must be presented to the Instructor the day of class.

Section	Date(s)	Day(s)	Hours	Campus	Room
38	5/6/24	Monday	6:00pm-10:00pm	Pocono, Kapp	011A
39	5/20/24	Monday	9:00am-1:00pm	Fowler	348
41	6/8/24	Saturday	9:00am-1:00pm	Fowler	348
42	6/10/24	Monday	6:00pm-10:00pm	Pocono, Kapp	011A
43	6/21/24	Friday	9:00am-1:00pm	Fowler	348
44	7/8/24	Monday	6:00pm-10:00pm	Pocono, Kapp	011A
45	7/13/24	Saturday	9:00am-1:00pm	Fowler	348
46	7/23/24	Tuesday	9:00am-1:00pm	Fowler	348
47	8/5/24	Monday	6:00pm-10:00pm	Pocono, Kapp	011A
48	8/15/24	Thursday	9:00am-1:00pm	Fowler	348
49	8/22/24	Thursday	9:00am-1:00pm	Fowler	348
50	9/9/24	Monday	6:00pm-10:00pm	Pocono, Kapp	011A
51	9/14/24	Saturday	9:00am-1:00pm	Fowler	348
<b>Course: CPRFA501</b>				<b>Fee: \$100</b>	

Below you will find a listing of the current course offerings (*subject to change*) for Heartsaver® First Aid so that you may plan to get your certification prior to the start of your class.

To enroll please go to <https://northampton.edu/cpr>, click on First Aid, then look for the section you want to enroll in. Any questions, please call 610-332-6585 or email [healthcare@northampton.edu](mailto:healthcare@northampton.edu).

Campus locations and room numbers are indicated next to each class. Campus addresses are listed below:

**FOWLER SOUTHSIDE CAMPUS**  
511 East Third Street, Third Floor  
Bethlehem, PA 18015

**POCONO CAMPUS**  
2411 Route 715, Kapp Hall  
Tannersville, PA 18372

#### HEARTSAVER FIRST AID

This class teaches students critical skills to respond to and manage an emergency in the first few minutes until emergency medical services (EMS) arrives. Students learn skills such as how to treat bleeding, sprains, broken bones, shock, and other first aid emergencies.

Section	Date(s)	Day(s)	Hours	Campus	Room
18	5/30/24	Thursday	6:00pm-9:00pm	Fowler	348
19	6/17/24	Monday	6:00pm-9:00pm	Pocono, Kapp	011A
20	6/18/23	Tuesday	9:00am-12:00pm	Fowler	348
21	7/18/24	Thursday	9:00am-12:00pm	Fowler	348
22	7/22/24	Monday	6:00pm-9:00pm	Pocono, Kapp	011A
24	8/16/24	Friday	9:00am-12:00pm	Fowler	348
23	8/19/24	Monday	6:00pm-9:00pm	Pocono, Kapp	011A
25	9/16/24	Monday	6:00pm-9:00pm	Pocono, Kapp	011A
26	9/18/24	Wednesday	9:00am-12:00pm	Fowler	348
<b>Course: CPRFA601</b>				<b>Fee: \$100</b>	



# OSHA INFOSHEET

## Respirator Medical Evaluation Questionnaire

**Respirators must be used in workplaces in which employees are exposed to hazardous airborne contaminants. When respiratory protection is required employers must have a respirator protection program as specified in OSHA's Respiratory Protection standard (29 CFR 1910.134). Before wearing a respirator, workers must first be medically evaluated using the mandatory medical questionnaire or an equivalent method. To facilitate these medical evaluations, this INFOSHEET includes the mandatory medical questionnaire to be used for these evaluations.**

### Medical Evaluation and Questionnaire Requirements

The requirements of the medical evaluation and for using the questionnaire are provided below:

- The employer must identify a physician or other licensed health care professional (PLHCP) to perform all medical evaluations using the medical questionnaire in Appendix C of the Respiratory Protection standard or a medical examination that obtains the same information. (See Paragraph (e)(2)(i).)
- The medical evaluation must obtain the information requested in Sections 1 and 2, Part A of Appendix C. The questions in Part B of Appendix C may be added at the discretion of the health care professional. (See Paragraph (e)(2)(ii).)
- The employer must ensure that a follow-up medical examination is provided for any employee who gives a positive response to any question among questions 1 through 8 in Part A Section 2, of Appendix C, or whose initial medical examination demonstrates the need for a follow-up medical examination. The employer must provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP. (See Paragraph (e)(3)(i).)
- The medical questionnaire and examinations must be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee and in a manner that ensures that he or she understands its content. The employer must not review the employee's responses, and the questionnaire must be provided directly to the PLHCP. (See Paragraph (e)(4)(i).)

### Excerpt from Appendix C of 29 CFR 1910.134: OSHA Respirator Medical Evaluation Questionnaire

**To the employer:** Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

**To the employee:** Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Once filled out, this form must be given to the PLHCP. This form should **not** be submitted to OSHA.

**Part A Section 1. (Mandatory)** The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: \_\_\_\_\_
2. Your name: \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_\_
4. Sex:  Male  Female
5. Your height: \_\_\_\_ ft. \_\_\_\_ in.
6. Your weight: \_\_\_\_ lbs.
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire:  Yes  No
11. Check the type of respirator you will use (you can check more than one category):
  - a.  N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b.  Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one):  Yes  No If "yes," what type(s): \_\_\_\_\_

**Part A. Section 2. (Mandatory)** Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

	YES	NO
1. Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month?	<input type="radio"/>	<input type="radio"/>
2. Have you <i>ever had</i> any of the following conditions?		
a. Seizures	<input type="radio"/>	<input type="radio"/>
b. Diabetes (sugar disease)	<input type="radio"/>	<input type="radio"/>
c. Allergic reactions that interfere with your breathing	<input type="radio"/>	<input type="radio"/>
d. Claustrophobia (fear of closed-in places)	<input type="radio"/>	<input type="radio"/>
e. Trouble smelling odors	<input type="radio"/>	<input type="radio"/>
3. Have you <i>ever had</i> any of the following pulmonary or lung problems?		
a. Asbestosis	<input type="radio"/>	<input type="radio"/>
b. Asthma	<input type="radio"/>	<input type="radio"/>

	YES	NO
c. Chronic bronchitis	<input type="radio"/>	<input type="radio"/>
d. Emphysema	<input type="radio"/>	<input type="radio"/>
e. Pneumonia	<input type="radio"/>	<input type="radio"/>
f. Tuberculosis	<input type="radio"/>	<input type="radio"/>
g. Silicosis	<input type="radio"/>	<input type="radio"/>
h. Pneumothorax (collapsed lung)	<input type="radio"/>	<input type="radio"/>
i. Lung cancer	<input type="radio"/>	<input type="radio"/>
j. Broken ribs	<input type="radio"/>	<input type="radio"/>
k. Any chest injuries or surgeries	<input type="radio"/>	<input type="radio"/>
l. Any other lung problem that you've been told about	<input type="radio"/>	<input type="radio"/>
4. Do you <i>currently</i> have any of the following symptoms of pulmonary or lung illness?		
a. Shortness of breath	<input type="radio"/>	<input type="radio"/>
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	<input type="radio"/>	<input type="radio"/>
c. Shortness of breath when walking with other people at an ordinary pace on level ground	<input type="radio"/>	<input type="radio"/>
d. Have to stop for breath when walking at your own pace on level ground	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath when washing or dressing yourself	<input type="radio"/>	<input type="radio"/>
f. Shortness of breath that interferes with your job	<input type="radio"/>	<input type="radio"/>
g. Coughing that produces phlegm (thick sputum)	<input type="radio"/>	<input type="radio"/>
h. Coughing that wakes you early in the morning	<input type="radio"/>	<input type="radio"/>
i. Coughing that occurs mostly when you are lying down	<input type="radio"/>	<input type="radio"/>
j. Coughing up blood in the last month	<input type="radio"/>	<input type="radio"/>
k. Wheezing	<input type="radio"/>	<input type="radio"/>
l. Wheezing that interferes with your job	<input type="radio"/>	<input type="radio"/>
m. Chest pain when you breathe deeply	<input type="radio"/>	<input type="radio"/>
n. Any other symptoms that you think may be related to lung problems	<input type="radio"/>	<input type="radio"/>
5. Have you <i>ever had</i> any of the following cardiovascular or heart problems?		
a. Heart attack	<input type="radio"/>	<input type="radio"/>
b. Stroke	<input type="radio"/>	<input type="radio"/>
c. Angina	<input type="radio"/>	<input type="radio"/>
d. Heart failure	<input type="radio"/>	<input type="radio"/>

	YES	NO
e. Swelling in your legs or feet (not caused by walking)	<input type="radio"/>	<input type="radio"/>
f. Heart arrhythmia (heart beating irregularly)	<input type="radio"/>	<input type="radio"/>
g. High blood pressure	<input type="radio"/>	<input type="radio"/>
h. Any other heart problem that you've been told about	<input type="radio"/>	<input type="radio"/>
6. Have you <i>ever had</i> any of the following cardiovascular or heart symptoms?		
a. Frequent pain or tightness in your chest	<input type="radio"/>	<input type="radio"/>
b. Pain or tightness in your chest during physical activity	<input type="radio"/>	<input type="radio"/>
c. Pain or tightness in your chest that interferes with your job	<input type="radio"/>	<input type="radio"/>
d. In the past two years, have you noticed your heart skipping or missing a beat	<input type="radio"/>	<input type="radio"/>
e. Heartburn or indigestion that is not related to eating	<input type="radio"/>	<input type="radio"/>
f. Any other symptoms that you think may be related to heart or circulation problems	<input type="radio"/>	<input type="radio"/>
7. Do you <i>currently</i> take medication for any of the following problems?		
a. Breathing or lung problems	<input type="radio"/>	<input type="radio"/>
b. Heart trouble	<input type="radio"/>	<input type="radio"/>
c. Blood pressure	<input type="radio"/>	<input type="radio"/>
d. Seizures	<input type="radio"/>	<input type="radio"/>
8. If you've used a respirator, have you <i>ever had</i> any of the following problems? (If you've never used a respirator, check the following space and go to question 9.) <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
a. Eye irritation	<input type="radio"/>	<input type="radio"/>
b. Skin allergies or rashes	<input type="radio"/>	<input type="radio"/>
c. Anxiety	<input type="radio"/>	<input type="radio"/>
d. General weakness or fatigue	<input type="radio"/>	<input type="radio"/>
e. Any other problem that interferes with your use of a respirator	<input type="radio"/>	<input type="radio"/>
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? <input type="checkbox"/>		
Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.		
10. Have you <i>ever</i> lost vision in either eye (temporarily or permanently)?	<input type="radio"/>	<input type="radio"/>
11. Do you <i>currently</i> have any of the following vision problems?	<input type="radio"/>	<input type="radio"/>
a. Wear contact lenses	<input type="radio"/>	<input type="radio"/>
b. Wear glasses	<input type="radio"/>	<input type="radio"/>
c. Color blind	<input type="radio"/>	<input type="radio"/>
d. Any other eye or vision problem	<input type="radio"/>	<input type="radio"/>

	YES	NO
12. Have you <i>ever had</i> an injury to your ears, including a broken eardrum?	<input type="radio"/>	<input type="radio"/>
13. Do you <i>currently</i> have any of the following hearing problems?	<input type="radio"/>	<input type="radio"/>
a. Difficulty hearing	<input type="radio"/>	<input type="radio"/>
b. Wear a hearing aid	<input type="radio"/>	<input type="radio"/>
c. Any other hearing or ear problem	<input type="radio"/>	<input type="radio"/>
14. Have you <i>ever had</i> a back injury?	<input type="radio"/>	<input type="radio"/>
15. Do you <i>currently</i> have any of the following musculoskeletal problems?	<input type="radio"/>	<input type="radio"/>
a. Weakness in any of your arms, hands, legs, or feet	<input type="radio"/>	<input type="radio"/>
b. Back pain	<input type="radio"/>	<input type="radio"/>
c. Difficulty fully moving your arms and legs	<input type="radio"/>	<input type="radio"/>
d. Pain and stiffness when you lean forward or backward at the waist	<input type="radio"/>	<input type="radio"/>
e. Difficulty fully moving your head up or down	<input type="radio"/>	<input type="radio"/>
f. Difficulty fully moving your head side to side	<input type="radio"/>	<input type="radio"/>
g. Difficulty bending at your knees	<input type="radio"/>	<input type="radio"/>
h. Difficulty squatting to the ground	<input type="radio"/>	<input type="radio"/>
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.	<input type="radio"/>	<input type="radio"/>
j. Any other muscle or skeletal problem that interferes with using a respirator	<input type="radio"/>	<input type="radio"/>

This infosheet does not include the questions in Part B because they are not mandatory; rather, they may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

### OSHA Educational Materials

OSHA has an extensive publications program. For a listing of free items, visit OSHA's web site at [www.osha.gov/publications](http://www.osha.gov/publications) or contact the OSHA Publications Office, U.S. Department of

Labor, 200 Constitution Avenue, N.W., N-3101, Washington, DC 20210. Telephone (202) 693-1888 or fax to (202) 693-2498.

### Contacting OSHA

To report an emergency, file a complaint or seek OSHA advice, assistance or products, call (800) 321-OSHA (6742) or contact your nearest OSHA regional, area, or State Plan office; TTY: 1-877-889-5627.

This InfoSheet is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The *Occupational Safety and Health Act* requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act's General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.



U.S. Department of Labor



# NORTHAMPTON COMMUNITY COLLEGE

## FIT TEST MEDICAL CLEARANCE

### OSHA Form Review

### *Health Career Programs*

Name: \_\_\_\_\_  
*Last First Middle*

DOB: \_\_\_\_\_ Student ID: \_\_\_\_\_

	Program of Study		Program of Study
<input type="checkbox"/>	Dental Hygiene	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Diagnostic Medical Sonography	<input type="checkbox"/>	Radiography
<input type="checkbox"/>	Funeral Service Education	<input type="checkbox"/>	Respiratory Care
<input type="checkbox"/>	Medical Assistant	<input type="checkbox"/>	Health Science Instructor

I hereby certify that I have reviewed the attached OSHA Form for the above-named individual, and this individual is medically cleared to be fit tested for a N95 respiratory face mask.

*To be completed by medical provider:*

<b><i>Please print, type, or stamp:</i></b>	
Name of Licensed Provider: _____	
Address: _____	
Phone: _____	
Signature of Licensed Provider: _____	Date: _____



**HEALTH INSURANCE REQUIREMENTS**

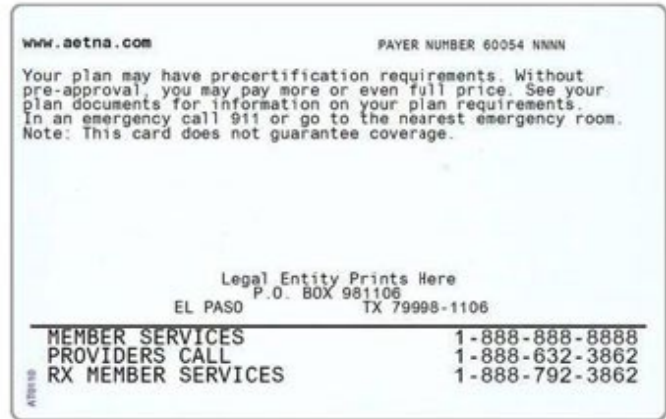
- Students are required to provide proof of valid health insurance for the duration of the program. Please upload the **front and back** of your health insurance card to myRecordTracker.
- Your name must be listed on the insurance card to prove validity, either as primary insured or as a dependent. If it is not, you may be asked for a letter from your insurance carrier providing proof of coverage under your name.
- If your insurance changes during the course of the program, it is your responsibility to inform the Credentialing Coordinator and upload the front and back of the new insurance card.

**Sample Insurance Card**

Front



Back



# STUDENT HEALTH REQUIREMENTS AND HEALTH FORM

## Section P

Attached is the NCC health form that must be completed and **uploaded** to myRecordTracker®. All health-related information must be uploaded by the due date given in order to continue in the program. **Failure to upload all of the required information by the due date will result in dismissal from the program.**

The Health and Wellness Center at Northampton Community College is operated by St. Luke's University Health Network, Bethlehem, PA. Physical examinations and some of the required immunizations may be obtained at the Health and Wellness Center. Please call 610-861-5365 for more information or to schedule an appointment. You may also contact St. Luke's Urgent Care Center, 153 Brodhead Road, Bethlehem, PA, 610-954-3220, to make an appointment for health services if you do not have your own family physician.

Health insurance is **required** for all Health Career Programs and must be maintained throughout the duration of the Program. It is the student's responsibility to upload a copy of the front and back of the new insurance card immediately.

**The checklist below provides an overview of what must be completed on the Health Form. Please be sure to check form BEFORE leaving Medical Provider's Office to ensure all items are completed.**

**Questions concerning health requirements should be directed to the NCC Health Center at 610-861-5365.**

PAGE 1 - Student Information (to be completed by student)		
<input type="checkbox"/>	Personal Information	<ul style="list-style-type: none"> <li>Student to complete <u>and sign</u> first page of health form</li> </ul>
<input type="checkbox"/>	Health Insurance	<ul style="list-style-type: none"> <li>Students <b>must</b> have personal health insurance</li> <li>Complete health insurance section on first page</li> </ul>
PAGE 2 - Physical (to be completed by physician)		
<input type="checkbox"/>	Physical Performed by Medical Provider	<ul style="list-style-type: none"> <li>Bring health form <u>and OSHA form</u> to scheduled appointment</li> <li>Medical provider <b>MUST</b> clear student for N95 fit testing</li> <li>Be sure provider <u>initials</u> all boxes on Page 2 of Health Form and also signs and dates form</li> </ul>
PAGE 3 - Immunizations, Vaccinations, and Titers (Bloodwork)		
<input type="checkbox"/>	Varicella	<ul style="list-style-type: none"> <li>Must show proof of two Varicella vaccinations - <i>OR</i> -</li> <li>Titer to prove immunity</li> <li>Proof of disease is <b>NOT</b> acceptable</li> </ul>
<input type="checkbox"/>	MMR	<ul style="list-style-type: none"> <li>Must provide proof of two MMR vaccinations - <i>OR</i> -</li> <li>Titer to prove immunity</li> </ul>
<input type="checkbox"/>	Hepatitis B	<ul style="list-style-type: none"> <li>Must provide proof of three Hepatitis B vaccinations</li> </ul>
<input type="checkbox"/>	Hepatitis B Surface Antibody - <b>QUANTITATIVE Titer</b>  <b>***REQUIRED***</b>	<ul style="list-style-type: none"> <li><b>All students</b> are required obtain Hep B Surface Antibody in addition to Hep B vaccination dates <b><u>to show immunity or lack of immunity</u></b></li> <li>This is <b>required</b> and must be done immediately in case further vaccinations are necessary</li> </ul>
<input type="checkbox"/>	Hepatitis B Booster or Repeat Series	<ul style="list-style-type: none"> <li>Start immediately <u>ONLY</u> if antibody titer shows no (repeat all 3 doses) or low (get booster dose) immunity.</li> </ul>
<input type="checkbox"/>	TDAP	<ul style="list-style-type: none"> <li>Proof of TDAP dated <b>within 10 years</b></li> </ul>
<input type="checkbox"/>	Influenza Vaccination ( <i>Seasonal</i> )	<ul style="list-style-type: none"> <li>Required for all classes</li> </ul>
<input type="checkbox"/>	COVID-19 Vaccination	<ul style="list-style-type: none"> <li>Must provide proof of COVID-19 vaccination(s) as mandated and boosters warranted (see myRecordTracker instructions)</li> </ul>
PAGE 4 - TB Testing (to be completed by physician or clinical staff)		
<input type="checkbox"/>	Step #1 TB Test Results <b>(must be within 12 months of clinical)</b>	<ul style="list-style-type: none"> <li>1<sup>st</sup> TB test must be administered, and results documented 48-72 hours later</li> </ul>
<input type="checkbox"/>	Step #2 TB Test Results <b>(must be within 3 months of clinical)</b>	<ul style="list-style-type: none"> <li>One week after 1<sup>st</sup> test is read, have second test administered, and results documented 48-72 hours later</li> </ul>
<input type="checkbox"/>	<b>IMPORTANT NOTE REGARDING TB TESTING:</b>	
	<ul style="list-style-type: none"> <li>QuantiFERON blood testing may be administered in place of the two-step TB testing.</li> <li>QuantiFERON or chest x-ray must be performed in the event of any positive results from the skin testing.</li> </ul>	

# NORTHAMPTON

## COMMUNITY COLLEGE

### NCC Health & Wellness Center

Main Campus ♦ College Center ♦ Room 120  
3835 Green Pond Road ♦ Bethlehem, PA 18020  
Phone: 610-861-5365 ♦ Fax: 610-861-4545

**IMPORTANT: STUDENTS MUST OBTAIN ORDERS FROM THE HEALTH CENTER OR THEIR MEDICAL PROVIDER BEFORE GOING FOR LAB TESTING.**

#### NCC Health & Wellness Center Physical Exam and Health Requirement Options

Physical Exams	\$25.00 <i>(by appointment only at the Health &amp; Wellness Center)</i>	\$50.00 <i>(at St. Luke's North*)</i>
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#### Required Vaccines/Titers

IMMUNIZATION	VACCINE PRICES	TITER PRICES
	<i>Available at both the Health &amp; Wellness Center and St. Luke's North*</i>	<i>Prices apply if paid at time of service</i>
Hepatitis B (per dose)	\$50.00 <i>(3 doses needed for series)</i>	\$29.15
Hepatitis B Surface Antibody		\$29.15
Hepatitis C Antibody with Reflex		\$20.00 <i>(Price will be higher if Antibody is positive)</i>
Meningitis (Menactra)	\$135.00	
MMR (per dose)	\$85.00 <i>(2 doses needed)</i>	Measles \$26.82 Mumps \$35.64 Rubella \$26.82
Tetanus (Tdap)	\$40.00 <i>(includes pertussis)</i>	
Tuberculin Skin Test (PPD)	\$15.00 <i>(per test)</i>	QuantiFERON Gold® \$80.00
Varicella (per dose)	\$150.00 <i>(2 doses needed)</i>	\$27.36
Venipuncture		\$4.50 <i>(One-time draw charge)</i>

\* St. Luke's North may also charge an administration fee.

- Dental Hygiene
- Medical Assistant
- Nursing
- Radiography
- Respiratory Care
- Sonography

# NORTHAMPTON COMMUNITY COLLEGE

## HEALTH FORM

### SELECTIVE ADMISSION PROGRAMS

*For questions about health requirements, please contact:*

**Health and Wellness Center**  
 Northampton Community College  
 College Center, Room 120  
 3835 Green Pond Road  
 Bethlehem, PA 18020  
**Phone: 610-861-5365**

#### PART I – REPORT OF MEDICAL HISTORY

Please complete *(print all sections)*. **International students: please provide all health documents translated into English.**

**Student Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_ **Gender:**  Male  Female  Other \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Preferred:**  He/Him  She/Her  They/Them

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Program/Major:** \_\_\_\_\_ **Dental Hygiene** **On-Campus Housing:**  Yes  No

**Semester:**  FA  SP  SU Year \_\_\_\_\_ **Campus:**  Main  Fowler  Monroe

#### I. EMERGENCY NOTIFICATION

**Name of Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/State/ Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

#### II. MEDICAL HISTORY – Please answer yes or no to all questions and insert the year for all positive answers:

	Yes	No	Please Explain
Allergies			
Asthma			
Cardiac			
Chemical Dependency			
▪ Drugs			
▪ Alcohol			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Vision Disorder			
Other (Specify)			

**ACCIDENT AND HEALTH INSURANCE (Required)** – Student must upload a copy of current health insurance card (front and back) to myRecordTracker®. Student is required to have valid health insurance for the duration of the program and must notify the Program Director and the Health and Wellness Center of any change in health insurance which occurs during the program, and upload a copy of the new insurance card.

*If the above-named emergency contact cannot be reached at the time of an emergency, the College is authorized to send the above-named student to the nearest hospital and/or to administer necessary emergency care. In addition, I authorize the release of information regarding my health/medical status to the Program Director and appropriate designee(s), to the Northampton Community College Health and Wellness Center, to the appropriate health care agency in which I am completing clinical requirements, and/or to the above-named emergency contact.*

\_\_\_\_\_  
 Student signature (Parent/Guardian if under 18 years of age)

\_\_\_\_\_  
 Date

## PART II-REPORT OF MEDICAL EXAMINATION

A physical examination completed **within 6 months of the start of the clinical experience** by a licensed medical provider (MD, DO, CRNP, or PA-C) is **required** prior to entry into clinical practice. Clinical work is **PROHIBITED** until the required medical forms are uploaded and verified.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_

I. Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

II. Vision                      Uncorrected                      R \_\_\_\_\_                      L \_\_\_\_\_  
    Corrected                      R \_\_\_\_\_                      L \_\_\_\_\_

III. Clinical Examination: *Describe details of abnormalities*                      Date of Examination: \_\_\_\_\_

	Normal	Abnormal	Comments
Skin			
Head and scalp			
Eyes			
Ears/Hearing			
Mouth, Nose, Throat			
Neck			
Heart			
Lungs			
Abdomen			
Genitourinary			
Musculoskeletal			
Neurological			
Psychiatric			
Exposure to Hepatitis A, B, or C			<i>If positive for exposure, please submit titers.</i>

Allergies	
Medications taken on a regular basis	

<b>**IMPORTANT** LICENSED PROVIDER, PLEASE INITIAL TO CERTIFY THE FOLLOWING:</b>	INITIALS
I certify that the applicant is free from communicable diseases in the communicable state.	
I certify that the applicant has no medical conditions or restrictions which will prevent the applicant from performing the essential functions of the job. (If the applicant has restrictions that require accommodation, please note them in the comments section below.)	
Comments ( <i>if applicant has any limitations, please explain</i> ):	

<b>Please print, type or stamp:</b>	
Name of Licensed Provider _____	
Address: _____	
Signature of Licensed Provider _____	Date _____

## **CLINICAL REQUIREMENTS**

To meet the requirements set forth by NCC, Clinical Sites and OSHA, you will need to obtain and upload to myRecordTracker® documentation for the following immunizations and tests before beginning your experience at Clinical Sites.

### **IMMUNIZATIONS (Vaccinations)**

**All students** are required to **UPLOAD immunization records** to myRecordTracker® for the following:

- **Varicella** (Chickenpox) – 2 doses after age 12 months
- **MMR\*** – 1<sup>st</sup> dose after age 12 months, and 2<sup>nd</sup> dose after age 4 years
- **Hepatitis B** – 3 doses
- **TDAP** – Tetanus Diphtheria Acellular Pertussis (*Dated within 10 years*)
- **Influenza** – Current Season (*Required if participating September – April*)

### **HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE TITER**

- **All Students** are required to obtain the **Hepatitis B Surface Antibody, QUANTITATIVE Titer** to determine immunity status and **UPLOAD the lab report** to myRecordTracker®. **Titer results must be dated within the past three years.**

### **HEPATITIS B REPEAT SERIES OR BOOSTER (*Required if titer shows no or low immunity*)**

- If the Hepatitis B Surface Antibody, Quantitative Titer shows no immunity, the repeat series of three doses should be started immediately.
- If the titer shows low immunity, a booster dose should be given immediately. The repeat titer should be given one month after the booster or last dose.
- Any repeat doses, booster, and titer reports must be uploaded to myRecordTracker® each time they are received.

### **COVID-19 VACCINATION AND BOOSTER RECORDS**

- COVID-19 Vaccinations are required by major healthcare networks to protect yourself and others while working in healthcare. Please upload proof of your vaccination(s). You must provide proof of two doses of monovalent vaccines (Pfizer or Moderna) received prior to September 1, 2022, or one dose of bivalent vaccine if vaccinated after that date. If you received only one dose of monovalent vaccine (one dose of J & J, or one dose of the Pfizer or Moderna vaccine), you are required to also receive one dose of the bivalent Moderna or Pfizer vaccine. You will be required to provide a copy of your COVID-19 vaccination card to your internship/externship/clinical site.
- If you have received a COVID-19 booster, please provide proof, although not mandatory at this time.

### **TITERS (Bloodwork)**

- **If immunization records are not available**, students are required to obtain titers to determine immunity status for the above listed requirements. **All titer results must be dated within three years.**
- Documentation of the Chickenpox disease is not considered acceptable for immunity, and a titer must be drawn.

### **SUPPORTING DOCUMENTATION OPTIONS**

- Immunization records can include your childhood and/or school immunization records – or a printout from your medical provider.
- Lab reports must contain titer results **dated within the past three years** showing level of immunity.



Name: \_\_\_\_\_  
Last First Middle

Student ID # \_\_\_\_\_

## TUBERCULOSIS SCREENING REQUIREMENTS

In order for any student to observe in any area of the Clinical Site, Tuberculosis screening must be administered and documented and may be obtained by skin testing or blood test. **Two** TB skin tests are required **within 12 months, the most recent within 3 months, of the start of your Clinical Experience.** A QuantiFERON-TB Gold blood test may be administered **within 3 months of the start of your Clinical Experience,** in lieu of the two TB skin tests. **Document the results below and/or upload relevant documentation.**

**\*\* If results are positive (greater than 10mm induration), or if there is any history of a previous positive TB test, either the QuantiFERON-TB Gold blood test or chest x-ray must be performed.**

A. **Two TB Skin Tests** - within 12 months, **the most recent within 3 months,** of the start of the clinical experience.

STEP 1	Date	Arm	Results (mm)	Signature
Administered				
Results Read			<input type="checkbox"/> (+) <input type="checkbox"/> (-) ___mm	
*** AND ***				
STEP 2	Date	Arm	Results (mm)	Signature
Administered				
Results Read			<input type="checkbox"/> (+) <input type="checkbox"/> (-) ___mm	

OR -

B. **QuantiFERON-TB Gold or T-SPOT-TB blood test** - within **3 months** of the start of the clinical experience:  
**MUST UPLOAD COPY OF LAB REPORT.**

OR -

C. **Chest X-Ray** - within **6 months** of the start of the clinical experience:  
**MUST UPLOAD COPY OF CHEST X-RAY REPORT.**

**NOTE:** TB testing can be administered at the location of the student's choice (i.e., private physician's office, NCC Health and Wellness Center, or at any clinic.) The student is responsible for any and all charges.

### TO BE COMPLETED BY MEDICAL PROVIDER WHEN TB RESULTS ARE VERIFIED:

*Please print, type or stamp:*

Name of Licensed Provider \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Licensed Provider \_\_\_\_\_ Date \_\_\_\_\_

## URINE DRUG SCREENING REQUIREMENTS

NCC's Dental Hygiene program is affiliated with healthcare providers throughout the region. A number of these facilities now require students participating in clinical education at their site to have a drug screen completed prior to attending clinical rotations.

### **When and where do I go for my drug screen?**

**Do not do now! In the second year of the program**, you will be given information and dates to have your drug screen done. YOU WILL ONLY BE GIVEN 24-48 HOURS' NOTICE. This may be done during class, or you may be required to go to St. Luke's North or another facility. If it is done during class and you are absent on the day of testing, you will be required to go to St. Luke's North by the end of that same business day. It is important that you obtain your drug test in the specified time frame in order for St. Luke's to process and deliver the results in a timely manner.

St. Luke's Hospital Occupational Medicine is our preferred provider for urine drug screens, and they are aware of NCC's Health Career student requirements. The test may be performed during class or at their site at NCC's discretion, and St. Luke's will communicate the results directly to the NCC Health Center and/or authorized NCC Staff. Health Career program directors will communicate with the Health Center staff to ensure that all students are compliant with the requirement and all student results are negative.

### **What is the cost of the test?**

The cost is \$34.00, payable in cash or by check to St. Luke's Hospital, on the day your test is scheduled.

*\*\*\* Cost is subject to change with notice during the course of the academic year. \*\*\**

### **What if my drug screen is positive?**

Students will only be permitted to attend clinical education if they have a negative drug screen. Any student with a positive screen will be withdrawn from the program.

### **What if I have a Medical Marijuana Card?**

Northampton Community College follows Pennsylvania State and Federal laws and guidelines about the use of medical marijuana. Please read the following NCC Health Science Careers Medical Marijuana Policy and signify your understanding of this policy by signing the document and uploading the signed form to myRecordTracker.

**REMINDER: The drug screen will be completed in your SECOND year of the program. DO NOT OBTAIN DRUG SCREEN NOW!**



# MYRECORDTRACKER

## STUDENT GUIDE

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### \*\*\*IMPORTANT NOTICE\*\*\*

- ⦿ Although you should begin obtaining all of your requirements immediately, you will not be able to upload them until you have received an email from [myRecordTracker@VerticalScreen.com](mailto:myRecordTracker@VerticalScreen.com) with instructions on creating your account, **which may take three to four weeks from notice of your acceptance.**
- ⦿ Please check your spam folder if you do not receive the email within this timeframe.
- ⦿ Use **1/1/2099** when prompted for an expiration date.
- ⦿ If you are a student in a Health Career Program **and** living in the Residence Halls, you will be required to use **both your NCC Student email address and a personal email address in order to create TWO separate myRecordTracker® accounts.**
- ⦿ If you have questions regarding the email accounts, please contact the NCC Technology Services Help Desk at 610-861-5413 or [helpdesk@northampton.edu](mailto:helpdesk@northampton.edu).

EMPOWERED BY  VERTICAL SCREEN

Proprietary information. Property of Certiphi Screening, Inc.  
This confidential information is not to be shared with any party outside of your department/company without the written consent of Certiphi Screening, Inc.

## WELCOME

This guide will provide you with clear, concise step-by-step instructions for accessing myRecordTracker to upload and share documentation pertaining to your student requirements. If you have questions about myRecordTracker, please contact Certiphi Screening's Applicant Services team at 800-735-2660, ext. 2006 or [myrecordtracker@verticalscreen.com](mailto:myrecordtracker@verticalscreen.com).

## STEP 1: EMAIL NOTIFICATION

You will receive an email notification from [myrecordtracker@verticalscreen.com](mailto:myrecordtracker@verticalscreen.com) with important instructions on how to access and create a myRecordTracker account. The following is a sample email that you will receive to initiate the record fulfillment process.

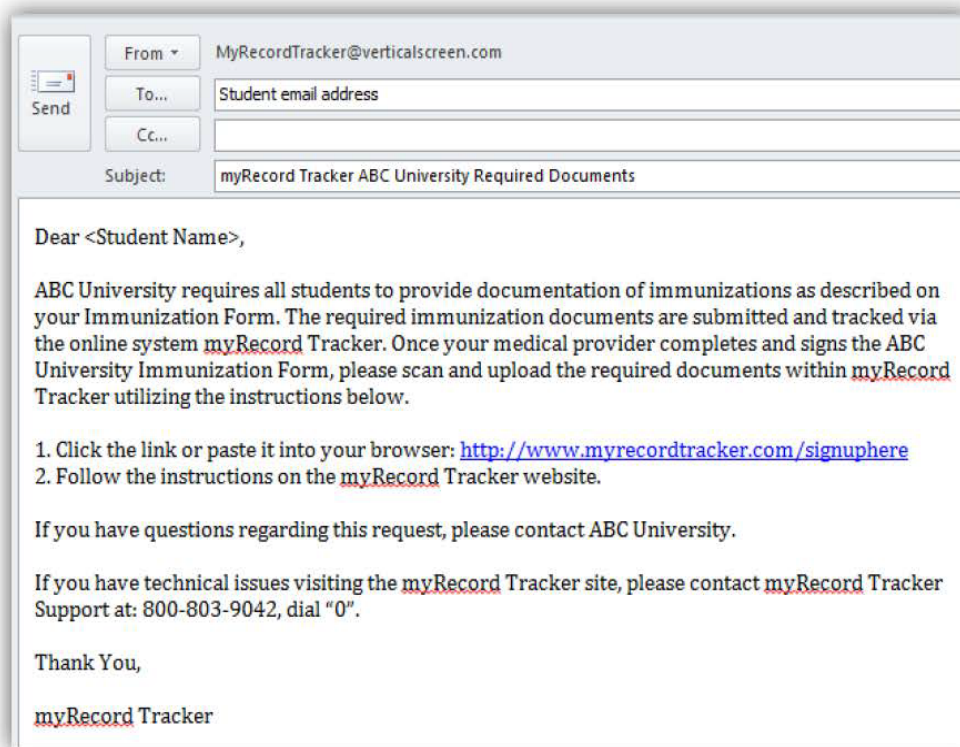


Figure 1: Sample email from school

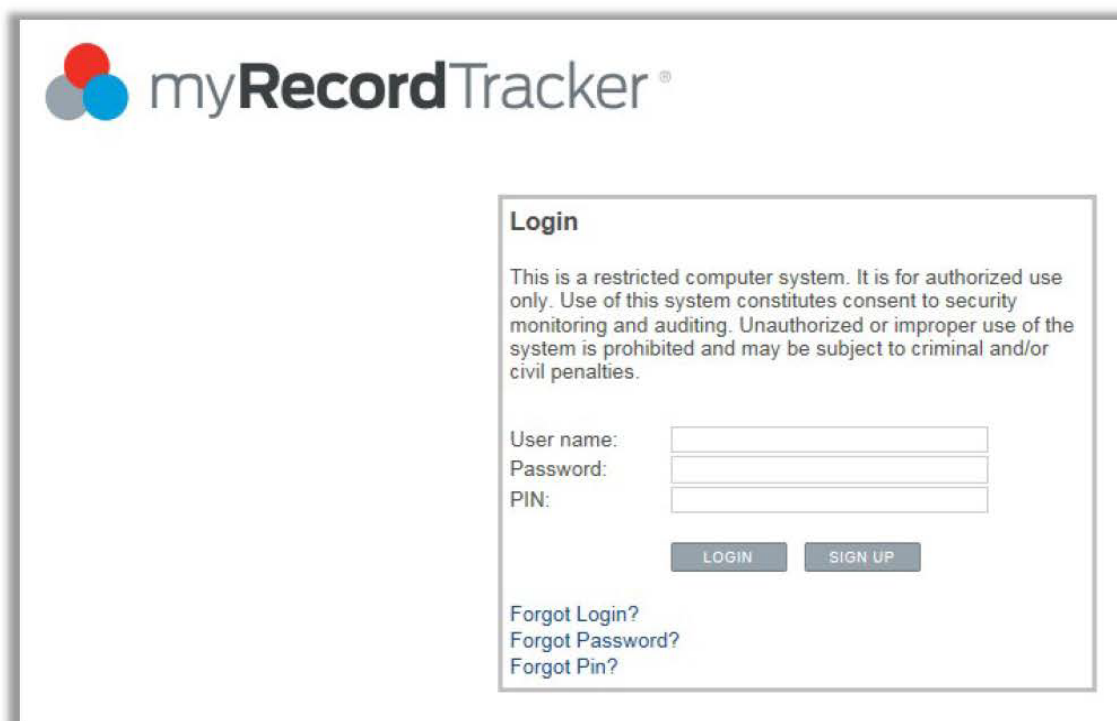
**NOTE:** In order for you to receive the invitation email from myRecordTracker, the school must have uploaded your contact information into the myRecordTracker system. If you are expecting an invitation email to myRecordTracker, but you have not received one, contact the school.

The myRecordTracker invitation email will prompt you to use the link provided to create a myRecordTracker account. Once you create an account, you can begin fulfilling the program requirements.

**NOTE:** Please do not share the URL included in the invitation email. The URL is only available for one-time use to set up your profile and is unique to your particular profile and requirements.

## STEP 2: ACCESSING MYRECORDTRACKER

Once your myRecordTracker account is created, you can log in to gain access to your account by visiting [www.myrecordtracker.com](http://www.myrecordtracker.com) and entering your username, password and PIN.



The screenshot shows the myRecordTracker login interface. At the top left is the logo, which consists of three overlapping circles (red, grey, blue) followed by the text "myRecordTracker®". Below the logo is a "Login" section. This section contains a disclaimer: "This is a restricted computer system. It is for authorized use only. Use of this system constitutes consent to security monitoring and auditing. Unauthorized or improper use of the system is prohibited and may be subject to criminal and/or civil penalties." Below the disclaimer are three input fields labeled "User name:", "Password:", and "PIN:". To the right of these fields are two buttons: "LOGIN" and "SIGN UP". At the bottom of the login section are three links: "Forgot Login?", "Forgot Password?", and "Forgot Pin?".

Figure 2: The myRecordTracker login screen

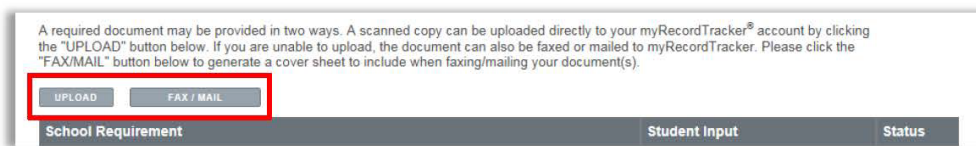


## How to Complete Your myRecordTracker Requirements

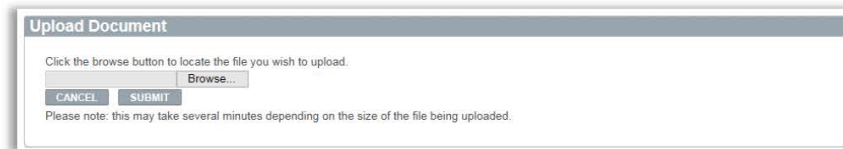
Each requirement within your myRecordTracker profile requires a response in the student input section. If a document is required, please provide a completed copy of the document. If a question is asked, please respond to the question asked. Once a requirement is met, you will see "Pending Approval" appear in the status column. Once the requirement is approved, the requirement status will show as "completed". **\*It is necessary that all requirements are completed by the due date indicated within the profile.**

A required document may be provided in two ways.

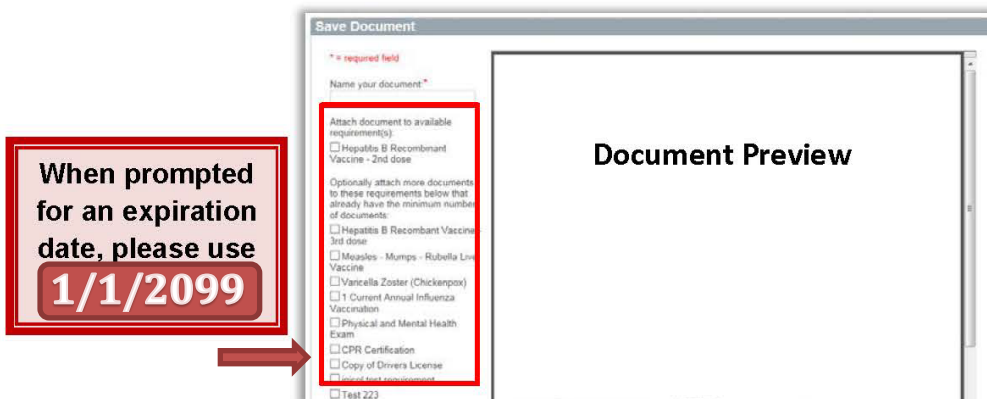
- A scanned copy can be uploaded directly to your myRecordTracker account by clicking the "UPLOAD" button below.
- If you are unable to upload, the document can also be faxed or mailed to Certiphi Screening. Please click the "FAX/MAIL" button below to generate a cover sheet to include when faxing/ mailing document(s).



If applicable, the opportunity also exists to attach a single document to multiple requirements. If you choose to upload your document, you will be directed to the Upload Document section of the website (shown below). This will allow you to select and submit the necessary document:



Once submitted, you will be given the opportunity to review the document that was uploaded, along with naming the document on the myRecordTracker website. This section will indicate which unfulfilled requirement(s) are left. You can decide to attach your document to multiple requirements or just one requirement by checking the box to the left of the unfulfilled requirement.



Recorded PowerPoints and a more detailed Student User Guide can be found on the Health Science Resource Website at:

<https://www.northampton.edu/education-and-training/programs/health-science-resources.html>