

Requirement Explanation

Package Name	Category Name	Student Notes	URL	Item Name	Field Name
High School Learner - CNA Post102020	Photo Identification and Social Security Card	<p>You must submit your current government or school issued photo ID and your social security card.</p> <ul style="list-style-type: none"> Acceptable alternative photo identification include: Current Passport, U.S. state issued Driver's License, U.S. VISA, U.S. Permanent Resident card, or U.S. Citizenship and Immigration Services (USCIS) photo identification. Acceptable alternatives to Social Security Card include: If you do not have a Social Security card, please provide Department of the Treasury Internal Revenue Service Individual Taxpayer Identification Number (ITIN) letter or card, U.S. Citizenship and Immigration Services (USCIS) identification card, or Medicare Card with SSN. 		Government or School issued photo ID	Document
				Social Security Card	Document
	Age verification	You must be at least 15 years and 9 months old for this program.		Date of Birth	Date of Birth
	CPR	<p>You must submit your valid CPR card here. The American Heart Association (AHA) Basic Life Support (BLS) for Healthcare Providers CPR card is preferred but not required.</p>		Valid CPR Card (BLS Provider preferred)	Document
					Date
					Expiration Date
	Health Insurance	You must submit your current health insurance here.		Health Insurance	Document
	Hepatitis B	<p>You must submit A OR B:</p> <p>A) 3 doses of the Hepatitis B Vaccine, or the 2 dose Heplisav series.</p> <p>B) Positive Hepatitis B Titer.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "" Request an Immunization Record"" towards the bottom of the page.</p> <p>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/3.pdf</p>		<p>Hepatitis B Dose 2</p> <p>Hepatitis B Dose 3</p> <p>Hepatitis B Titer</p> <p>Hepatitis B Dose 1</p> <p>Hepatitis B Heplisav Dose 1 of 2</p> <p>Hepatitis B Heplisav Dose 2 of 2</p>	Document
					Date
					Document
					Date
					Document
					Results
					Date
					Document
Date					
Document					
Date					
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High School Learner - CNA Post102020	MMR	<p>You must submit A OR B:</p> <p>A) 2 doses of the MMR Vaccine.</p> <p>B) Positive titers for Measles, Mumps, and Rubella.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "" Request an Immunization Record"" towards the bottom of the page.</p> <p>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/3.pdf</p>		Measles Titer	Document
					Results
					Date
				Rubella Titer	Document
					Results
					Date
				MMR Dose 2	Document
					Date
				MMR Dose 1	Document
	Date				
	Mumps Titer	Document			
		Results			
		Date			
	Tdap	<p>You must submit a Tdap from within the last 10 years.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "" Request an Immunization Record"" towards the bottom of the page.</p> <p>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/1.pdf</p>		Tdap	Document
					Date
Expiration Date					
Varicella	<p>You must submit A OR B OR C:</p> <p>A) 2 doses of the Varicella Vaccine.</p> <p>B) Positive Varicella Titer.</p> <p>C) Documentation of having had varicella from your physician.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select ""Request an Immunization Record"" towards the bottom of the page.</p> <p>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/3.pdf</p>		Varicella Dose 2	Document	
				Date	
			Varicella Titer	Document	
				Results	
				Date	
			Proof of disease	Document	
				Date	
			Varicella Dose 1	Document	
				Date	



High School Learner - CNA Post102020	Influenza	<p>You must submit a flu shot for the current season or the below influenza declination form.</p> <p>Your flu shot must be received no earlier than 8/1 to be accepted for the current flu season.</p> <p>This category is not tracked between 5/1 and 9/30.</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/1.pdf</p>	http://odessacompliance.com/forms/OdessaFluDeclination.pdf	Flu Shot	Document
					Date
					Expiration Date
				Flu Declination	Document
		Date			
		Expiration Date			
	Meningitis	If you are 21 or under you must submit one dose of the meningitis vaccination.		Meningitis Dose	Document
					Date
	Tuberculosis	<p>If you test negative for tuberculin exposure, you must submit a 2-step PPD (2 PPD's each implanted 2-3 days before being read and read 7-21 days apart from each other) or an IGRA (QuantIFERON OR T-Spot). If your test becomes 1 year old, you must submit a new Annual PPD (implanted 2-3 days before being read) or a new IGRA.</p> <p>If you complete annual TB test through your healthcare industry employer, you may submit a record of your two most recent negative annual TB tests that dated within two years from today's date from your employer as an alternative to the 2-step PPD.</p> <p>If you test positive for tuberculin exposure, you must submit a positive test, along with a negative chest x-ray from the last 3 years and a TB clearance letter from the last 1 year. If you do not have a positive test to submit, you may submit a letter from your physician indicating that you need a chest x-ray for tuberculosis screening.</p>		PPD Step 1	Document
					Read Date
					Implant Date
					Result
				PPD Step 2	Document
					Read Date
					Implant Date
				Result	
Annual PPD				Document	
				Expiration Date	
				Read Date	
				Implant Date	
	Result				
TB Clearance Letter	Document				
	Date				
	Expiration Date				
Chest X-Ray	Document				
	Date				
	Expiration Date				
	Result				
Initial QuantiFERON TB Gold Test / T-Spot	Document				
	Date				
	Result				



High School Learner - CNA Post102020	Tuberculosis	<p>If you test negative for tuberculin exposure, you must submit a 2-step PPD (2 PPD's each implanted 2-3 days before being read and read 7-21 days apart from each other) or an IGRA (QuantiFERON OR T-Spot). If your test becomes 1 year old, you must submit a new Annual PPD (implanted 2-3 days before being read) or a new IGRA.</p> <p>If you complete annual TB test through your healthcare industry employer, you may submit a record of your two most recent negative annual TB tests that dated within two years from today's date from your employer as an alternative to the 2-step PPD.</p> <p>If you test positive for tuberculin exposure, you must submit a positive test, along</p>		Annual QuantiFERON TB Gold Test / T-Spot	Document
				Date	
				Expiration Date	
				Result	
	Background Check	You must order a background check from American DataBank. Once your search is complete, it will be automatically uploaded here for you.		Letter indicating chest x-ray is needed	Document
				Healthcare Employer TB Screening Record	Document
	Drug Screening	You must order a drug screen from American DataBank. Once complete, it will be automatically uploaded here for you.		American DataBank Drug Screen	Date
					Expiration Date
					Results
	CE Health Careers Registration Form	You must complete the CE Health Careers Registration Form.	http://odessacompliance.com/forms/HealthCareersRegistrationForm2020.pdf	CE Health Careers Registration Form	Document
CNA, NAR and EMR Registry	Your administration will search the CNA Nurse Aide Registry, Medication Aide Registry, and Employee Misconduct Registry and may upload results here on your behalf.		CNA, NAR and EMR Registry	Document	
FERPA Form	You may complete and upload the below FERPA form. This document will allow the College to provide information about the student to only those that are listed by the student, including parents.	http://odessacompliance.com/forms/FERPAForm.pdf	FERPA Form	Date	
				Document	
Certificate of Completion	This category is for your administration to complete once all course requirements have been met.		Certificate of Completion	Document	
				Date	