



120 Circle Way, Ste. 2A, Lake Jackson, TX 77566
www.brazosport.edu/ce
979.230.3600 979.285.0167 fax

Clinical Admissions Application

For Medical Assistant/Phlebotomy/EKG/Massage Therapy Courses

APPLICATION IS NOT DUE UNTIL 10 DAYS PRIOR TO THE START DATE OF YOUR CLINICAL! (EXCEPT FOR CERTIFIED NURSES AIDE – PHARMACY TECH HAS SEPARATE APP)

Please review the immunization/cpr requirements NOW and make sure to have ALL requirements finished and any backup paperwork attached to this application BEFORE turning it in.

The requirements in this application are mandated by the Texas Department of State Health Services (DSHS), program accreditation agencies, and/or the healthcare facilities in which you will be participating in clinical rotations. Brazosport College will not make exceptions to any of these requirements.

Submit your application in person to the Lake Jackson CE Center at 120 Circle Way in Lake Jackson no later than 10 days before the start of your desired program. Your application will be reviewed by the Healthcare Coordinator within 5 business days and you will be notified by phone/email as to the status of your application.

- If your application is approved, you will be contacted to register on a first-come-first-serve basis when CE registration is open for your desired class. You will only be able to register at the Lake Jackson CE Center. You should be prepared to pay the tuition at the time of registration. Financial aid (if it is available) can take up to (30) days to process and must be handled well in advance of the class start date!
If your application is not approved, you will be contacted and your application will be available for you to pick up at the CE Center. Your "unapproved" application will include a coversheet indicating items missing or incomplete and you will need to provide any missing information and/or resubmit a corrected/completed application in person to the Lake Jackson CE Center.

Program Applying for:

- Certified Nurse Aide
Massage Therapy Internship
Phlebotomy Clinical
EKG Technician Clinical
Medical Assistant Clinical
Pharmacy Technician

Please Clearly Print:

Name: Last First Middle

List any other name used in the last 7 years.

Date of Birth: Home Phone: Alternate Phone:

Current address: Street Address City State Zip

Email Address:

(Email is the preferred method of communication between instructors/coordinators & students. If you can access the internet, but do not have email, please sign up for a free Gmail or Yahoo account and update your profile)

List any other cities and states you have lived in during the past 7 years: City: State: City: State:

For CE Office Use Only
Application Received - Date: Reviewed By (Initials): Date:
Accepted Rejected Student Advised of Status - Date: email phone mail in person

<p><b>Healthcare Professionalism Course:</b>          Successful completion of this BC Community Education course is required for students enrolling in Clinical programs at Brazosport College CE.  <i>(Not required for CNA or Pharmacy Technician students)</i></p>	Date Course Completed: _____
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**CPR (American Heart Association 2yr. Cert. for Healthcare Providers):**

Required for students enrolling in Clinical programs at Brazosport College CE. Attach a copy of your current certification card must to this application.  
*(CPR cards obtained from online CPR training vendors are not acceptable)*  
*(Not required for Pharmacy Technician students)*

\_\_\_\_\_ Card Expiration Date

**Criminal History/Background Check:**

Required for ALL students enrolling in Clinical programs at Brazosport College. Per state guidelines, a felony conviction will prohibit registration in any Healthcare Program at Brazosport College.

I hereby authorize Brazosport College or any agent of Brazosport College to contact law enforcement agencies, city, state, county, federal courts and military services to release information about my background regarding any possible criminal record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Immunization Requirements:** *(We do not need your shot record. Please fill in dates of immunizations below and attach a copy of: TB test results signed by doctor, and if necessary, results of any titers signed by doctor and chest x-ray results if a positive TB test result was found.)*

Required Immunizations	Dates Immunizations Received MM/DD/YYYY			Antibody Titer Date <small>(if immunization dates are unknown)</small>	For Staff Use Only
<b>Hepatitis B (Hep B)</b> <small>(4 or 6 month series of 3 shots completed)</small>	# 1	# 2	# 3		
<b>Varicella (Chicken Pox)</b> <small>(2 doses of immunization required OR year of disease)</small>	# 1	# 2	Year of disease		
<b>Measles/Rubeola</b> <small>(included in MMR)</small> <small>(1 dose required if born prior to 1956, 2 doses required if born after 1956)</small>	# 1	# 2 (if born after 1956)			
<b>Mumps</b> <small>(included in MMR)</small>	# 1	# 2 (if born after 1956)			
<b>Rubella/German Measles</b> <small>(included in MMR)</small>	# 1	# 2 (if born after 1956)			
<b>Tetanus/Diphtheria (Td/Tdap)</b> <small>Report most current dose (within 10 years of class start date)</small>					
<b>TB Test (Tuberculin test)</b> <small>A PPD reading within 1 year of class start date. The college must be provided a copy of your TB skin test results.*</small>	Date Given	Date Read	Results		
* If there is a history of a positive PPD, a report of a negative chest x-ray is required.				Chest X-Ray	

I certify that the information provided by me on this application is true, correct and complete and I have not knowingly withheld or falsified any information requested, including in the immunization disclosure. I understand that I will be immediately withdrawn from my program if it is found that I have falsified information or do not complete immunizations as required. I also understand that no tuition refund will be issued if this occurs. I understand Brazosport College CE staff will read the information contained in this application. **We will not provide copies of shot records to you after the application is turned in. Please make copies for yourself before turning in your application and records to the CE Center.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## Immunization Sites

If you have a primary care physician, immunizations can most likely be obtained from that office, sometimes with insurance covering the cost. Check with your doctor to see if the office can provide the immunizations you need.

Vaccination records may sometimes be obtained from your childhood school district within 5 years of graduation. Older records may not be available. A serum titer (blood test shows you have already been vaccinated or had the disease) must be obtained from a physician. It can sometimes be more cost effective to re-vaccinate if your physician/clinic agrees to it.

**The following sites are provided as a sample of places students may check for required vaccinations and are not guaranteed to have vaccinations available. It is ultimately the student's responsibility to find a location to and complete all required vaccinations by the date application is required.**

### Brazosport Regional Health System – Occupational Health Center

100 Medical Drive  
Lake Jackson, TX 77566  
(979)285-1477  
Hours: Monday thru Friday  
7:30am – 5:00pm

### Kroger Pharmacy – Clute

101 Dixie Drive  
Clute, TX 77531  
(979)265-2519  
Hours: Monday thru Friday  
(Call for availability and times)  
*Only offers Hepatitis B and Tetanus*

### U.S. Healthworks

1102 Brazosport Boulevard  
Freeport, TX 77541  
(979)233-6571  
Hours: Monday thru Friday 7:30am – 5:00pm

### Urgent Care Clinic

2327 Highway 35  
Angleton, TX 77515  
(979)848-8070  
Hours: Monday thru Friday 9:00am – 5:00pm  
Saturday and Sunday 11:00am – 6:00pm  
*Only offers Tetanus, Hepatitis B, and TB Test*

### Brazoria County Health Department – Angleton

432 East Mulberry  
Angleton, TX 77515  
(979)849-5711  
Hours: Monday thru Friday  
9:00am – 11:00am  
1:00pm – 3:30pm  
*Only offers Tetanus, Varicella, and MMR*

### Brazoria County Health Department – Clute

200 S Hwy 288-B  
Clute, TX 77531  
(979)265-4446  
Hours: Monday thru Friday  
9:00am – 11:00am  
1:00pm – 3:30pm  
*Only offers Tetanus, Varicella, and MMR*

### Brazoria County Health Department – Sweeny

400 Elm  
Sweeny, TX 77480  
(979)548-2272  
(Open Wednesday Only)  
9:00am – 11:00am  
1:00pm – 3:30pm  
*Only offers Tetanus, Varicella, and MMR*