NORTHAMPTON COMMUNITY COLLEGE

NURSE AIDE - PROGRAM REQUIREMENTS STUDENT CHECKLIST

	SECTION	REQUIREMENT	INSTRUCTIONS AND IMPORTANT NOTES
		Students who fail to submit documents by the required dates will not qualify to participate in all aspects of the class. All associated student requirement costs are the responsibility of the student.	
☐	Section A	Essential Functions of a Nurse Aide	• Read completely
☐	Section B	Important Background Check Review Process	• Read completely
☐	Section C	Positive Clearance Information	• Read completely
☐	Section D	Pennsylvania Criminal Background Clearance	• PATCH - see detailed instructions to complete online • Do immediately!
☐	Section E	FBI Criminal Background Clearance	• See detailed instructions (including fingerprinting) • Do immediately! It may take up to 2 weeks to come back after fingerprinting but may take as long as 1 month.
☐	Section F	Photo Identification	• Upload front and back of State-issued Driver's License or State-issued Photo ID
☐	Section G	Second Form of ID	• CANNOT USE SOCIAL SECURITY CARD • Can use passport, Debit or Credit Card if in your name and signed. Upload front and back of card.
☐	Section H	Proof of Health Insurance	• Health insurance must cover student throughout the course. Upload front and back of card.
☐	Section I	Student Health Requirements including: Physical Exam, COVID-19 Vaccinations, TB Testing	• Health Form must be completed by a medical provider – MD, DO, PA-C, or CRNP • NEED TO USE OUR HEALTH FORM • Pay close attention to timeframe for TB testing (noted on Health Form)
☐	Section J	Drug Screening Instructions	• Student will be given advance notification • Student is responsible for $34 payment at time of service
☐	Section K	Medical Marijuana Policy	• Read, sign, and upload to myRecordTracker
☐	Section L	Student Release of Information Form for Clinical Sites	• Read, sign, and upload to myRecordTracker • Grants permission to share information with clinical site
☐	Section M	Student Information Form Need High School Diploma or GED	• Read, sign, and upload to myRecordTracker • Also upload high school diploma or GED
☐	Section N	Attestation of Compliance Verification of Residency	• Read, sign, and upload to myRecordTracker
☐	Section O	MyRecordTracker Student Guide	• May take up to three weeks to get invitation from myrecordtracker@verticalscreen.com

4/26/23

<u>NURSE AIDE ESSENTIAL QUALIFICATIONS</u>

All individuals, including persons with disabilities, who apply for admission to the nurse aide program, must be able to perform specific-essential functions with or without reasonable accommodation. The following information outlines the abilities and behavioral characteristics necessary for the student to be admitted to, continue in, and complete, the nurse aide program at NCC and are considered standards of admission. The applicant should carefully review the essential qualifications for the program and ask questions if not familiar with the activities or functions listed. The applicant must decide if he or she has any limitations that may restrict or interfere with satisfactory performance of any of the requirements. It is ultimately the applicant's responsibility to meet these essential qualifications if accepted into the program. The applicant should consult with the program coordinator or the Director of Healthcare Education to discuss any individual situation if he or she may not be able to meet these essential qualifications. Requests for reasonable accommodation will be considered. Contact the noncredit Healthcare Education Office at 610-332-6585 if you have any questions about this matter. Northampton Community College does not discriminate on the basis of race, color, national origin, sex, gender identity, disability or age in its programs or activities.

Any candidate not meeting these criteria. will be denied admission into the program:

▶ **Hearing** - Able to hear and understand clients and staff, to interpret conversation, to assess and monitor clients.
1. Communicate and interact with clients, staff and families from a variety of cultural backgrounds.
2. Follow verbal instructions.
3. Use a stethoscope to hear blood pressure sounds.
4. Detect and discriminate between sounds of normal conversation.
5. Ability to hear sounds of a variety of equipment alarms; i.e. bed/chair alarms and call bells.

▶ **Mobility** - Mobile and strong enough to support and move clients. Able to move quickly from place to place to perform client care.
1. Support and transfer clients safely from bed to wheelchair, and modify client position in bed.
2. Lift 40 lbs. to waist level.
3. Reach above shoulder height to manipulate equipment.
4. Reach below waist level to manipulate equipment.

▶ **Visual** - Able to monitor and assess client, to read fine print on monitors, devices and gauges.
1. Read written instructions.
2. Ability to see and discriminate between a varieties of equipment visual alarms.
3. Ability to observe demonstrations and clients close up and at a distance to learn skills and to gather
4. client data   (e.g., observe a client and the client's gait, appearance, posture, etc.).

- ▶ **Motor Skills (fine and gross)** - Perform multiple motor tasks simultaneously. Fine and gross motor skills sufficient to handle equipment and provide safe and effective client care; steady arm and hand movements while manipulating objects or assisting clients.
    1. Operate and manipulate equipment; i.e. mechanical lifts, wheelchairs/gurneys.
    2. Push/pull beds; transport clients.
    3. Lift and move clients safely.
    4. Able to chart/write in medical records/record client data.

- ▶ **Tactile** - Able to assess client's vital signs.
    1. Distinguish pulse rate, textures, firmness and strength.

- ▶ **Communication** - Candidates must be able to communicate orally and in writing with clients and members of the health-care team using correct medical terminology, grammar, punctuation, spelling, and be able to read and comprehend written material in English.

- ▶ **Intellectual and Cognitive Abilities** - Candidates must be able to measure, calculate, reason, analyze, and apply information.

- ▶ **Behavioral and Social Attributes** - Candidates must possess the emotional health required to use their intellectual abilities fully, such as exercising good judgment, promptly completing all responsibilities attendant to the care of clients, and developing mature, sensitive and effective relationships with clients and other healthcare workers. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many clients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are personal qualities that will be assessed during the education process.

- ▶ **Ethical Standards** - A candidate must demonstrate professional demeanor and behavior and must perform in an ethical manner in all dealings with peers, faculty, staff and clients and their families

Physical/Mental Requirements:

When physical requirements are not essential job functions, reasonable accommodations may be made for individuals with disabilities. Required to stand and walk continuously. Work is of heavy demand with lifting up to 100 pounds maximum with frequent lifting and/or carrying of objects up to 25-50 pounds. Activities required include frequent stooping, bending, pushing, pulling and reaching and occasional kneeling, crawling and squatting. Ability to see, hear and speak continuously at a level to meet all essential functions of the job. Work is of high attention and mental demands including the ability to prioritize and process with accuracy.

Working/Environmental Conditions:

 In the course of performing job duties, the nurse aide is reasonably anticipated to have occupational exposure to blood borne pathogens, i.e. skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material. Working schedules include day, evening, night and weekend shifts. May also be required to be on-call, work overtime or shift reduced or cut. Must be prepared to handle physically stressful situations, including acute/medical situations and infectious or hazardous materials

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IMPORTANT BACKGROUND CHECK REVIEW PROCESS INFORMATION

For entry in this training program, the background check has to be free of "Prohibitive Offenses according to the Nurse Aide Resident Abuse Prevention Training Act 14 of 1997" and performed within the last year of the class end date. It is best to inform the nurse aide credentialing staff if you have a known criminal history to determine if the offense(s) are prohibitive. If a criminal history is reported, based in part or the whole PATCH, the record will be reviewed internally by the NCC Nurse Aide Program Credentialing Coordinator to determine if applicant can be accepted into the program, and notifies the applicant by letter.

The following page contains a list of Prohibitive Offenses which may make it difficult to obtain an internship/externship or employment position within a healthcare facility.

Prohibitive Offenses Contained in 63 P.S. § 675

In no case shall an applicant for enrollment in a State-approved nurse aide training program be admitted into a program if the applicant's criminal history record information indicates a conviction of any of the following offenses:

1. An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act." (See 35 P.S. § 780-101 et seq.). These offenses may be designated as "CS" on a criminal rap sheet.

2. An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes below.

3. A Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2).

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2501	Criminal Homicide	Any
CC2502	Murder	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2507	Criminal Homicide of Law Enforcement Officer	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	2 Misdemeanors
CC3929.3	Organized Retail Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3934	Theft from a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Document by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C or D	Obscene and Other Sexual Materials and Performances	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Any two Misdemeanor convictions for offenses CC3901 thru CC3934 in any combination is prohibited.

Revised 12/24/2019

If you have a positive background check, 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 program director, 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 Jaye Brennan, Credentialing Coordinator at jpbrennan@northampton.edu or 610-332-6288.

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

A Pennsylvania Criminal Background Check is required of all NCC Allied Health 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 Credentialing Coordinator, since there are additional steps that must be taken for clinical approval. Keep a copy for your records, which may be needed for future employment or volunteer opportunities.

If you have resided in PA for the past two consecutive years, you SKIP

ONLY IF YOU HAVE NOT RESIDED IN PA FOR THE PAST 2 CONSECUTIVE YEARS complete an FBI Fingerprinting Criminal Background Check using the online IdentoGO system used by the vendor, IDEMIA / MorphoTrust.

Before you begin the request for FBI fingerprinting, see FBI Fingerprinting Criminal Background Check Steps. (* Fees are subject to change.)

FBI BACKGROUND CHECK STEPS:

Register with IDEMIA, to use the IdentoGO system for pre-enrollment before going to the fingerprinting location, using the Service Code: **1KG6NX** for the **PA Department of Education (PDE)** to ensure your fingerprints are processed for the correct agency and purpose. When registering, you'll select the **"Digital Fingerprinting"** service.

- a) Online at: https://uenroll.identogo.com (24 hours/day, 7 days/week)
- b) Telephone: 844-321-2101 (Mon.-Fri., 8am-6pm EST)
- c) Walk-in service may be done without an appointment, but will still require pre-enrollment online or by phone. It is highly recommended that you make an appointment to avoid possible wait times.

1) You will need to pay with a major credit card (Visa, Mastercard, Discover & American Express), by money order or cashier's checks made payable to: MorphoTrust. Note: No Cash or Personal Checks will be accepted.

2) When registering, select a location of your choice, which offers fingerprinting site locations, days and hours of operation, and the ability to schedule an appointment to get the fingerprints done. At your appointment, you'll be asked to show an approved form of State or Federal photo identification before fingerprints are scanned. Failure to provide proper ID will result in no scanning of fingerprints. The most common form of ID is the "Driver's License issued by a State of outlying possession of the U.S."

3) Approved Forms of State or Federal Photo Identification for Scanning Fingerprints:

LOCATION	DAYS	HOURS
HELLERTOWN		
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
ALLENTOWN		
IdentoGO 1382 Hanover Avenue Allentown Commons Plaza Allentown, PA 18109-2019	Monday – Friday	09:00 AM - 12:00 PM *and* 12:30 PM - 04:30 PM
EAST STROUDSBURG		
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

1. **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

TO OBTAIN YOUR FINGERPRINT RESULTS – PLEASE SEE

PROCESS FOR PROCURING A FEDERAL BUREAU OF INVESTIGATION (FBI) REPORT FOR ELIGIBILITY TO ENROLL IN A PDE-APPROVED NURSE AIDE TRAINING PROGRAM
SECTION 5 GIVES YOU DETAILS ON HOW TO OBTAIN YOUR REPORT

pennsylvania
DEPARTMENT OF EDUCATION

Process for Procuring a Federal Bureau of Investigation (FBI) Report for Eligibility to Enroll in a PDE-Approved Nurse Aide Training Program

PROGRAM INFORMATION

POLICY Pennsylvania Act 14 of 1997 – Title 22 Chapter 701. Nurse Aide Training Program Applicant Criminal History Record Information § 701.11 Submission of CHRI/FBI Report.

The facility/program shall require all nurse aide training and competency evaluation program (NATCEP) applicants who have **not** resided in the Commonwealth of Pennsylvania for 2 full years prior to their date of application to obtain a **CHRI Report** from the PA State Police *and* an **FBI Report** from the Federal Bureau of Investigation.

EXCEPTION: If the applicant is **currently employed** by a Pennsylvania licensed long-term care facility and plans to enroll in a PDE-approved NATCEP, a letter from the Department of Aging, and when applicable, FBI RAP sheet may be accepted for enrollment.

A letter from the Department of Aging, and if applicable, FBI RAP sheet may only be accepted for enrollment if accompanied by a letter of employment on nursing facility letterhead. This is written verification of the prospective student's employment (not impending hire) that includes initial hire date and job title of the employee/student.

The Pennsylvania Department of Education does not evaluate FBI reports or prepare letters of approval or disapproval for enrollment in a PDE-approved NATCEP as related to compliance with Act 14. Instead, the designated NATCEP representative at the school or facility is responsible to evaluate and determine eligibility for enrollment in the NATCEP. The NATCEP representative will record their full signature and date as verification the report was reviewed for compliance with Act 14. NATCEP must retain the signed and dated original or copy of the original FBI report that is stamped "ORIGINAL" in red ink in the student's file.

STUDENT/APPLICANT PROCEDURES

The fingerprint-based background check is a multiple-step process, as follows:

1. Registration – The applicant must register prior to going to the fingerprint site. This can be completed online or via telephone. The IDEMIA website is https://uenroll.identogo.com/. Call 844-321-2101 to register by phone.

   When registering, the applicant must use the service code **1KG6NX** to ensure fingerprints are processed for the correct agency (Pennsylvania PDE-AVTS). Note: if the applicant uses any other service code, PDE will not be able to access the FBI report and the entire process may need to be repeated. If registering online, select Schedule or Manage Appointment.

2. Payment – The applicant will pay a fee for the fingerprint service. Major credit cards, money orders, or cashier's checks payable to "MorphoTrust" will be accepted. No cash transactions or personal checks are accepted.

3. Fingerprint Locations – After registering, the applicant proceeds to the location of their choice for fingerprinting. Locations, days, and hours of operation are available on the IDEMIA website above.

4. Fingerprinting – At the fingerprint site, the agent will review the applicant's state or federal photo ID. A list of acceptable ID types can be found on the IDEMIA website. Applicants must show an acceptable photo ID to be processed. After the identity of the applicant has been established, all ten fingers are scanned to complete the process.

5. Request an official FBI Report from PDE – Training program staff do not retrieve the applicant's FBI Report. Official FBI reports must originate from a state agency such as PDE. Unofficial copies will not be acceptable for enrollment to a nurse aide training and competency evaluation program (NATCEP).

    For the designated PDE staff to access an applicant's official FBI report, the prospective nurse aide trainee must provide a legible **request** via fax 717.783.6672 or **email** ra-natcep@pa.gov that includes:

    a. Applicant's full name as shown on photo identification
    b. Current, full mailing address including apartment number, if applicable
    c. Universal Enrollment Identification (UEID) number provided when you register
    d. Email address
    e. Telephone number
    f. Training program name
    g. Training program 7-digit code   *395 - 0020*

    PDE staff will print the FBI report and stamp each page ORIGINAL in red ink. PDE will send one copy of the FBI report via certified mail to the applicant within **30 calendar days** of providing a complete written request (items a – g above). Someone must sign for receipt of the certified letter upon delivery.

    The applicant is responsible to provide the FBI report to the NATCEP for review. The program will determine eligibility to enroll in a NATCEP in compliance with PA Act 14 of 1997 – Title 22 Chapter 701. The FBI report must not contain any offenses listed in PA Act 14 of 1997 or any out of state offenses similar in nature.

    Be advised that crime codes differ by state and may require research. If the program determines additional information is needed to establish enrollment eligibility, it is the applicant's responsibility to make a request to the appropriate jurisdiction and provide any additional documentation.

6. Applicants have a one-time opportunity to obtain an unofficial copy of their report via email from the IDEMIA website. An unofficial copy of the FBI report is **not acceptable** for enrollment in a nurse aide class.

PHOTO IDENTIFICATION REQUIREMENTS

You have two options for your photo ID as listed below. Choose ONE of the following two ID options and upload it to myRecordTracker. Please be sure it is VALID for the duration of the program. If is it expired, you MUST renew it, and if it expires during the course of the program, you must upload the new one when you receive it. Thank you!

State-issued Driver's License	
State-issued Identification Card	

SECOND FORM OF IDENTIFICATION   Section G

You will need to upload a second form of ID.

Please note: we cannot accept a social security card as a second form of

ID.

Acceptable Forms of ID:

United States Passport

Debit Card (if in your name

and signed)

Credit Card (if in your name

and signed)

IF UPLOADING *A* DEBIT OR CREDIT CARD TO MyRecorderTracker,
please CROSS OUT YOUR ACCOUNT NUMBERS

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 ↓
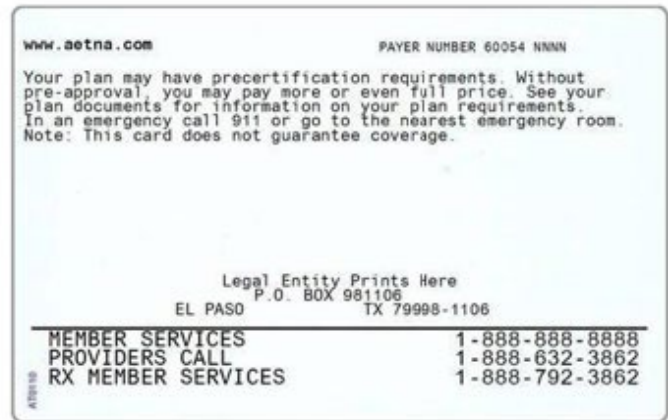
Student Health Requirements

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 Allied Health 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.

Student Information (to be completed by student)	
☐ Personal Information	• Student to complete <u>and sign</u> top of health form
☐ Health Insurance	• Students **must** have personal health insurance • Complete health insurance section on first page
Physical (to be completed by physician)	
☐ Physical Performed by Medical Provider	• Bring health form to scheduled appointment • Be sure provider <u>initials</u> all boxes on Health Form and also signs form
TB Testing (to be completed by physician or clinical staff)	
☐ Step #1 TB Test Results	• 1st TB test must be administered, and results documented 48-72 hours later
☐ Step #2 TB Test Results	• One week after 1st test is READ, have second test administered, and results documented 48-72 hours later
☐ **IMPORTANT NOTE REGARDING TB TESTING:** • QuantiFERON blood testing may be administered in place of the two-step TB testing. • QuantiFERON or chest x-ray must be performed in the event of any positive results from the skin testing.	

NCC Health & Wellness Center

Main Campus ♦ College Center♦ Room 120

3835 Green Pond Road♦ Bethlehem, PA

NCC Health & Wellness Center Physical Exam and Health Requirement Options		
Physical Exams	$25.00 *(by appointment only at the Health & Wellness Center)*	$45.00 *(at St. Luke's North*)*

N NORTHAMPTON COMMUNITY COLLEGE | CENTER FOR BUSINESS & INDUSTRY
Healthcare Education

HEALTHCARE EDUCATION - Nurse Aide Health Form

NCC Revised July, 2020

Student Name: _____
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:_**

Health Insurance (_Required_):

Name of Company:_____ Phone number:_____

Address/City/State/Zip:_____

Agreement/ID Number:_____ Group Number_____

Guarantor:_____

Student Eligibility Requirements for Nurse Aide Training:
- Physical exam must be completed by **MD, DO, CRNP, or PA**
- The student must pass a physical examination and must be free of communicable diseases.
- The student must be able to lift **40 pounds** to waist level without restrictions.
- Student must obtain two-step tuberculin skin test and obtain results **_prior to the Requirements Due Meeting_**.
- Student must provide proof of a seasonal influenza vaccination.
- Student must provide proof of Moderna, Pfizer, or J&J COVID vaccine
- Student must provide proof of negative results from an 11-panel drug screening (to be done at a specified time).

PLEASE NOTE: _All students must undergo a physical examination as well as a two-step tuberculin skin test. Both are acceptable only if performed **within one year prior to the start of class**. Students must submit **all** of the items listed above at the Requirements Due Meeting, except the drug screen results._

TWO-STEP TUBERCULIN SKIN TESTING IS REQUIRED
- Form is not complete until the results are read and reported in "mm"
- **7-21 days after the first test is read, Step 2 must be administered**
- _(For example: if 1st is administered Monday (2/5) and read Wednesday (2/7), the 2nd is administered Thursday (2/14)_

TB TESTS	Date Applied	Site	Date Read	Results* (If none, record "0 mm")	Signature
Step 1				☐ (+) ☐ (-) ____mm	
Step 2				☐ (+) ☐ (-) ____mm	

* **_If induration of either test is greater than 10mm, a chest x-ray is required. Attach written copy of x-ray report._**

Influenza Vaccine	Date Administered	Signature
Required if participating September through April		

(If the applicant has restrictions that require accommodation, please note them in the comments section below.)	Examiner's 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.	
I certify that the applicant is able to lift 40 pounds to waist level.	
Comments (If applicant has any limitations, please explain): _____	

MUST BE COMPLETED BY MD, DO, CRNP OR PA -- PLEASE INCLUDE STAMP FROM THE MEDICAL PROVIDER'S OFFICE

Date of Examination:_____ Address:_____

Examiner's Name and Title:_____ City/State/Zip:_____

Examiner's Signature:_____ Phone:_____

URINE DRUG SCREENING REQUIREMENTS

NCC's Allied Health programs are affiliated with healthcare providers throughout the region. A number of these facilities now require students participating in clinical education at their site to have drug screens completed prior to attending clinical.

When do I go for my drug screen?
At a later date to be determined, 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.

Where do I go to have the drug screen done?
St. Luke's North is our preferred provider for these drug screens, and they are aware of NCC Allied Health 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 authorized NCC Staff. Allied Health program directors will communicate with the authorized NCC staff to ensure that all students are compliant with the requirement and all student results are negative.

What should I bring with me?
You should bring the drug screen form that will be given to you in class, as well as photo identification and payment.

What is the cost of the test?
The current cost* of the test is $34 and is due at time of service. Payment may be made by cash or check payable to St. Luke's. ****Cost is subject to change 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 immediately withdrawn from the program.

What if my provider has prescribed Medical Marijuana?
NCC has a policy for addressing the use of medical marijuana that you are able to read prior to enrolling in this program so that you are aware of the policy and its potential effects of your ability to complete this program.

REMINDER: The drug screen will be completed at a later date TBD.
Do not obtain drug screen now!

NORTHAMPTON
COMMUNITY COLLEGE

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.

Due to current laws, NCC does not provide admission to the clinical phase in any of our Health Science Career Programs. 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.

_____
Student's Name (Please Print)

_____   _____
Signature of Student   *Date*

Upload signed form to your myRecordTracker® account.

NORTHAMPTON
C O M M U N I T Y   C O L L E G E

Student Release of Information Form
For Allied Health 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 the NCC Allied Health program, additional documentation is required to be submitted, including criminal background checks and drug screening results. While these items are not part of the student educational record, they are maintained as confidential by the program/division. 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 Allied Health programs.

I understand that information regarding these results will be released to the requestor according to the guidelines outlined in the affiliation agreement between the college and the clinical affiliate.

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.

In connection with my admission and enrollment in an NCC Allied Health 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 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 Allied Health 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.

NORTHAMPTON COMMUNITY COLLEGE | **CENTER FOR BUSINESS & INDUSTRY** Healthcare Education

NURSE AIDE TRAINING PROGRAM

PLEASE PRINT

Legal Name:_____
           (as it will appear on your certificate)

Preferred or Chosen Name:_____

Address:_____

City/State/Zip:_____

County:_____

FOR OFFICIAL USE ONLY
Verification of Residency
☐ PA Driver's License
☐ PA Identification Card
☐ United States Passport
☐ Debit/Credit Card
☐ Other:_____
☐ Photo ID Taken
Initials:_____
Date:_____

Have you resided CONTINUOUSLY in the State of Pennsylvania for the past two years? ☐ ***Yes*** ☐ ***No***

Home Phone:_____ Cell Phone:_____

E-mail Address:_____
       *Please enter **accurately** as this is necessary for your state testing and future communications.*

Date of Birth: _____ Social Security #: _____

☐ *Please check here if we may send you periodic email updates about our classes and programs.*

ARE YOU OVER AGE 18? ☐ YES ☐ NO Date of Birth:_____

Gender: ☐ Male ☐ Female ☐ Other:_____

Preferred Pronoun: ☐ He/Him ☐ She/Her ☐ They/Them

Marital Status: ☐ S ☐ M ☐ W ☐ D ☐ SEP

WHO PAID FOR YOUR NURSE AIDE TRAINING?

☐ Self ☐ CareerLink* ☐ OVR* ☐ Employer* ☐ Other_____

Please provide Funding Organization's Name and Address, and Your Point of Contact's Name, Phone, and Email:

Funding Organization Name (e.g. CareerLink, LV)	Point of Contact Name
Funder's Address	Contact's Phone #
Funder's City, State & Zip Code	Contact's Email ID

The Nurse Aide program manager may need to speak to your funder prior to your registration for class. By signing below, you give NCC permission to speak to the funder on your behalf.

Signature	Date

PLEASE PRINT

Legal Name:_____
     (as it will appear on your certificate)

SCHOOL BACKGROUND

1. Are you a high school graduate? ☐ Yes ☐ No
2. If not a high school graduate, do you have a G.E.D.? ☐ Yes ☐ No
3. Have you previously attended college? ☐ Yes ☐ No

   Degree(s) earned _____

4. Do you plan to continue your education after this class?

☐ Yes ☐ No

WORK EXPERIENCE

Are you currently employed? ☐ Yes ☐ No

   Name and location of employer:_____

What is your job title?

MINORITY INFORMATION

The following information is requested to monitor the compliance posture of the institution and will be used only to collect and maintain data on the race, sex, and ethnic identity of all students. This information may be requested on national and state statistical reports. *Please check all that apply to you.* ***(OPTIONAL)***

☐ American Indian

☐ Asian

☐ Black/African American

☐ Caucasian

☐ Hispanic/Latino

☐ Native Hawaiian or Other Pacific Islander

☐ Other

Have you taken ESL *(English as a Second Language)* courses? ☐ Yes ☐ No

Language Spoken:

Primary   Secondary

Please write a paragraph on why you would like to become a Nurse Aide:

cbi center for business **+** industry Technical, Trades, & Computer Training

Northampton Community College, Fowler Family Southside Center, 511 East Third Street, Bethlehem, PA 18015 northampton.edu/cbi

NORTHAMPTON
COMMUNITY COLLEGE

PLEASE READ FOLLOWING PAGES, SIGN AND DATE:

ATTESTATION OF COMPLIANCE WITH ACT 14

REVIEW PROHIBITIVE OFFENSES

ATTESTATION OF COMPLIANCE

Attestation of Compliance with PA Act 14
Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

All candidates must submit an original or copy of an original PA CHRI obtained through the Pennsylvania State Police during the year prior to enrolling in a PA NATCEP as required by Act 14. If a candidate has not been a resident of Pennsylvania for the last two (2) consecutive years, a PA CHRI and a FBI criminal history report are required prior to enrollment.

As evidence you have not been convicted of any of the Prohibitive Offenses Contained in 63 P.S. § 675, check the box then sign and date the Attestation of Compliance with Act 14 below.

Candidates who were convicted of a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) of the Prohibitive Offenses Contained in 63 P.S. § 675 must provide a PA CHRI and an FBI report to determine eligibility for enrollment in a PA Nurse Aide Training Program.

Attestation

This form represents my request to enroll in a nurse aide training program and is verification of compliance with Act 14 – Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

I have reviewed the list of Prohibitive Offenses Contained in 63 P.S. § 675 and hereby testify that I have not been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3):

(1) an offense designated as a felony under the act known as "The Controlled Substance, Drug, Device and Cosmetic Act",

(2) an offense under one or more of the following provisions of Title 18, and

(3) a Federal or out-of-state offense similar in nature to those crimes listed under paragraphs (1) and (2).

☐ I check this box to confirm I have not been convicted of any Prohibitive Offense contained in Act 14 of 1997 (set forth in 63 P.S. § 675 and found on the following page).

I understand if a conviction for any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3) is present, it is possible I will not be eligible for employment in a long-term care or other health care setting. A potential employer is responsible for reviewing my official Criminal History Record Information report.

By signing this form, I certify under penalty of law that the information I have provided on this application is true, correct and complete. I understand that false statements herein shall subject me to criminal prosecution under 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Applicant's Signature: _____   Date: _____
                                                                                                        (MM/DD/YYYY)

Prohibitive Offenses Contained in 63 P.S. § 675

In no case shall an applicant for enrollment in a State-approved nurse aide training program be admitted into a program if the applicant's criminal history record information indicates a conviction of any of the following offenses:

1. An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act." (See 35 P.S. § 780-101 et seq.). These offenses may be designated as "CS" on a criminal rap sheet.

2. An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes below.

3. A Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2).

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2501	Criminal Homicide	Any
CC2502	Murder	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2507	Criminal Homicide of Law Enforcement Officer	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	2 Misdemeanors
CC3929.3	Organized Retail Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3934	Theft from a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Document by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C or D	Obscene and Other Sexual Materials and Performances	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Any two Misdemeanor convictions for offenses CC3901 thru CC3934 in any combination is prohibited.

Revised 12/24/2019

Verification of Residency
for Enrollment into a Nurse Aide Training Program

Date of application _____   Class start date _____
(MM/DD/YYYY)   (MM/DD/YYYY)

Printed name _____
Last   First   Middle initial

Current address _____
Street address

_____
City   State   Zip code

☐   I lived at the above Pennsylvania address for 2 consecutive years or more.

☐   I lived in Pennsylvania for 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 2 or more consecutive years and must submit a Pennsylvania Criminal History Report and Federal Criminal History Report to the NATCEP.

By submitting this form, I certify all the information I provided on this application 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 _____
(MM/DD/YYYY)

(For NATCEP Staff)

I am the Authorized NATCEP Representative who received this completed form and verified the applicant by their physical comparison with an official State issued photo identification:

☐   I verified the applicants residency for the last 2 consecutive years or more.

Signature _____   Date _____
(MM/DD/YYYY)

Revised 12/24/2019

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 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 an Allied Health major *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.

EMPOWERED BY **VERTICAL SCREEN**

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.

STEP 1: EMAIL NOTIFICATION

You will receive an email notification from 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.
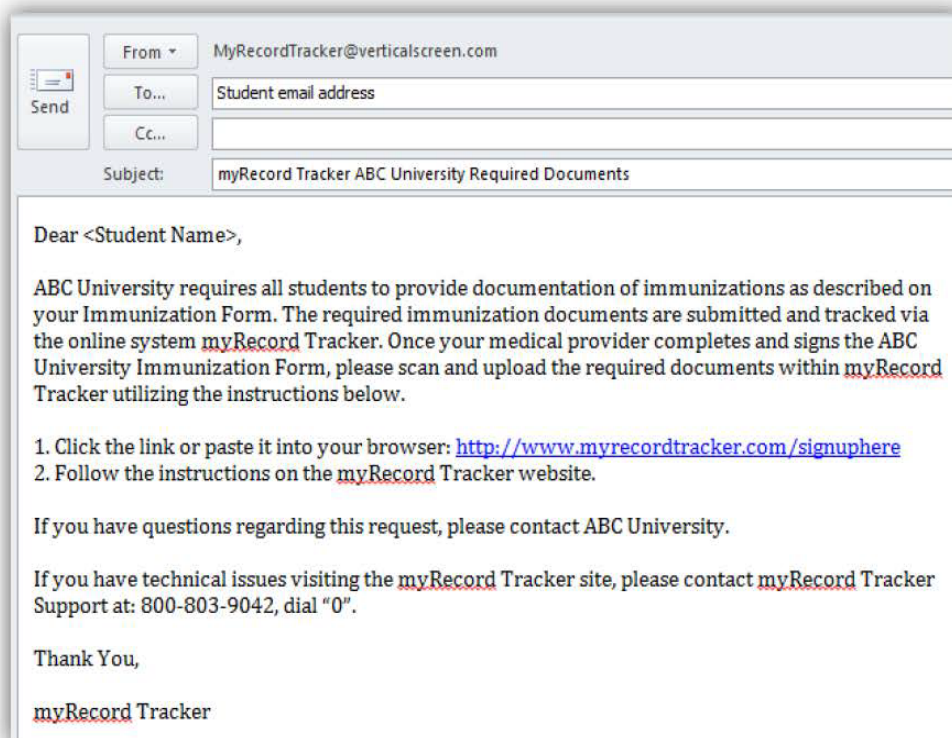
Send	From ▾	MyRecordTracker@verticalscreen.com
	To...	Student email address
	Cc...	
	Subject:	myRecord Tracker ABC University Required Documents

Dear <Student Name>,

ABC University requires all students to provide documentation of immunizations as described on your Immunization Form. The required immunization documents are submitted and tracked via the online system myRecord Tracker. Once your medical provider completes and signs the ABC University Immunization Form, please scan and upload the required documents within myRecord Tracker utilizing the instructions below.

1. Click the link or paste it into your browser: http://www.myrecordtracker.com/signuphere
2. Follow the instructions on the myRecord Tracker website.

If you have questions regarding this request, please contact ABC University.

If you have technical issues visiting the myRecord Tracker site, please contact myRecord Tracker Support at: 800-803-9042, dial "0".

Thank You,

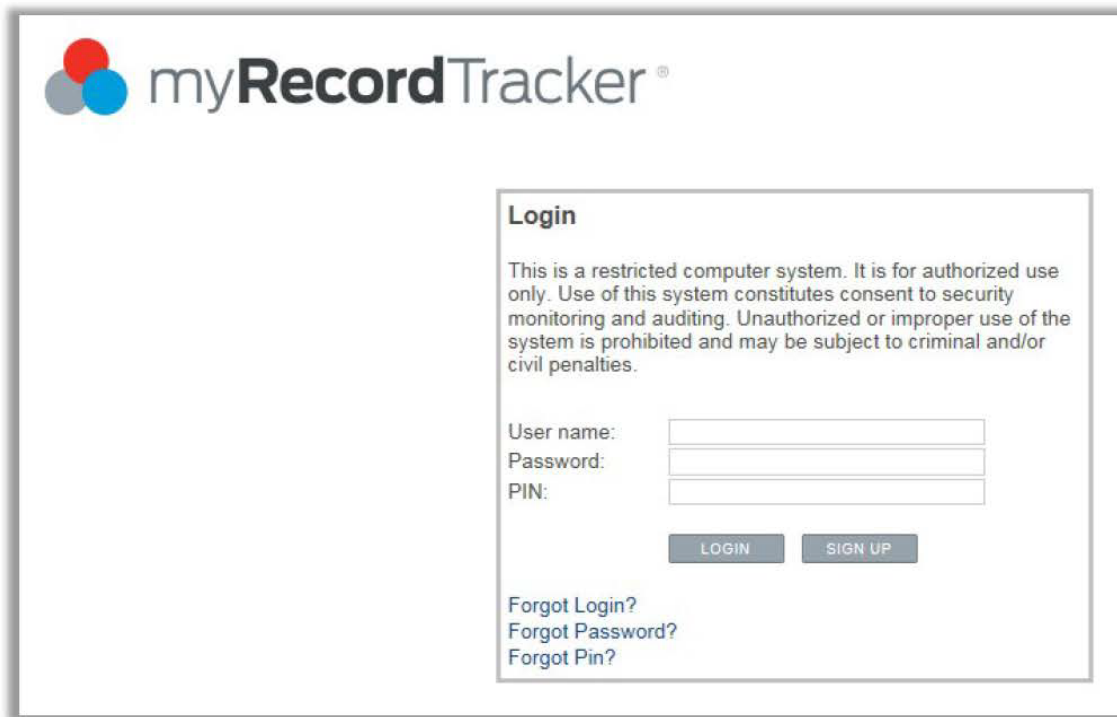myRecord Tracker

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 and entering your username, password and PIN.

myRecord**Tracker** ®

Login

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.

User name:
Password:
PIN:

LOGIN   SIGN UP
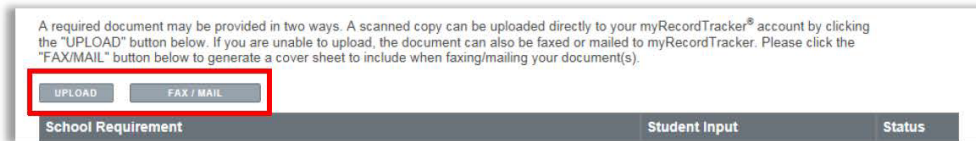
Forgot Login?
Forgot Password?
Forgot Pin?

Figure 2: The myRecordTracker login screen

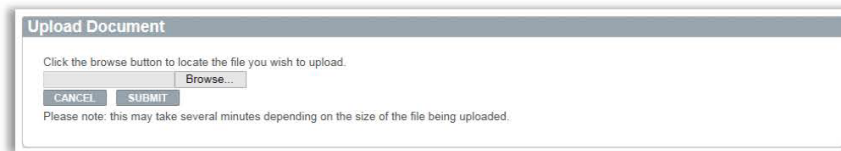# How to Complete Your myRecordTracker Requirements

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).

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 myRecordTracker. Please click the "FAX/MAIL" button below to generate a cover sheet to include when faxing/mailing your document(s).

| UPLOAD | FAX / MAIL |

| School Requirement | Student Input | Status |

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:

Upload Document

Click the browse button to locate the file you wish to upload.

Browse...

| CANCEL | SUBMIT |

Please note: this may take several minutes depending on the size of the file being uploaded.

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.

Save Document

* = required field

Name your document *

Attach document to available requirement(s)
☐ Hepatitis B Recombinant Vaccine - 2nd dose

Optionally attach more documents to these requirements below that already have the minimum number of documents:
☐ Hepatitis B Recombinant Vaccine 3rd dose
☐ Measles - Mumps - Rubella Live Vaccine
☐ Varicella Zoster (Chickenpox)
☐ 1 Current Annual Influenza Vaccination
☐ Physical and Mental Health Exam
☐ CPR Certification
☐ Copy of Drivers License
☐ [illegible] test requirement
☐ Test 223

Document Preview

> **When prompted for an expiration date, please use 1/1/2099**