



Grossmont College EKG-TELEMETRY TECHNICIAN

please choose from one (1) of the following tracks Application for the **EKG TECHNICIAN** Track
 Application for the **TELEMETRY TECHNICIAN** Track-(EKG must be taken first)
 Application to **both EKG and TELEMETRY TECHNICIAN** Tracks

Name _____
Last First Middle

Previous Name(s) _____ Grossmont College student ID# _____
(Important if your records reflect a name different from above)

Primary Phone (_____) _____ Home Cell Alternate Phone (_____) _____ Home Cell

Address _____ Social Security Number _____
Street
 _____ Birth Date _____
City State Zip (Confidential-for records only)

E-mail Address _____ High School (Name, City, State) _____
(The EKG-Telemetry Program is unable to send mass emails to anyone with a Yahoo or Hotmail account) (Proof of completion of High School, GED or a higher degree is required to apply)

Important: If you have a change in address, phone number or email, you must contact the EKG-Telemetry Program Office in writing. Your admission will be compromised if we are unable to reach you. Please initial acknowledging this requirement _____.

Note: A catalog course description must be included for all prerequisite coursework if the course or college is not listed on the [Equivalency Grid](#).

Science prerequisite	Course Number	No. of Units	Lab Course Yes/No?	Year Completed	Name of College	Letter Grade Received
Principles of Biology						

The Biology course used for this application is subject to evaluation and approval by the EKG-Telemetry Program. An official transcript for the biology prerequisite course must be submitted in person to the EKG-Telemetry Program Office with this application. If your Biology course was taken outside of the United States and its territories, a detailed evaluation of your foreign transcript(s) must be submitted with this application. Grossmont College will accept transcript evaluations from any of the credentialing evaluation companies listed at www.naces.org only.

► I am aware that a Hospital/Healthcare Agency criminal background check screening will be conducted for the participating clinical facilities during the program. Results of this background check could affect my ability to enter or continue in the program and/or be eligible for certification upon completion of the program. Applicants with prior convictions are required to contact the Director of the EKG-Telemetry Program for confidential advisement and planning prior to applying to the program. _____ (applicant's initials)

College and/or Post High School Education	Name of College	Years Attended	Degree/Certificate Awarded
	_____	_____ - _____	_____
	_____	_____ - _____	_____

COMPLETE FOR STATISTICAL PURPOSES ONLY: Ethnicity: American Indian or Alaskan Native African-American Asian/Pacific Islander Asian Indian Filipino Hispanic Native Hawaiian or Other Non-Filipino Pacific Islander Mixed race White Other: _____ **Gender:** Male Female

How did you hear about the field of EKG/Telemetry?

I certify that the answers I have given are true and correct and I have not withheld any facts or circumstances. I understand that all answers given are subject to verification, and any falsification, misrepresentation, or omission of facts are sufficient reason for dismissal upon discovery at any time during enrollment in the Grossmont College EKG-Telemetry Program.

Applicant Signature: _____ Date _____

Checklist for Application submission:

1. Successful completion of the prerequisite (Principles of Biology) with a grade no less than 'C.' A sealed, official transcript for the prerequisite must accompany this application. If you have taken this course at GCCCD, an official transcript is not required, the program office will obtain the transcript for you.
2. Proof of completion of High School, equivalent or a higher degree.
3. Documentation of the following completed required Hospital/Healthcare Agency immunizations and/or tests. (Please use the following page for reference).
 - a. Measles, Mumps and Rubella (MMR): 2 vaccinations or a positive test for immunity.
 - b. Hepatitis B (HepB): 3 vaccinations OR a positive test for immunity* (HBsAb-Quantitative test only).
 - c. Tetanus, Diphtheria, Acellular Pertussis (Tdap): 1 Tdap vaccination given after 2005. A Td booster is required 10 years after the initial Tdap.
 - d. Varicella: 2 vaccinations or a positive test for immunity.

Please note, once a student accepts a seat in any Health Professions Program at Grossmont College, his/her name will be removed from all other Grossmont College Health Professions waitlists. Please consult with the program Health Professions Specialist if you are on multiple waitlists.

GROSSMONT COLLEGE HEALTH PROFESSIONS IMMUNIZATION and TB testing INFORMATION

The following immunizations must be **completed** in order to submit the application packet. Please use the following pages to assist you and your healthcare provider to ensure that the correct vaccinations and/or tests are completed to the Program requirements.

MMR (Measles, Mumps and Rubella) Applicants must;

1. Receive 2 vaccinations unless born before January 1st, 1957, and then only 1 vaccination is required.

or
2. If known past history of any of the 3 diseases, receive a titer test (immunity) to Measles, Mumps and/or Rubella. If the titer test returns "negative for immunity" for any or all 3 diseases, boosters must be completed for those which are not immune.
 - MMR vaccinations are commonly done 1 month apart. Consult with your Healthcare Provider.
 - If the 1st vaccination was done previously without a 2nd vaccination following, please discuss your options with your healthcare provider. You may be able to receive the 2nd vaccination, a booster or test for immunity to complete the series.

HepB (Hepatitis B). Applicants must;

1. Receive 3 vaccinations

or
2. If known past history of Hepatitis B disease or previously vaccinated, receive a *Hepatitis B surface Antibody Quantitative* test showing positive results for immunity.
 - Hepatitis B 3-dose vaccination schedule with test for immunity: After completing the 1st vaccination, the 2nd vaccination should be completed 1 month following. The 3rd vaccination should be completed 5 months following the 2nd vaccination and the titer test for immunity (HBsAb Quantitative) should be completed 1 month following the 3rd vaccination.
 - If a dose was missed at any point, please discuss your options with your healthcare provider. You may be able to receive the remaining doses at this time then conclude the series with a titer test for immunity.
 - If after the 3 vaccinations have been completed and the titer test results are negative, you will need only to get a Hepatitis B booster then repeat the titer test 1 month following the booster.
 - If the 2nd titer test results are positive for immunity, you are complete.
 - If the 2nd titer test results are negative for immunity, you are a non-responder and are considered complete.
 - Applicants may not complete the *Hepatitis B surface Antibody Quantitative test* without ever receiving the vaccinations.
 - If a *Hepatitis B surface Antibody Quantitative test* is done with negative results, the applicant must provide proof of the 3 previous vaccinations completed prior to testing in order to submit an application.
 - If vaccinations cannot be provided, the applicant must have the subsequent booster and 2nd *Hepatitis B surface Antibody Quantitative test* in order to submit an application.
 - If the 2nd titer test results are positive for immunity, you are complete.
 - If the 2nd titer test results are negative for immunity, you are a non-responder and are considered complete.

Tdap (Tetanus/Diphtheria and Acellular Pertussis). Applicants must;

1. Receive one (1) vaccination of Tdap given 2005 or later, with a Td booster every 10 years after.
 - No other combination of Tetanus, Diphtheria or Pertussis will be accepted (i.e. DT/Td).

Varicella (Chickenpox) Applicants must;

1. Receive 2 vaccinations; Varicella vaccinations are commonly done 1 month apart. Consult with your Healthcare Provider.

or
2. If known past history of chickenpox infection*, receive a titer test (immunity) to Varicella.

*we are unable to accept a notice of "past history" from a physician, a test must be done to verify immunity.

GROSSMONT COLLEGE HEALTH PROFESSIONS IMMUNIZATION REQUIREMENTS FOR APPLICATION

The following *Immunization Requirements* form is provided to the student for an aid in determining the immunizations/tests required to apply to the Nursing Program. In lieu of the attached form, you may submit forms obtained from your healthcare facility with the appropriate **signature and stamp at each vaccination and/or test completed or transcribed**. **The Immunization requirement form should be completed only by the appropriate Healthcare Professional to include;** Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, or Grossmont College Health Services Nurse.

NAME: _____ STUDENT ID#: _____
Last First

<p>MMR (Measles, Mumps, Rubella) Must include 2 vaccinations</p> <p>OR Laboratory evidence of immunity (titer) If known past history of Measles, Mumps or Rubella, or if immunization record is missing</p> <p><i>*If born before January 1, 1957, only 1 dose of MMR or the titer for immunity is required.</i></p>	<p>Date #1: _____</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>Titer Date: _____ <input type="checkbox"/> positive (immune) <input type="checkbox"/> negative</p>	<p>Signature _____</p> <p>Signature _____</p> <p>Signature _____</p>	Facility stamp
<p>HepB (Hepatitis B) Must include 3 vaccinations*</p> <p>OR Laboratory evidence of immunity (titer) If known past history of Hepatitis B infection and /or to verify immunity. HepB Surface Antibody, Quantitative (QT) only (Qualitative results are not acceptable)</p>	<p>Date #1: _____</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>Date #3: _____ (5 mo. following date #2)</p> <p>Titer Date: _____ <input type="checkbox"/> positive (immune) <input type="checkbox"/> negative</p>	<p>Signature _____</p> <p>Signature _____</p> <p>Signature _____</p> <p>Signature _____</p>	Facility stamp
<p>Tdap (Tetanus, Diphtheria and Acellular Pertussis)</p> <p>Must be given in 2005 or later with a Td booster after 10 years.</p>	<p>Tdap Date: _____</p> <p>Td booster Date: _____</p>	<p>Signature _____</p> <p>Signature _____</p>	Facility stamp
<p>Varicella (Chickenpox) Must include 2 vaccinations</p> <p>OR Laboratory evidence of immunity (titer) If known past history of Varicella infection and /or to verify immunity.</p>	<p>Date #1: _____</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>Titer Date: _____ <input type="checkbox"/> positive (immune) <input type="checkbox"/> negative</p>	<p>Signature _____</p> <p>Signature _____</p> <p>Signature _____</p>	Facility stamp

*In addition to the 3 vaccines, a positive test for immunity will be required if offered a seat in the program. You may complete this requirement any time prior to the acceptance.

ADDITIONAL IMMUNIZATIONS, BOOSTERS OR LABORATORY TESTS MAY BE REQUIRED UPON ADMISSION