



NAVARRO COLLEGE

## ***EKG Technician Program Application***

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*The Navarro College EKG Technician program is a 56-hour course that qualifies students to test for certification as a Certified EKG Technician (CET) through the National Healthcareer Association (NHA).*

This information packet contains specific application guidelines and requirements. By applying, an individual verifies that they have 1) read the packet thoroughly, 2) obtained all necessary documents, and 3) understood the policies and procedures for application and acceptance to the program.

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### ***EQUAL EDUCATIONAL OPPORTUNITY***

***Educational opportunities are offered by Navarro College without regard to race, color, age, national origin, religion, sex, disability, or sexual orientation.***

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## **APPLICATION REQUIREMENTS**

Application to the EKG Technician Program requires:

- Submission of copy of High School Diploma or High School Equivalency (HSE)
- Submission of a valid non-expired U.S. or State Government issued identification
- Submission of social security card
- Submission of immunization record and tuberculosis test
- CE Registration Request Form found here: <https://www.navarrocollege.edu/ce/>
- Drug Screen (cost is non-refundable)
- Background Check (cost is non-refundable)

### **EKG Technician Packet Submission**

**READ THE FOLLOWING INSTRUCTIONS CAREFULLY.** Applicants must submit the completed EKG application either in person or upload all documents to a CE Registration Request found at [www.navarrocollege.edu/ce](http://www.navarrocollege.edu/ce)

The EKG application materials must be submitted at least one week before program start date and include all required documentation.

## ***EKG Technician Program Information***

EKG Technicians setup and administer EKGs (electrocardiograms) and stress tests, prepare patients for Holter or ambulatory monitoring, edit and deliver final test results to physicians for analysis, schedule appointments and transcribe physicians' interpretations.

- The EKG Technician program consists of one 56-hour course that combines classroom training and hands-on lab. The applicant will receive a certificate of completion of the program at the end of the course upon successful completion. This course will provide the applicant with the knowledge and skills required by the National Healthcareer Association (NHA) for certification as a Certified EKG Technician (CET). The applicant must pass the EKG Technician exam offered by NHA to be certified.
- Because this program is a hybrid course, students must have reliable computer and internet access to complete the mandatory 8 hours of online content during the program.
- ***Course Titles: ECRD-1011 Electrocardiography***

## **Navarro College Office of Continuing Education Allied Health Program Immunization Requirements**

To comply with the Texas Administrative Code (Title 25 Health Services, Rules 97.61-97.72) regarding immunization records for students enrolled in health-related courses, the below guidelines are enforced in all allied health programs at Navarro College:

An immunization record form is included with this information packet. The completed form verified by a physician or nurse practitioner would document dates of all required immunizations and/or date of a positive titer result for each. **If immunization records have been recorded on separate documentation such as a hospital printout, health department card, office call invoice, etc., a clear photocopy of that documentation may be attached to the Immunization Record Form.**

### **Tuberculosis Screening**

An intradermal PPD (Mantoux) "skin" test is required for all applicants. The PPD must be current within (12) months of the applicant's anticipated entry into the course.

If the PPD indicates a positive reaction, documentation must indicate the induration of the test site and the applicant must obtain a chest x-ray verifying the absence of active disease. The chest x-ray must be current within one (1) year of program entry. The chest x-ray will then be valid for two (2) years while the student is enrolled. Individuals who have received the BCG injection or who have a history of tuberculosis or a positive PPD result should obtain a chest x-ray rather than the PPD.

### **Immunizations**

An applicant must have completed the following immunizations according to the indicated guidelines and schedules. Documentation of a titer (blood test) with specific lab values verifying immunity or seropositivity is also accepted for Measles, Mumps, Rubella, Varicella and Hepatitis B.

- **Measles** – Two (2) doses of measles ("rubeola") vaccine is required either in a separate injection or in combination with mumps and rubella ("MMR"). Both measles immunizations must have been received after January 1, 1968. Individuals who were born prior to 01/01/1957 are exempt from the measles immunization requirements.
- **Mumps** – One (1) dose of mumps vaccine is required either in a separate injection or in combination with measles and rubella ("MMR"). Individuals who were born prior to 01/01/1957 are exempt from the mumps immunization requirement.
- **Rubella** – One (1) dose of rubella vaccine is required either in a separate injection or in combination with measles and mumps ("MMR"). There is no exemption from the rubella immunization requirement for individuals who were born prior to 01/01/1957.
- **Tetanus/Diphtheria/Pertussis ("Tdap")** – One dose of tetanus-diphtheria-pertussis vaccine (Tdap). In addition, one dose of a tetanus-containing vaccine must have been received within the last ten years. Td vaccine is an acceptable substitute, if Tdap vaccine is medically contraindicated. **NOTE: A standard Tetanus or Tetanus Diphtheria (Td) is not accepted.**
- **Varicella (chickenpox)** – Two (2) doses of varicella vaccine are required or documentation of a positive titer (blood test) with lab values report. **NOTE: A statement from a physician or parent indicating the student's previous varicella disease history is not accepted.**
- **Influenza** – One (1) dose of a flu vaccine is required with flu strains that start in August of each year. This is only if the flu vaccine is available at the time of enrollment.
- **Hepatitis B Series** – A complete series (either the two-dose OR three-dose) is required or documentation of a position titer (blood test) with lab values report.

***Provisional Enrollments will be approved on a case-by-case basis should an applicant not have evidence of all vaccines; however, there can be NO direct patient contact until all required immunization documentation is turned in. Finally, documentation of at least one dose of the missing vaccine(s) series must be submitted for the provisional enrollment to be approved.***

# **Navarro College Office of Continuing Education Allied Health Program Background Check & Drug Screening Policy**

## **Drug Screening**

A clean drug screen is required for acceptance into all Allied Health programs at Navarro College. The cost of testing is the responsibility of the applicants. **Applicants must take a 10-panel drug test at an approved location and the results must be sent directly to the Office of Continuing Education from the testing facility.** Results emailed by the student will not be accepted. Applicants may also utilize Castlebranch to order the drug screening. The Office of Continuing Education can provide applicants with a code to order the drug screening online. Upon purchase, they are provided with a voucher to take the screening at a specific facility. Results are sent directly to Navarro College upon completion.

In the event there are positive findings, the results will be reviewed by the Medical Review Officer, who specializes in the interpretation of questionable results. Extra costs are the applicant's responsibility. Positive results may deem applicants ineligible for acceptance into the program.\*

\*Once admitted into the program, students may be subject to future drug screens if "for cause" behavior (suspicious in nature) is demonstrated in the classroom or externship or per agency/externship requirement. A positive test result may deem the student ineligible for progression. This can be cause for withdrawal from the program with no refund and a "No-Pass" grade. All drug screening costs are the responsibility of the student in the program.

## **Background Check**

All Allied Health Program applicants, except for applicants to the Medication Aide program, must submit a background check to Navarro College prior to enrollment. Any findings on the background check will be reviewed by the Office of Continuing Education. Certain offenses may make applicants ineligible for an occupational license upon program completion. Should applicants have offenses that make them ineligible for occupational licensure and/or ineligible to participate in any required externship or clinical experience, they will be denied admissions into the program.

The background check must be completed via Castlebranch, the third-party background check screening company. No other background checks will be accepted. The Office of Continuing Education will provide applicants with a code to purchase the background check. Applicants are responsible for the cost of the background check and no refunds should there be any findings deeming the applicant ineligible for program admission.

### ***Notice to Students Regarding Licensing – Criminal History***

*Effective September 1st 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify you a potential or enrolled student that a criminal history may make you ineligible for an occupational license upon program completion. Please contact the Office of Continuing Education should you wish to request a review of the impact of criminal history on your potential certification prior to registration or during the program.*

*This information is being provided to all persons who apply or enroll in the program with notice of the requirements as described above, regardless of whether or not the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.*

## ***Payment & Program Expenses***

### ***Payment Plan***

A payment plan is not available for the EKG Technician program.

### ***Financial Aid***

Continuing Education programs are not eligible for Pell Grant or traditional student loan funding. The Texas Public Education Grant (TPEG) is a grant designed to help Texas resident students cover his/her tuition and fees, when these expenses exceed the Expected Family Contribution (EFC) reported on their Student Aid Report (SAR). TPEG is awarded to eligible applicants on a first-come, first-served basis while funds are available and does not cover the cost of books, material, tools or any other supplies. Not all programs qualify for TPEG funding. To determine eligibility for TPEG, you will need to submit a FAFSA to Navarro College. The FAFSA application is found at [www.studentaid.gov](http://www.studentaid.gov). **Navarro College School Code 003593**. For more information, contact the Office of Continuing Education.

### ***Adult Education and Literacy Program***

Students may be eligible for assistance through the Adult Education and Literacy Program. Please contact the Career Navigator at 903-875-7467 for more information.

### ***Payment is due in full prior to the start date of the program***

### ***Textbooks & Supplies***

- Applicants must purchase the textbook prior to the first day of class at the Navarro College Bookstore. The Continuing Education Coordinator will provide the textbook information upon registration.
- Supplies
  - Electrocardiogram Caliper
  - Blood Pressure Cuff
  - Stethoscope
- Students must have reliable computer/ and internet access to complete required assignments.

### ***Estimated EKG Technician Program Expenses***

The EKG Technician program is \$425 tuition plus a \$125 fee (which pays for one attempt at the NHA exam). Below you will find a breakdown of program costs, to include other expenses.

<b>EKG Tuition- payable to Navarro College*</b>	<b>\$425</b>
<b>Textbook- paid separately</b>	<b>\$35</b>
<b>NHA Exam Fee- payable to Navarro College</b>	<b>\$125</b>
<b>Drug &amp; Background Test- paid separately</b>	<b>\$69.25</b>
<b>Supplies- paid separately</b>	<b>\$80</b>
<b>Total Estimated Program Expense</b>	<b>\$734.25</b>

\*Tuition and other fees subject to change. Tuition above is current as of Spring 2023.

**If you have questions about the program application and/or other program specifics, please contact the Continuing Education Coordinator at 972-923-5263 or [continuing.education@navarrocollege.edu](mailto:continuing.education@navarrocollege.edu).**

## Immunization Form

Two ways to submit immunizations: (1) Use this form, each line requires a doctor's signature or verification from your health center and date of immunization or dates of lab results indicating positive titer (seropositivity) required. You must include the lab results. (2) Or immunization records recorded on a separate document such as a hospital printout/health department card.

	Date of Immunization	If Seropositive, Date of Positive Titer (Attach Lab Results)	Doctor's Signature or Health Center Signature valid only if injection was given
1. <b>Measles</b> - 2 doses since 01/01/68 or positive Titer; Exempt if born on or before 01/01/1957			
2. <b>Mumps</b> - 1 dose if born on or after 01/01/1957; or positive Titer; Exempt if born on or before 01/01/957			
3. <b>Rubella</b> - 1 dose or positive Titer			
4. <b>Tetanus/diphtheria/pertussis (Tdap)</b> - 1 dose within past 10 years		<b>DOES NOT APPLY</b>	
5. <b>Varicella (chickenpox)</b> - 2 doses or positive Titer			
6. <b>Hepatitis B Series</b> <ul style="list-style-type: none"> <li>➤ 1<sup>ST</sup> initial dose</li> <li>➤ 2<sup>nd</sup> dose after 1 month</li> <li>➤ 3<sup>rd</sup> dose after 5 months or,</li> <li>➤ Twin RIX series or Positive Titer</li> </ul>			
7. <b>Influenza</b> - 1 dose within the past 12 months		<b>DOES NOT APPLY</b>	

### TUBERCULOSIS SCREENING

Documentation requires a **physician's signature** or verification from testing provider.

**Intradermal PPD (Mantoux)** – within twelve (12) months unless previously positive

Date \_\_\_\_\_ Results \_\_\_\_\_ Physician's Signature \_\_\_\_\_

**Chest X-Ray** – within one (1) year if PPD positive (Must also include positive PPD verification above)

Date \_\_\_\_\_ Results \_\_\_\_\_ Physician's Signature \_\_\_\_\_

## ***EKG Technician Application Checklist***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**This checklist is provided to assist you in following the steps toward program application.**

\_\_\_\_ Completed the EKG application

**Compile the following materials as your complete EKG Application**

\_\_\_\_ Photocopy of High School Diploma or High School Equivalency Certificate

\_\_\_\_ Photocopy of valid non-expired U.S. or State Government issued identification

\_\_\_\_ Photocopy of signed social security card (front and back)

\_\_\_\_ Photocopy of immunization records and tuberculosis test

\_\_\_\_ Background check and drug test

\_\_\_\_ Online CE Registration Request found here: [www.navarrocollege.edu/ce/](http://www.navarrocollege.edu/ce/)

### ***Participant Acknowledgement and Release of Information***

The information provided to Navarro College (NC) Continuing Education is complete and correct to the best of my knowledge. I agree to abide by Continuing Education program policies, rules, and regulations. I further understand the submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment. My signature below acknowledges that the Continuing Education program and NC has my permission to release information obtained through background checks and shot records to other local partnering sites used for educational purposes to allow for approval of participation at their site. I understand that participation in clinicals, externships, or apprenticeships on partnering sites are required to complete my program.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

## ***EKG Technician Student Agreement***

**Statements of understanding. Initial each and sign below:**

\_\_\_\_\_ Information given is factual. Falsification of required documentation results in application rejection.

\_\_\_\_\_ I have received, reviewed, and agree to abide by the Navarro College Office of Continuing Education Allied Health Program Background Check & Drug Screening Policy

\_\_\_\_\_ **I commit to attend all lecture and skills sessions as required and specific by the program schedule. I understand that all instruction must be provided by an authorized Navarro College instructor.**

\_\_\_\_\_ I understand that this type of course/career has specific physical requirements, which may include lifting up to 25 pounds.

\_\_\_\_\_ I understand that if I do not successfully complete and pass each requirement for admissions, my application will be declined.

\_\_\_\_\_ I understand that enrollment in these courses is limited, and seats will be awarded in date order based on those students who complete, turn in, and pass all pre-admission requirements.

\_\_\_\_\_ **I understand that the completion of the EKG Technician program will not ensure my passing the EKG Technician certification examination through National Health Careers Association and I agree that Navarro College will not be liable if I fail the exam. I understand that any retest of the NHA exam must be coordinated directly with NHA and I must pay the additional testing fees associated with retesting.**

\_\_\_\_\_ I understand that I must successfully complete competencies in the classroom portion of my training, receive a passing grade of 70% or higher, and maintain at least 90% classroom attendance to pass the course.

\_\_\_\_\_ I agree to the terms as laid out by the Student Handbook, located at <https://www.navarrocollege.edu/handbook/index.html>. I understand if I do not follow the terms laid out by the Student Handbook could result in referral to the Dean of Workforce Training and Continuing Education and possible expulsion. I understand if this happens at any time during the course, I will not receive a refund. I understand that any of the following can be grounds for dismissal from the course, effective immediately with no refund: Not maintaining a passing grade of 70% or higher; attendance falling below 90%; dishonorable conduct as stated in the Student Handbook; as ordered by the Dean of Workforce Training and Continuing Education.

**I have read and understand the terms related, and release Navarro College and its employees from any liability.**

\_\_\_\_\_  
**Applicant Name (Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**



## ***Student Health Agreement and Release of Liability***

I, \_\_\_\_\_, hereby certify that I am physically fit to participate in any classroom or clinical activity associated with the Navarro College EKG Technician (EKG) Program. I am not suffering from any illness or injury which would disqualify me from student participation.

Before registering for the EKG class, the following compliances must be read and acknowledged by signature at the bottom of the document regarding the above-mentioned student:

**For the student safety, Navarro College and the externship site, must be notified of:**

- Chronic health problems
- Pregnancy
- Certain health conditions may require a doctor's full release statement on official doctor office letterhead before the student will be allowed to enter or return to the program. If the condition prevents the student from participating fully, she/he will not be allowed to return to the clinical site until the student's attending physician has released the student to full duty. If this release is more than the allowable absences, the student will be dropped from clinical.

IF ACCEPTED INTO THE PROGRAM, I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless the designated training facility owners, board members, administrators, nursing staff, employees, volunteers, and representatives. I do hereby indemnify and hold harmless Navarro College, and their board, officers, directors, agents, instructors, employees, volunteers, and representatives (the "Indemnified Parties") from and against all liability, damages, actions, causes of action, claims, losses and/or expenses, including, but not limited to, attorneys fees, court costs, and expenses arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of Navarro College, regardless whether or not caused in whole or in part by the negligence of the Indemnified Parties, or any one or more of them.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I/WE SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and have understood.

I understand that all policies, regulations, and standards of conduct of Navarro College will be in effect and must be adhered to in any classroom or clinical activity. It is also understood that I will not be allowed to participate in any classroom activities until this form is executed below.

\_\_\_\_\_  
**Applicant Name (Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**