

Requirement Explanation

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



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|---------------------------------------|---|--|----------|----------------------------------|----------|
| Adult Learner - Non-CNA Post102020 | Hepatitis B | <p>You must submit A OR B:</p> <p>A) 3 doses of the Hepatitis B Vaccine, or the 2 dose Heplisav series.</p> <p>B) Positive Hepatitis B Titer.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "" Request an Immunization Record"" towards the bottom of the page.</p> <p>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/3.pdf</p> | | Hepatitis B Heplisav Dose 1 of 2 | Document |
| | | | | | Date |
| | | Hepatitis B Heplisav Dose 2 of 2 | Document | | |
| | | Date | | | |
| | MMR | <p>You must submit A OR B:</p> <p>A) 2 doses of the MMR Vaccine.</p> <p>B) Positive titers for Measles, Mumps, and Rubella.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "" Request an Immunization Record"" towards the bottom of the page.</p> <p>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/3.pdf</p> | | Measles Titer | Document |
| | | | | | Results |
| | | | | | Date |
| | | | | Rubella Titer | Document |
| | | | | | Results |
| | | | | | Date |
| | | | | MMR Dose 2 | Document |
| | | | | | Date |
| MMR Dose 1 | Document | | | | |
| | Date | | | | |
| Mumps Titer | Document | | | | |
| | Results | | | | |
| | Date | | | | |
| Tdap | <p>You must submit a Tdap from within the last 10 years.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "" Request an Immunization Record"" towards the bottom of the page.</p> <p>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/1.pdf</p> | | Tdap | Document | |
| | | | | Date | |
| | | | | Expiration Date | |



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Post102020

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|---------------------------------------|--|--|---|------------------|----------|
| Adult Learner - Non-CNA Post102020 | Varicella | <p>You must submit A OR B OR C:</p> <p>A) 2 doses of the Varicella Vaccine.</p> <p>B) Positive Varicella Titer.</p> <p>C) Documentation of having had varicella from your physician.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select "Request an Immunization Record" towards the bottom of the page.</p> <p>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/3.pdf</p> | | Varicella Dose 2 | Document |
| | | | | | Date |
| | | | | Varicella Titer | Document |
| | | | | | Results |
| | | | | | Date |
| | | Proof of disease | Document | | |
| | | Date | | | |
| | | Varicella Dose 1 | Document | | |
| | | Date | | | |
| | Influenza | <p>You must submit a flu shot for the current season or electronically sign the below influenza declination form.</p> <p>Your flu shot must be received no earlier than 8/1 to be accepted for the current flu season.</p> <p>This category is not tracked between 5/1 and 9/30.</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/1.pdf</p> | http://odessacompliance.com/forms/OdessaFluDeclination.pdf | Flu Shot | Document |
| Date | | | | | |
| Expiration Date | | | | | |
| Flu Declination | | | | Document | |
| | | | | Date | |
| | | | | Expiration Date | |
| Complete Form | | | | | |
| Meningitis | <p>If you are 21 or under you must submit one dose of the meningitis vaccination.</p> <p>If you do not have a copy of your immunization records or your immunization records do not meet the below minimum review standards, and you have attended public school in Texas, an acceptable version of your records is available to all students under the age of 26 on the Texas Immunization Registry ImmTrac2 website. To access, click the link below and then select"" Request an Immunization Record"" towards the bottom of the page.</p> <p>This might also be documented on your immunization record as MCV4 or Menactra</p> <p>https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</p> <p>To see what is required on your documentation, please see http://forms.complio.com/ReviewStandards/1.pdf</p> | | Meningitis Dose | Document | |
| | | | | Date | |



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Tuberculosis

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

If you complete annual TB test through your healthcare industry employer, you may submit a record of your two most recent negative annual TB tests that dated within two years from today's date from your employer as an alternative to the 2-step PPD.

If you test positive for tuberculin exposure, you must submit a positive test, along with a negative chest x-ray from the last 3 years and a TB clearance letter from the last 1 year. If you do not have a positive test to submit, you may submit a letter from your physician indicating that you need a chest x-ray for tuberculosis screening.

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

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

| | | |
|---|-----------------|-----------------|
| PPD Step 1 | Document | |
| | Read Date | |
| | Implant Date | |
| | Result | |
| | PPD Step 2 | Document |
| | | Read Date |
| | | Implant Date |
| | | Result |
| | Annual PPD | Document |
| | | Expiration Date |
| | | Read Date |
| | | Implant Date |
| Result | | |
| TB Clearance Letter | Document | |
| | Date | |
| | Expiration Date | |
| Chest X-Ray | Document | |
| | Date | |
| | Expiration Date | |
| | Result | |
| Initial QuantiFERON TB Gold Test / T-Spot | Document | |
| | Date | |
| | Result | |
| Annual QuantiFERON TB Gold Test / T-Spot | Document | |
| | Date | |
| | Expiration Date | |
| | Result | |
| Letter indicating chest x-ray is needed | Document | |
| Healthcare Employer TB Screening Record | Document | |
| | Date | |
| American DataBank Background Check | Document | |
| | Date | |
| | Results | |
| American DataBank Drug Screen | Document | |
| | Date | |

Background Check

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

Drug Screening

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



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



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