

Special Program Requirements
*****REQUIRED AS PART OF THE APPLICATION*****

Students applying to the Westside ICT Program must have their health science clinical files completed **as part of their application packet**. Students reentering the program or entering with advanced standing must update their files before reapplying. **All required paperwork is to be turned in with your application packet. Failure to return all required paperwork with your application packet will result in an incomplete application*.**

Photocopy:

Students must provide a copy (or pdf file) of the following items (the program office is not equipped to make copies for students):

- **Medical insurance**** – A copy of your medical insurance card or receipt from the SCC Cashier showing proof that you have purchased medical insurance from SCC (SCC medical insurance must be updated each quarter and a copy of the updated receipt must be brought in for your file).
- **CPR***** – A copy of a current American Heart Association BLS Healthcare Providers CPR card (obtained during the year of application). This must be updated annually while you are in the program, and a copy must be kept on file.

Originals required:

- **TB test** – Documented results of a **TWO-STEP TB test** (two separate tests within three weeks of each other in the last year). Must show results and be signed and dated by a healthcare provider. The TB test must be within the last year and updated annually in your file while you are in the program.
- **DT** – Diphtheria/Tetanus vaccination within the last 10 years. Must be signed and dated by a healthcare provider.
- **MMR** – Measles/Mumps/Rubella vaccination or a titer for each of the diseases showing immunity. Must be signed and dated by a healthcare provider.
A photocopy of your shot card may be substituted for the above immunizations (TB, DT, MMR).
- **Physical exam** – Current physical, signed and dated by the healthcare provider. Use the Health Science physical form (attached).
- **Hepatitis B form** – SCC form, completed and turned in for file (attached).
- **Chicken Pox form** – SCC form, completed and turned in for file (attached).
- **Clinical Agreement form** – SCC form, completed and turned in for file (attached).
- **FERPA form** – SCC form, completed and turned in for file (attached).
- **WSP & Disclosure/Authorization** – Washington State Patrol background investigation form and release of information form (attached).
- **Drug screening** – Mandatory drug screening (to be done through MultiCare HealthWorks), results of which will be sent directly to SCC by the lab; please include copy in COMPLETED application packet. This drug screening will take place prior to the first quarter of the program each year. This is a random drug screening (given without advance notice) and students must submit to the drug screening within 24 hours of being given notice. **Failure to complete the drug screen within the required time frame, or positive/dilute results, will be considered a “positive” test result and may result in excuse from the program.**

Once admitted into the program, students will also be required to obtain:

- **Liability Insurance** – This is purchased from SCC and included in your quarterly tuition bill.

Students are advised to keep a copy of their physical, TB test results, and immunizations for their own records. Potential employers will be requesting this same documentation and the school is not responsible for providing such documentation.

Students who change programs or are reentering a program with advanced standing: previous files are not considered current and many file requirements must be updated.

It is the student's responsibility to maintain their own medical and personal records. You will need them again when you apply for employment in the medical field.

It is in your best interest to obtain a documented shot record from your healthcare provider and keep that record, along with updates, in a safe, accessible place in your personal file. It is also important for you to keep a copy of your CPR and physical. ***The program office does not provide copies.***

Revised: 09/02/2020 ***INCOMPLETE APPLICATION PACKETS MAY BE SECURELY DISPOSED OF;**

****Automatically charged as part of student fees; check tuition receipt for proof of coverage. ***Must be a Healthcare Provider card that contains the American Heart Association logo;**

Clinical Requirements Checklist*

- Onboarding Paperwork (cpnw.org eLearning results)
 - Intake Forms
 - Needle Stick Policy Form
 - Conviction/Criminal History Disclosure Form
 - COVID-19-signed (and copy of test results)
 - Necessary site-specific paperwork
- Driver License/State ID (photocopy)
- CPR Card***
- Clinical Agreement
- FERPA Form x2
- Liability Insurance **
- Medical Insurance (Health Insurance)
- Physical/Immunization Forms
 - Initialed by provider
- Hepatitis-B Form
- Flu Vaccine Form
- Varicella Vaccine (Chicken Pox)
- TB Test (Two-step Tuberculosis Test)
- Hepatitis B Vaccine Series
- Hepatitis B Titer
- MMR (Measles/Mumps/Rubella)
- Tdap Vaccine (Tetanus, Diphtheria, Pertussis)
- Varicella Titer
- WSP Background Check Authorization
- Completion of National Background Check
- Drug Screening

HIPAA and Infection Control/Prevention training will be completed during orientation.