



## Requirement Explanation

Package Name	Category Name	Student Notes	URL	Item Name	Field Name
MA_MLA 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"> <li>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.</li> <li>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.</li> </ul>	<a href="http://forms.complio.com/ReviewStandards/32768.pdf">http://forms.complio.com/ReviewStandards/32768.pdf</a>	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"> <li>TSIA 2.0 ELAR with score of 938 or higher</li> <li>TSIA 1.0 reading test with score of 342 or higher</li> <li>STAAR EOC with a score of 2 or higher</li> <li>College transcript indicating English Composition or English 1301</li> <li>Diploma for associates degree or higher</li> <li>TABE Reading Level M 442-575+ or Above</li> <li>Texas Bridge Certificate Reading</li> </ul>		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
				TABE Reading Level M 442-575+ or Above	Document
				Texas Bridge Certificate Reading	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>	<a href="http://forms.complio.com/ReviewStandards/32.pdf">http://forms.complio.com/ReviewStandards/32.pdf</a>	Valid CPR Card (BLS Provider preferred)	Document
					Date
					Expiration Date
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><a href="https://www.dshs.texas.gov/immunize/immtrac/clients.shtm">https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</a></p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a></p>	<a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a>	Hepatitis B Dose 2	Document	
				Date	
			Hepatitis B Dose 3	Document	
				Date	
			Hepatitis B Titer	Document	
				Results	
				Date	
Hepatitis B Dose 1	Document				
	Date				
	Hepatitis B Heplisav Dose 1 of 2	Document			



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MA_MLA 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>	<a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a>	Hepatitis B Heplisav Dose 1 of 2	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><a href="https://www.dshs.texas.gov/immunize/immtrac/clients.shtm">https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</a></p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a></p>	<a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a>	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><a href="https://www.dshs.texas.gov/immunize/immtrac/clients.shtm">https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</a></p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/1.pdf">http://forms.complio.com/ReviewStandards/1.pdf</a></p>	<a href="http://forms.complio.com/ReviewStandards/1.pdf">http://forms.complio.com/ReviewStandards/1.pdf</a>	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><a href="https://www.dshs.texas.gov/immunize/immtrac/clients.shtm">https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</a></p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a></p>	<a href="http://forms.complio.com/ReviewStandards/3.pdf">http://forms.complio.com/ReviewStandards/3.pdf</a>	Varicella Dose 2	Document	
				Date	
			Varicella Titer	Document	
				Results	
				Date	
			Proof of disease	Document	
				Date	
			Varicella Dose 1	Document	
				Date	



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MA_MLA Post102020	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 <a href="http://forms.complio.com/ReviewStandards/1.pdf">http://forms.complio.com/ReviewStandards/1.pdf</a></p>	<a href="http://odessacompliance.com/forms/OdessaFluDeclination.pdf">http://odessacompliance.com/forms/OdessaFluDeclination.pdf</a> , <a href="http://forms.complio.com/ReviewStandards/1.pdf">http://forms.complio.com/ReviewStandards/1.pdf</a>	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><a href="https://www.dshs.texas.gov/immunize/immtrac/clients.shtm">https://www.dshs.texas.gov/immunize/immtrac/clients.shtm</a></p> <p>To see what is required on your documentation, please see <a href="http://forms.complio.com/ReviewStandards/1.pdf">http://forms.complio.com/ReviewStandards/1.pdf</a></p>		Meningitis Dose	Document
					Date
	Tuberculosis	<p>If you test negative for tuberculin exposure, you must submit a negative PPD skin test, or an IGRA (QuantiFERON OR T-Spot) blood test each year.</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 PPD or IGRA.</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>	<a href="http://odessacompliance.com/forms/Odessa2StepPPDExplanation.pdf">http://odessacompliance.com/forms/Odessa2StepPPDExplanation.pdf</a> , <a href="http://forms.complio.com/ReviewStandards/464.pdf">http://forms.complio.com/ReviewStandards/464.pdf</a>	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				



MA_MLA Post102020	Tuberculosis	<p>If you test negative for tuberculin exposure, you must submit a negative PPD skin test, or an IGRA (QuantiFERON OR T-Spot) blood test each year.</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 PPD or IGRA.</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>	<a href="http://odessacompliance.com/forms/Odessa2StepPPDExplanation.pdf">http://odessacompliance.com/forms/Odessa2StepPPDExplanation.pdf</a> , <a href="http://forms.complio.com/ReviewStandards/464.pdf">http://forms.complio.com/ReviewStandards/464.pdf</a>	Chest X-Ray	Result
				Initial QuantiFERON TB Gold Test / T-Spot	Document
					Date
					Result
				Annual QuantiFERON TB Gold Test / T-Spot	Document
					Date
					Expiration Date
				Letter indicating chest x-ray is needed	Document
				Healthcare Employer TB Screening Record	Document
					Date
					Expiration 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.
Date					
Results					
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	Document	
				Date	
				Expiration Date	
				Results	
CE Health Careers Registration Form	You must electronically complete the CE Health Careers Registration Form.	<a href="http://odessacompliance.com/forms/HealthCareersRegistrationForm2022.pdf">http://odessacompliance.com/forms/HealthCareersRegistrationForm2022.pdf</a> , <a href="http://odessacompliance.com/forms/HealthCareersRegistrationForm2022_CPF.pdf">http://odessacompliance.com/forms/HealthCareersRegistrationForm2022_CPF.pdf</a>	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"> <li>1. Welcome Health Careers Students</li> <li>2. Wrangler Express Center Student Information</li> <li>3. Student Email Blackboard Login Information</li> <li>4. HC Student Contract - Classroom Guidelines</li> <li>5. Student Clinical Agreement Form</li> <li>6. Odessa-Complio-Student-User-Guide-05142020</li> <li>7. OC Training Waiver For Over 18 (Please use this form if you are 18 years and older) OR OC Training Waiver For Under 18 (Please use this form if you are 18 years and under)</li> <li>8. Health Careers Immunization Requirements</li> <li>9. Health and Wellness for Students - Insurance and Healthcare Providers Information</li> <li>10. Adult Model Release Information</li> <li>•11. T-Shirt and Scrub Set Size:</li> </ol> <p>The sizes are unisex and may be larger than expected. To ensure the best fit, sample sizes can be tried on in advance at the Odessa College Continuing Education Building located at 2714 Robertson Ave Odessa, Texas 79764. If you have questions please call 432-335-6580 or email <a href="mailto:healthcareers@odessa.edu">healthcareers@odessa.edu</a>.</p>	<a href="http://odessacompliance.com/forms/OC_TrainingWaiverOfLiabilityAndHoldHarmlessAgreement.pdf">http://odessacompliance.com/forms/OC_TrainingWaiverOfLiabilityAndHoldHarmlessAgreement.pdf</a>	Welcome Health Careers Students Information	Document	
				Date	
				Have you read the Welcome Health Careers Students Information?	
				Complete Form	
			Wrangler Express Center Student Information	Document	
				Date	
				Have you read the Wrangler Express Center Student Information?	
				Complete Form	



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Documents to Review

You must acknowledge that you have read the below required document information:

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 For Over 18 (Please use this form if you are 18 years and older) OR OC Training Waiver For Under 18 (Please use this form if you are 18 years and under)
8. Health Careers Immunization Requirements
9. Health and Wellness for Students - Insurance and Healthcare Providers Information
10. Adult Model Release Information
11. T-Shirt and Scrub Set Size:

The sizes are unisex and may be larger than expected. To ensure the best fit, sample sizes can be tried on in advance at the Odessa College Continuing Education Building located at 2714 Robertson Ave Odessa, Texas 79764. If you have questions please call 432-335-6580 or email [healthcareers@odessa.edu](mailto:healthcareers@odessa.edu).

[http://odessacompliance.com/forms/OC\\_TrainingWaiverOfLiabilityAndHoldHarmlessAgreement.pdf](http://odessacompliance.com/forms/OC_TrainingWaiverOfLiabilityAndHoldHarmlessAgreement.pdf)

Student Email Blackboard Login Information	Document
	Date
	Have you read the Student Email Blackboard Login Information? Complete Form
HC Student Contract - Classroom Guidelines	Document
	Date
	Have you read the Student Contract - Classroom Guidelines Information? Complete Form
Student Clinical Agreement Form	Document
	Date
	Have you read the Student Clinical Agreement Form? Complete Form
Odessa-Complio-Student-User-Guide-05142020	Document
	Date
	Have you read the Odessa-Complio-Student-User-Guide-05142020? Complete Form
OC Training Waiver For Over 18	Document
	Date
	Have you read the OC Training Waiver? Complete Form
Health Careers Immunization Requirements	Document
	Date
	Have you read the Health Careers Immunization Requirements? Complete Form
Health and Wellness for Students - Insurance and Healthcare Providers Information	Document
	Date



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			Adult Model Release Information	Document Date Have you read the Adult Model Release Information? Complete Form			
			T-Shirt and Scrub Set Size	Scrub Set Size			
			OC Training Waiver For Under 18	Document Date Have you read the OC Training Waiver?			
			Health Insurance	You may submit your current health insurance here.	<a href="http://forms.complio.com/ReviewStandards/4096.pdf">http://forms.complio.com/ReviewStandards/4096.pdf</a>	Health Insurance	Document
			FERPA Form	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.	<a href="http://odessacompliance.com/forms/FERPAForm.pdf">http://odessacompliance.com/forms/FERPAForm.pdf</a> , <a href="http://odessacompliance.com/forms/FERPAFormCPF.pdf">http://odessacompliance.com/forms/FERPAFormCPF.pdf</a>	FERPA Form	Document Date Complete Form
			Certificate of Completion	This category is for your administration to complete once all course requirements have been met.		Certificate of Completion	Document Date