Kalamazoo Valley Community College
Health Careers Application

Last Name	First Name	Middle Initial	Maiden Name

Address	City	State	Zip Code

V00

Valley ID Number	Home Phone Number	Cell Phone Number	Work Phone Number

KVCC E-mail Address
(This is the official notification method of the College)

Date Submitted

Health Careers Program Choice (Check ONE):

_____ Dental Hygiene (AAS)

_____ Medical Assistant Technology (Certificate/AAS)

_____ Respiratory Care Practitioner (AAS)

_____ Basic EMT (Certificate of Achievement)

_____ Paramedic (Certificate/AAS)*

*You may only apply for the Paramedic program AFTER completing a Basic EMT program

Requested Program Start Date:

Semester:_____ Year: _____

Last Prerequisite Was Completed (If Applicable):

Month: _____ Year: _____

****I UNDERSTAND my program plan and the requirements for acceptance into and completion of this Health Careers program. I have completed all portions of this application and have signed the Release Agreement. I ALSO UNDERSTAND that the required Live Scan criminal background check and drug screen will both be done on campus AFTER I have been accepted into the program.**

****I AGREE to regularly check my KVCC e-mail account for information that is pertinent to my program.**

****I AGREE to retain my own copies of all immunization/health records that I submit and I UNDERSTAND that this important information may not be available from the Health Careers Office in the future.**

****I WILL notify both the general Admissions, Registration & Records Office (Room 9140) AND the Health Careers Admissions Office (Room 7464) of any changes in my address and/or phone number.**

Signature

Date

It is the policy of Kalamazoo Valley Community College not to discriminate on the basis of race, religion, color, national origin, sex, disability, height, weight, or marital status in its programs, services, employment or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Executive Vice President for Instructional and Student Services, 6767 West O Avenue, P.O. Box 4070, Kalamazoo, Michigan 49003 – 4070; (269) 488-4434.

Kalamazoo Valley Community College

HEALTH CAREERS RELEASE AGREEMENT

I understand that upon my admission to a Health Career Educational Program (the "Program") I am subject to my voluntary acceptance and compliance with each of the following terms and conditions:

1. **Rules:** I agree to faithfully and fully comply with all policies and procedures of the Program, the College, and of its affiliating clinical organizations. I acknowledge that I will review and abide by the terms and conditions of all Student Affiliation and other agreements with any affiliating clinical organizations associated with the Program. I agree to execute such further consents evidencing this acknowledgement as may be requested by the College or any such organization. I understand that if I fail to do so, I may be promptly removed from the Program.
2. **Clinical Experience:** I understand that the completion of my training will require clinical experience to be provided in cooperation with one or more affiliated clinical organizations. I expressly agree that:
   a. The College shall have no responsibility if I am unable to complete the Program because the necessary clinical experience is not available.
   b. The College or any affiliated clinical organization providing clinical experience, their respective trustees, directors, officers, agents or employees shall have no responsibility for any damages, injury or illness sustained by me unless attributable to the gross negligence of the College or such affiliated clinical organization.
   c. The College shall have no responsibility for the policies or procedures of an affiliated clinical organization or the consequences to me if I do not comply with such policies or procedures.
   d. I understand that during my chosen Health Career Educational Program, I will be exposed to communicable diseases. I agree to provide compassionate and competent care to clients with communicable diseases. I agree that neither the College nor the affiliated clinical organization will be held responsible for any illness or injury that I might incur attributable to or incurred during my participation in the Program. I am financially responsible for any and all health care I may receive.
   e. I understand that an affiliated clinical organization may alter requirements for clinical practice. I will immediately comply with such requirements.
   f. As a student in a health career program, I understand that a clinical affiliate may request information from my program file. The clinical affiliate request may include mandatory health and other required documents. I agree that upon request from a clinical affiliate KVCC may release the following information from my program file including but not limited to: physical examination form, immunization/diagnostic form, updated immunization records, drug screen results, criminal background check results, proof of HIPPA training, fit testing, and or PAPR hood training, and valid CPR certification.
3. **Student Disclosure:** I agree to promptly disclose to the College in writing any physical or mental disability, including but not limited to communicable diseases which may be transmitted to others as a result of my participation in the College's Health Career Educational Program, which I have or may develop at any time during my participation in the Program as soon as I have knowledge of (and regardless of whether such knowledge is acquired by me before, during or after my participation in the Program) any such disability. I hereby authorize any and all health care providers from whom I have received (or may receive in the future) services or treatment to disclose to the College any and all information in their possession concerning such disability and to discuss with the College its application to my participation in the Program and waive any rights I may otherwise be entitled to claim as a matter of law or contract with respect to such disclosure.
4. **Program Modification or Discontinuance:** I understand that the College expressly reserves the right to modify or discontinue my Health Career Educational Program at any time and without prior notification to me and that as a consequence I may not be able to complete the Program to which I now apply.
5. **Indemnification:** I release the College, its trustees, officers, employees, agents, representatives, and the affiliated clinical organizations from any and all liability, damage, costs, claims, expenses and charges arising out of my participation in this Health Career Educational Program. I understand that this Program specifically involves physical labor and possible exposure to injuries and communicable diseases. I agree to defend, indemnify and hold harmless, the College, its trustees, officers, employees, agents, and affiliated clinical organizations for any liability, loss, damage, cost, claim, judgment, or settlement which may be brought or entered against them as a result of my participation in this Program. This indemnification shall include attorney's fees and costs incurred in defending against any such claim or judgment.
6. **Majority**:** I represent that I am 18 years of age or older and have the legal capacity to enter into this Agreement. If I am pursuing EMT or EFE Dental Assisting and am under 18 years of age, my parent or guardian must also provide consent.
7. **Certification and Employment:** I understand that completion of a KVCC Health Career Program does not give nor guarantee me certification or licensure in any field. I understand that certification and licensure is subject to issuance solely by a third-party agency separate and distinct from KVCC. I understand that completion of a health career program does not guarantee licensure or employment and that I must meet licensure and/or certification requirements established by external governing Boards.

****Student Applicant: If pursuing EMT or EFE Dental Assisting AND under 18 years of age, a parent or guardian's signature must also be included***

Signature _____

Print Name_____ Date _____

Rev. 01/21/16

Kalamazoo Valley Community College
DEMANDS OF A HEALTH CAREER

The typical demands placed on the health career student in training as well as on the entry-level health career provider include:

STRENGTH – Frequently and repetitively perform physical activities requiring ability to push/pull objects of more than 50 pounds and to transfer objects of more than 100 pounds.
MANUAL DEXTERITY – Constantly perform simple gross motor skills such as standing, walking, handshaking, writing, and typing; and complex fine motor manipulative skills such as insertion of IV lines, calibration of equipment, drawing blood, endotracheal intubation, etc.
COORDINATION – Constantly perform gross body coordination such as walking, filing, retrieving equipment; tasks which require eye-hand coordination such as keyboard skills, and tasks which require arm-hand steadiness such as taking B/Ps, calibrating tools and equipment, holding retractors, probing periodontal spaces, etc.
MOBILITY – Constantly perform mobility skills such as walking, standing, prolonged standing or sitting in an uncomfortable position; move quickly in an emergency and maneuver in small spaces; requires frequent twisting and rotating.
VISUAL DISCRIMINATION – Constantly see objects far away, discriminate colors, and see objects closely as in reading faces, dials, monitors, fine small print, etc.
HEARING – Constantly hear normal sounds with background noise and distinguish sounds. Some examples include conversations, monitor alarms, emergency signals, breath sounds, cries for help, heart sounds, etc.
CONCENTRATION – Consistently concentrate on essential details even with interruptions, such as client requests, IVAC's, alarms, telephone ringing, beepers, conversations, etc.
ATTENTION SPAN – Frequently attend to task/functions for periods exceeding 60 minutes in length with interruptions such as those mentioned above.
CONCEPTUALIZATION – Consistently understand, remember, and relate to specific and generalized ideas concepts, and theories generated and discussed simultaneously.
MEMORY – Remember task/assignments given to self and others over both short and long periods of time as well as significant amount of patient data with interruptions and distractions.
CRITICAL THINKING – Critical thinking skills sufficient for clinical judgment: making generalizations, evaluations, or decisions.
COMMUNICATION – Interact with others in non-verbal, verbal and written form and explain procedures, initiate health teaching, and document care. Must be able to read, write, and understand written English.
STRESS – Perform all above skills and make clinical judgments correctly when confronted with emergency, critical, unusual, or dangerous situations.

Given these job requirements, are there any medical conditions, disabilities (including but not limited to communicable diseases which may be transmitted to others as a result of the applicant's participation in the College's Health Career Educational Program) or limitations that could restrict your participation in a Health Career educational program or limited subsequent employability?

(Check appropriate response)

YES (Explain)* ☐ **NO** ☐

*Explain any accommodations necessary for you to meet the job requirements.

I understand all of the explanations above and have been given ample opportunities to have all of my questions answered.

I certify that my answers on this form and all other forms are true and complete. I also understand that I may be denied acceptance into or removed from a program if any of this information has been falsified. I give KVCC permission to contact my physician and any other health care provider to seek further information pertinent to my admission, matriculation and retention in any health career educational program. I give my health care providers my permission to release any and all information requested by the college.

Applicant Signature_____ Date _____

Print Name _____ Date _____

Texas Township Campus
6767 West O Avenue
PO Box 4070
Kalamazoo, MI 49003-4070
269.488.4400
www.kvcc.edu

Arcadia Commons Campus
202 North Rose Street
PO Box 4070
Kalamazoo, MI 49003-4070
269.373.7800

Bronson Healthy Living Campus
PO Box 4070
Kalamazoo, MI 49003-4070
269.548.3205

The Groves Campus
7107 Elm Valley Drive
PO Box 4070
Kalamazoo, MI 49003-4070
269.353.1253

Kalamazoo Valley Museum
230 North Rose Street
PO Box 4070
Kalamazoo, MI 49003-4070
269.373.7990

Kalamazoo Valley Community College

DRUG TEST AUTHORIZATION FORM

Please Print Clearly

Name (Last, First, Middle): _____

Date of Birth (Month, Day, Year): ____/____/____ Gender: Male_____ Female_____

Valley ID#: V 0 0 _____

I authorize facilities approved by Kalamazoo Valley Community College, to conduct a drug screen for any drug, alcohol or substance requested by Kalamazoo Valley Community College, and to release those results to Kalamazoo Valley Community College. I acknowledge that I will sign any documents or authorization required. I understand that individuals who do not pass, or refuse to take a drug screen will not be placed into the clinical component or rotation of any course which requires such clinical component or rotation, and will be removed from any such clinical component or rotation if already placed.

I acknowledge that as a condition of clinical agencies collaborating with Kalamazoo Valley Community College, the college requires all students enrolled in health career programs to participate in drug testing. As a student in such a program, I voluntarily subject myself to such drug testing to take place initially at the outset of enrollment or as required during my enrollment by the college or clinical agency.

I also understand and agree that if I am arrested for or convicted of any drug or alcohol related offense, I will immediately inform the Dean. I understand that individuals who are arrested for or convicted of a drug or alcohol related offense, even if the individual has previously taken and passed a drug or alcohol screen, may at Kalamazoo Valley Community College's discretion not be placed into the clinical component or rotation, or may be removed from any such clinical component or rotation if already placed.

I authorize Kalamazoo Valley Community College to release the results of my drug screen to any hospital, facility or other partner healthcare agency which requests the results as a part of fulfilling my education/training requirements, or assessing my qualifications for a clinical component or rotation.

I understand that completion of all clinical components or rotations is a graduation requirement, and that a degree will not be granted to those who do not successfully complete all clinical components or rotations.

_____ _____

Signature Date

Please return this completed form to the appropriate Health Careers Office at Kalamazoo Valley Community College

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Kalamazoo Valley Community College

AFFIDAVIT REGARDING CRIMINAL HISTORY

Please Print Clearly

Name (Last, First, Middle): _____

List all other names you have ever used or by which you have ever been known (Last, First, Middle):

_____

Date of Birth (Month, Day, Year): _____/____/____ Gender: Male____ Female_____

Valley ID#: V 0 0 _____

Statement Regarding Criminal History

I hereby state that I have not been convicted of a felony described under 42 usc 1320a-7, which includes:

- Criminal offenses related to the delivery of items or services under federal or state health care law;
- Neglect or abuse of patients in connection with the delivery of health care items or services provided by a governmental agency;
- A felony relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct related to a state or federal health care program; or
- A felony under Federal or State law relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Furthermore, I hereby state that I have not been convicted of any of the following felonies or have been convicted of attempting or conspiring to commit any of the following felonies, or completed terms and conditions or sentencing, parole, and/or probation for such a conviction within 15 years of application. Felonies include the following:

- The intent to cause death or serious impairment of body function, that results in death or serious impairment of a body function, that involves the use of force or violence, or that involves the threat or the use of force or violence;
- A felony involving cruelty or torture;
- A felony against a vulnerable adult;
- A felony involving criminal sexual conduct;
- A felony involving the use of a firearm or dangerous weapon; or
- A felony involving assault against a family member, police officer, firefighter or EMT.

Furthermore, I hereby state that I have not been convicted of a felony or an attempt or conspiracy to commit a felony, other than a felony for a relevant crime as described more fully above, or completed all terms and conditions of sentencing, parole, and probation for such conviction within 10 years of application.

Furthermore, I hereby state that I have not been convicted of a misdemeanor that involved abuse, neglect, assault, battery, criminal sexual conduct, fraud, or theft, or a similar state of federal misdemeanor within 10 years immediately preceding the date of application. Misdemeanor offenses would include the following:

- A misdemeanor involving assault or 1st degree retail fraud;
- A misdemeanor against a vulnerable adult;
- A misdemeanor involving criminal sexual conduct;
- A misdemeanor involving cruelty or torture; or
- A misdemeanor involving abuse or neglect.

(See Back Page)

Furthermore, I hereby state that I have not been convicted of one or more of the following misdemeanors or relevant federal health care fraud and abuse crime, within 5 years immediately preceding application. Other misdemeanor offenses include the following:

- A misdemeanor involving cruelty if committed before age 16;
- A misdemeanor involving home invasion;
- A misdemeanor involving embezzlement;
- A misdemeanor involving negligent homicide;
- A misdemeanor involving larceny;
- A misdemeanor involving retail fraud in the second degree; or
- A misdemeanor that is not otherwise identified involving assault, fraud, or theft, or possession or distribution of a controlled substance.

Furthermore, I hereby state that I have not been convicted of one of more of the following misdemeanors against a vulnerable adult within 3 years immediately preceding the date of application. Other misdemeanor offenses include:

- A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury;
- A misdemeanor of retail fraud in the third degree; or
- Misdemeanor drug violations under the Public Health Code.

Furthermore, I hereby state that I have not been convicted of one or more of the following misdemeanors within 1 year immediately preceding the date of application:

- Any misdemeanor drug violations under the Public Health Code if under the age of 16; or
- A misdemeanor for larceny or retail fraud in the second or third degree if under the age of 16.

Furthermore, I hereby state that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of not guilty by reason of insanity in accordance with MCL 769.16b.

Furthermore, I hereby state that I have not been the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency under federal health care law pursuant to an investigation conducted in accordance with 42 USC 1395i-3 or 1396r.

Understandings and Agreements

In consideration of this conditional employment or clinical placement, I hereby understand and agree that, if the criminal history check conducted under Public Health Code Section 20173a as amended does not confirm these statements, my employment or clinical placement will be terminated by the facility as required by Section 20173a of that Code unless and until I can prove that the information is incorrect.

I also understand and agree that failure to meet any conditions described above may result in the termination of my employment or clinical placement and that those conditions are good cause for termination.

I further understand that an individual who knowingly provides false information regarding criminal convictions in this statement is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than $500.00, or both. (MCL 333.20173a(8))

I understand and agree that should I be arrested for or convicted of any criminal offenses listed in the section above entitled "Statement Regarding Criminal History" I will immediately inform the Dean.

_____
Name of Applicant (Print or Type)

_____ _____
Signature Date

Kalamazoo Valley Community College

IMMUNIZATION / DIAGNOSTIC FORM

(To be completed by the Examining Provider)

Name: _____
Last First Middle

Valley ID #: V00_____ **Program:**_____

Address:_____

Phone: _____ **Birthdate:**_____ **Sex:**_____

Personal Physician:_____ **Address:**_____

Immunizations

Documentation of adequate immunity to Rubeola, Mumps, Rubella, Tetanus/Diphtheria/Pertussis, Chicken Pox, TB, Flu and Hepatitis B is required. This documentation must be verified. Acceptance into the program may be denied on the basis of incomplete immunizations, information or findings.

1. **RUBEOLA (Hard Measles**): Full immunity to Rubeola must be demonstrated. **Check appropriate box and specify date.**

A. ☐ **Attach** lab report documenting adequate immunity.
Specify date of titer or screen _____ / _____ / _____
Month Day Year

B. ☐ Immunized **twice** with measles vaccine… First _____ / _____ / Second _____ / _____ / _____
Month Day Year Month Day Year

2. **MUMPS:** Full immunity to mumps must be demonstrated. **Check the appropriate box and specify date.**

A. ☐ **Attach** lab report documenting adequate immunity.
Specify date of titer or screen _____ / _____ / _____
Month Day Year

B. ☐ Immunized **twice** with mumps vaccine… First _____ / _____ / _____ Second _____ / _____ / _____
Month Day Year Month Day Year

3. **MMR* (Measles/Mumps/Rubella): NOTE:** this will only fulfill the requirements for #1 (Rubeola) and #2 (Mumps).

☐ Immunized **twice** with MMR vaccine… First _____ / _____ / _____ Second _____ / _____ / _____
Month Day Year Month Day Year

4. **RUBELLA (German Measles) TITER: PLEASE NOTE** that an adequate serum titer (blood test) is the **ONLY** acceptable documentation of Rubella immunity ***EVEN IF YOUR MMR SERIES IS COMPLETE***. If the titer result is negative or borderline, you must receive an additional Rubella vaccination.

☐ **Attach** lab report documenting adequate immune titer.
Specify date of titer _____ / _____ / _____
Month Day Year

The TB test (#9 on this form) may be given on the same day as live virus vaccines (Chicken Pox and MMR). Otherwise, the TB skin test should be delayed for 30 days after receiving either of these vaccines.

5. **CHICKEN POX:** Full immunity to Chicken Pox must be demonstrated. **Check appropriate box and specify date.**

A. ☐ Had Chicken Pox **confirmed by physician record** _____ / _____ / _____
Month Day Year

B. ☐ **Attach** lab report documenting adequate immune titer.
Specify date of titer _____ / _____ / _____
Month Day Year

C. ☐ Immunized **twice** with chicken pox vaccine First _____ / _____ / _____ Second _____ / _____ / _____
Month Day Year Month Day Year

Name_____

6. TETANUS/DIPHTHERIA/PERTUSSIS: Full immunity to Tetanus/Diphtheria/Pertussis must be demonstrated. **One Tdap immunization (as an adult) MUST be administered followed by a Td booster every 10 years.**

A. ☐ Tetanus/Diphtheria/Pertussis immunization has been administered. (One time dose as an adult)

Indicate date of immunization _____/____/_____
Month Day Year

B. ☐ Tetanus/Diphtheria/ immunization has been administered within ten years of Tdap.

Indicate date of immunization _____/____/_____
Month Day Year

7. HEPATITIS B: All Health Careers Students are required to demonstrate immunity to Hepatitis B in one of two ways: **Check appropriate box and specify date(s).**

A. ☐ **Attach** lab report documenting adequate immune titer. Specify date of titer _____/____/_____
Month Day Year

B. ☐ Has begun/completed the series of three immunizations First _____/____/_____
(Attach documentation for each immunization) Month Day Year

Second _____/____/_____ Month Day Year Third _____/____/_____ Month Day Year

8. INFLUENZA VACCINE (Sept.-Oct.): All Health Careers Students are required to receive an **annual** flu vaccination.

☐ Indicate date of last immunization _____/____/_____
Month Day Year

ADDITIONAL DIAGNOSTIC STUDY

9. TUBERCULOSIS: Check appropriate box and specify date(s) and findings. Absence of active Tuberculosis is required and may be documented in either one of two ways:

A. ☐ PPD (Mantoux) 2-Step TB test. Directions: Two PPD (Mantoux) skin tests need to be performed at least 7 days apart (and no more than 21 days apart) with documentation of each result. Each TB test requires two visits as each test must be read 48-72 hours after it is placed.

Date read and test result… First _____/____/_____ Month Day Year
Result: ☐ Positive ☐ Negative

Second _____/____/_____ Month Day Year
Result: ☐ Positive ☐ Negative

B. ☐ If PPD is positive, evidence of a Chest X-Ray is required within the past three years.

Date and finding _____/____/_____ Month Day Year Result: ☐ Positive ☐ Negative

Provider completed, conducted, reviewed and/or verified all sections of the immunization form.

_____ _____
Signature of Provider Date

_____ _____
Print Provider's Name Provider's Office Phone

Rev. 01/03/2017

Name _____
Program _____
Valley ID # V00_____

Kalamazoo Valley Community College

PHYSICAL EXAMINATION FORM

(To be completed by the Examining Provider)

Physical Examination - *Describe All Abnormalities*:

_____

_____

THE TYPICAL DEMANDS PLACED ON A HEALTH CAREER STUDENT AND PRACTITIONER ARE:

STRENGTH - Frequently and repetitively perform physical activities requiring ability to push/pull objects of more than 50 pounds and to transfer objects of more than 100 pounds.

MANUAL DEXTERITY - Constantly perform simple gross motor skills such as standing, walking, handshaking, writing, and typing; and complex fine motor manipulative skills such as insertion of IV lines, calibration of equipment, drawing blood, endotracheal intubation, etc.

COORDINATION - Constantly perform gross body coordination such as walking, filing, retrieving equipment; tasks which require eye-hand coordination such as keyboard skills, and tasks which require arm-hand steadiness such as taking B/Ps, calibrating tools and equipment, holding retractors, probing periodontal spaces, etc.

MOBILITY - Constantly perform mobility skills such as walking, standing, prolonged standing or sitting in an uncomfortable position; move quickly in an emergency and maneuver in small spaces; requires frequent twisting and rotating.

VISUAL DISCRIMINATION - Constantly see objects far away, discriminate colors, and see objects closely as in reading faces, dials, monitors, fine small print, etc.

HEARING - Constantly hear normal sounds with background noise and distinguish sounds. Some examples include conversations, monitor alarms, emergency signals, breath sounds, cries for help, heart sounds, etc.

CONCENTRATION - Consistently concentrate on essential details even with interruptions, such as client requests, IVAC's, alarms, telephones ringing, beepers, conversations, etc.

ATTENTION SPAN - Frequently attend to task/functions for periods exceeding 60 minutes in length with interruptions such as those mentioned above.

CONCEPTUALIZATION - Consistently understand, remember, and relate to specific and generalized ideas, concepts, and theories generated and discussed simultaneously.

MEMORY - Remember task/assignments given to self and others over both short and long periods of time as well as significant amount of patient data with interruptions and distractions.

CRITICAL THINKING - Critical thinking skills sufficient for clinical judgment: making generalizations, evaluations, or decisions.

COMMUNICATION - Interact with others in non-verbal, verbal and written form and explain procedures, initiate health teaching, and document care. Must be able to read, write, and understand written English.

STRESS - Perform all above skills and make clinical judgments correctly when confronted with emergency, critical, unusual, or dangerous situations.

Summary Assessment - *Circle Appropriate Responses*: (Attach a separate sheet if necessary)

Considering this applicant's history and physical examination, are there any conditions, disabilities (including but not limited to communicable diseases which may be transmitted to others as a result of the applicant's participation in the college's Health Career Educational Program), or limitations that could restrict the student's participation in a Health Career educational program or limit subsequent employability?

Yes No Explain:

Are there any accommodations necessary for this applicant?

Yes No Explain:

Are there any special precautions, restrictions or conditions which might result in an emergency (e.g., allergies, diabetes, seizure disorder, fainting, other) in the classroom or during clinical practice?

Yes No Explain:

Provider completed, conducted, reviewed and/or verified all sections of the physical exam form.

_____ _____

Signature of Provider Date

_____ _____

Print Provider's Name Provider's Office Phone