

# Laredo Community College Health Science Department Application Checklist

## Due with application

- Pre-requisite courses completed
  - If not, courses pending:
- 
- 

- Technical Performance Standards Form
- Recommendation Form (RT Program requires 3)
- Official Transcript (RT Program Only)
- Proof of 40 Volunteer Hours  
(PTA, OTA Programs Only– Proof of hours must follow guidelines specified by each program)

## Due when accepted

- Valid Healthcare Provider CPR Card (Originals)  
Copies will be made by the Department
- Physical Examination Form  
(RT Program requires this documentation with application)
- Negative Urine Drug Screen (10 Panel)  
(RT Program requires this documentation with application)
- Immunization Documentation Form  
Completed by LCC Campus Nurse  
(RT, EMS Programs requires this documentation with application)
- Negative Criminal Background Verification  
Follow the Background process enclosed  
(RT, EMS Programs requires this documentation with application)

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Print Name

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Applicant's Signature and Date



**LAREDO COMMUNITY COLLEGE  
HEALTH SCIENCE DEPARTMENT  
APPLICATION FORM**

**Date Submitted:** \_\_\_\_\_

The information requested on this form is needed to ensure that all applicants for the Health Science Department receive impartial consideration. Be complete and accurate with the responses to these questions. Incomplete applications **will not** be considered. Check program information packet for specific information related to pre-entrance requirements.

Legal Name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle Maiden Name

Mailing Address \_\_\_\_\_  
Street City State Zip Code

LCC P-ID \_\_\_\_\_ SSN \_\_\_\_\_ LCC Passport E-mail \_\_\_\_\_  
Street City State Zip Code

Alternate E-Mail \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

U.S. Citizen Yes \_\_\_ No \_\_\_ If no, give country of citizenship \_\_\_\_\_ D.O.B. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Dates in parenthesis represent the deadline to submit application for admission. **PLEASE CHECK WITH ADVISOR FOR SPECIFIC PROGRAM INFORMATION**

Application for Admission to: **Check One.**

**Health Science Programs**

**Emergency Medical Services**

- \_\_\_ EMT-Certificates (1<sup>st</sup> Thu in Aug-Fall or 2<sup>nd</sup> Thu in Nov-Spring)
  - Emergency Care Attendant Certification
  - Basic Certificate
  - Intermediate Certificate
  - Paramedic Certificate
- \_\_\_ EMT-Paramedic-AAS (1<sup>st</sup> Thu in Aug-Fall or 2<sup>nd</sup> Thu in Nov-Spring)

**Phlebotomy**

- \_\_\_ Phlebotomy Certificate (Last Thu in May-Fall)
- \_\_\_ Phlebotomy Certificate(1<sup>st</sup> Thu in November-Spring)
- \_\_\_ **Occupational Therapy Assistant-AAS** (Aug 31, 2011-Spring)

**Medical Assisting**

- \_\_\_ MDCA Basic-Certificate (1<sup>st</sup> Thu in Aug-Fall)
- \_\_\_ MDCA Clinical-Certificate (1<sup>st</sup> Thu in Aug-Fall)
- \_\_\_ MDCA Coding –Certificate (1<sup>st</sup> Thu in Aug-Fall)
- \_\_\_ Medical Assistant-AAS (1<sup>st</sup> Thu in Aug-Fall)

\_\_\_ **Physical Therapist Assistant-AAS** (2<sup>nd</sup> Thu in May-Fall)

\_\_\_ **Radiologic Technology-AAS** (Last Thu in May-Fall)

Currently enrolled at LCC \_\_\_\_\_ TAMIU \_\_\_\_\_ OTHER \_\_\_\_\_

All official transcript(s) must be submitted to the Admissions office prior to the application deadline. Check application packet for information or specific deadline for the program of your choice. Transcripts received after the deadline will not be accepted for the current application period, but may be used for the next available application period.

## EQUAL OPPORTUNITY STATEMENT

Laredo Community College is an equal opportunity employer that does not permit or tolerate discrimination on the basis of race, religion, color, national origin, gender, sexual orientation, mental or physical disability, age, veteran status, marital status, or any other status protected by law in its recruiting, hiring, training, retaining, promoting, and other employment practices and policies.

Laredo Community College is committed to full compliance with all federal, state, and local laws that apply and are intended to protect against unlawful employment practices including, but not limited to: the Civil Rights Act of 1964; the Equal Pay Act of 1963; the Americans with Disabilities Act; the Rehabilitation Act of 1973; the Vietnam Era Veterans Assistance Act of 1974; the Genetic Information Nondiscrimination Act of 2008; the Family and Medical Leave Act of 1993; the Fair Labor Standards Act; and, the Texas Commission on Human Rights Act.

## CRIMINAL BACKGROUND

To be admitted into any of the Health Science Programs, the student must provide documentation of a negative criminal background check through [www.certifiedbackground.com](http://www.certifiedbackground.com). Students with any criminal record will not be accepted into any of the Health Science Programs.

## CLINICAL ROTATIONS

Clinical site and time assignments are made at the discretion of the College and its affiliates and are subject to change without notice. Some programs require clinical assignments outside of the local areas.

**I understand that I must apply and be accepted to Laredo Community College and meet all of the requirements of the college as outlined in the current catalog. I understand that this is an application to the Health Science Department Programs listed on page one of the application.**

If accepted into this program, I will abide by all departmental and program policies and procedures. I certify that the statements and information contained in this application are true and complete to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**LAREDO COMMUNITY COLLEGE  
HEALTH SCIENCE DEPARTMENT  
TECHNICAL PERFORMANCE STANDARDS**

An applicant to the Health Science Department must possess necessary technical performance standards to complete a Health Science Program. The applicant is required to be physically, mentally, and medically able, with reasonable accommodations if necessary, to perform the technical standards necessary in the role of a health science student. These technical performance standards are also required of the student to fulfill the responsibilities of an entry-level staff person upon graduation. The applicant must understand that if he/she is unable to perform an essential function he/she may be counseled to consider another field of study.

Mark each appropriate Technical Performance Standard:

- Yes    No   **READ:** Ability to read and understand printed materials used in the classroom and health care settings such as textbooks, signs, medical supply packages, policy and procedure manuals and patient records.
- Yes    No   **ARITHMETIC COMPETENCE:** Read and understand columns of numbers and measurement marks, count rates, tell time, use measuring tools, write numbers in records, and calculate (add, subtract, multiply, divide) mathematical information such as fluid volumes, weights and measurements and vital signs.
- Yes    No   **ANALYTICAL THINKING:** Ability to acquire, and apply information from classroom instruction, skills laboratory experiences, independent learning and group projects. Demonstrate skills for memorizing, integration of concepts, abstract reasoning, and multifactorial problem solving and interpreting.
- Yes    No   **COMMUNICATION:** Ability to communicate effectively in English in oral and written form with peers and instructors to complete assignments and tests, give directions, explain procedures, give oral reports, speak on the phone and interact with others and document care. Ability to comprehend, interpret, and follow oral and written instructions. Communicate in a clear and concise manner with patients of all ages, including obtaining health history and other pertinent information.
- Yes    No   **INTERPERSONAL SKILLS:** establish rapport with peers, patients/ clients, and instructors, respect individual differences and negotiate interpersonal conflicts.
- Yes    No   **EMOTIONAL STABILITY:** Focus attention on task, monitor own emotions, perform multiple responsibilities concurrently, deal with the unexpected, handle strong emotions (i.e. grief, revulsion), and function as part of a team (ask advice, seek information, and share). Provide emotional support to patients before, during and after procedures.
- Yes    No   **FINE MOTOR:** Manual dexterity necessary to palpate muscles and/or bony prominences, pick up objects with hands, grasp small objects, write with pen or pencil and squeeze fingers.
- Yes    No   **PHYSICAL ENDURANCE:** Stand and maintain balance during classroom or therapeutic procedure. Endure clinical day with a minimum of 4 to 12 hours of standing or walking. Bend, lift, turn, grasp and squat with full range of motion.

- Yes  No **PHYSICAL MOBILITY:** Walk, reach arms above head and below waist, stoop/twist body, kneel, squat, move quickly (respond to emergency).
- Yes  No **PHYSICAL STRENGTH:** Move objects independently weighing up to 25 pounds, move heavy objects (up to 50 lbs.), squeeze with hands (i.e. fire extinguisher), use upper body strength (CPR, patient handling). Transport, move lift or transfer patients from a wheelchair to a stretcher to an exam table or to a patient's bed. Move, adjust and manipulate a variety of medical equipment to perform examinations according to established procedures.
- Yes  No **VISUAL:** Ability to read fine print on measuring devices and computer screens, see objects more than 20 feet away, recognize depths and use peripheral vision. Visually monitor patients, charts and machine indicator lights in dimly lit conditions.
- Yes  No **AUDITORY:** Hear auditory alarms and normal speaking level sounds. Tolerate high pitched and constant noise.
- Yes  No **SMELL:** Detect odors from client, smoke, gasses or noxious smells.
- Yes  No **TACTILE:** Feel vibrations (palpate pulse), detect temperature (skin, solutions), and detect environmental temperature (drafts, cold and hot).

I have reviewed and responded to the technical performance standards listed above. I attest that all of my responses are true and accurately indicate my ability to meet the responsibilities of the student role. I believe I can, and am prepared to, meet these requirements.

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Print Applicant Name

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Applicants Signature

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Date

**LAREDO COMMUNITY COLLEGE  
HEALTH SCIENCE DEPARTMENT**

**PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Number/Street City State Zip Code

Home Telephone # \_\_\_\_\_

Application for Admission to: \_\_\_\_\_  
Program

**Hospitalization Insurance information is available at the LCC Business Office.**

**TO BE COMPLETED BY APPLICANT:**

1. Describe any physical, psychological, or emotional illness or condition of more than one week's duration that you have had within the last 5 years.
2. List any medication you are taking for any illness or condition listed in question #1.
3. Describe serious injuries/operations you have had.
4. If you have ever had limitations placed upon the amount and type of physical exercise that you can perform, please describe.
5. Describe any effects of a previous illness or injury that presently limits your physical abilities.
6. List known allergies (medications, foods, insects, etc).

**MUST BE COMPLETED BY A: U.S. Physician, Nurse Practitioner, or Physician Assistant**

NAME \_\_\_\_\_ PID/SSN \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_ B/P \_\_\_\_\_

Head \_\_\_\_\_ Heart \_\_\_\_\_ Tumors \_\_\_\_\_

Skin \_\_\_\_\_ Abdomen \_\_\_\_\_ Orthopedic-Conditions \_\_\_\_\_

Varicose Veins \_\_\_\_\_ Lungs \_\_\_\_\_ Hernia \_\_\_\_\_

**TESTS: Providers Discretion**

Chest X-Rays: \_\_\_\_\_ Findings \_\_\_\_\_

Urinalysis: Findings \_\_\_\_\_

Blood Count: RBC \_\_\_\_\_ WBC \_\_\_\_\_ HGB \_\_\_\_\_ HCT \_\_\_\_\_

Serology: \_\_\_\_\_

Exam findings; recommendations, if any:

\_\_\_\_\_  
**Provider Name and Title (Print)**                      **Signature of Provider**                      **Date**

**Address** \_\_\_\_\_  
**Number/Street**                      **City**                      **State**                      **Zip Code**

The entire form must be completed. The form may be mailed directly to Laredo Community College, Health Science Programs Box 247, West End Washington St., Laredo, Texas 78040-4395 or hand delivered. This information is strictly for use by the Health Science Department and will not be released to anyone without the applicant's consent.

**LAREDO COMMUNITY COLLEGE  
HEALTH SCIENCE DEPARTMENT**

**IMMUNIZATION, CPR, & DRUG SCREEN INFORMATION**

**Required Documents must be submitted to complete the application and admissions process and prior to enrolling in any health science division program.**

**IMMUNIZATIONS: Must be verified with the Laredo Community College Fort McIntosh Campus Nurse.**

Most applicants have had the required immunizations, only verification of immunization is necessary. If documentation is not available, vaccines can be obtained at LCC's Student Health Services. Shipment is approximately two weeks after vaccines are ordered and paid for by the student. For more information contact the LCC Student Health Services at (956) 721-5189. **Documentation for verification may include:**

- \* United States clinic or school immunization records.
- \* U.S. Physician-validated history of illness for measles or mumps.
- \* Military records, and/or
- \* International health cards

The Center for Disease Control through the Texas Department of State Health Services mandates that all students enrolled in a health science program, receive the following vaccines **PRIOR TO DIRECT PATIENT CONTACT**.

1. Tetanus-Diphtheria... one dose (TD) every ten years: **NO AGE EXEMPTION**
2. Measles, Mumps Rubella (MMR)... Students born on or after January 1, 1957, must show acceptable evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968.
3. Complete series of Hepatitis B Vaccines ... Serologic confirmation of immunity to the Hepatitis B virus acceptable.
4. Two doses of Varicella (chickenpox).Also acceptable:
  - a. Student received first dose prior to 13 years of age
  - b. Laboratory report indicating Varicella immunity, or
  - c. Parent/physician validated history of Varicella disease (chickenpox)
5. Bacterial Meningitis...Legislative Bill 1107 requires that all college students must receive a vaccine by 2012.
6. TB skin test (annually) or a Negative Chest X-ray at the provider's discretion is acceptable.
7. **RECOMMENDED:** Hepatitis A

These vaccines are available at the LCC Health Services Department. Shipment is approximately two weeks after vaccines are ordered and paid for by the student. For more information contact the LCC Health Services at (956) 721-5189.

**CPR:** Documentation of current American Heart Association Health Care Provider CPR card must be provided and maintained.

**DRUG SCREEN: A NEGATIVE (10 PANEL) URINE DRUG SCREEN** is required and must be submitted for **ALL Health Sciences Programs**.

Changes to immunization requirements received from the Center for Disease Control will be incorporated into all Health Science Programs.



**LAREDO COMMUNITY COLLEGE  
HEALTH SCIENCE DEPARTMENT  
IMMUNIZATION VERIFICATION FORM**

**NAME:** \_\_\_\_\_ **LCC P-ID:** \_\_\_\_\_

**TO BE COMPLETED BY FORT MCINTOSH CAMPUS NURSE**

1. The Texas Department of State Health Services (DSHS) rule §97.64 mandates that all students enrolled in health related courses must have all the following vaccinations **PRIOR to direct patient contact**. Evidence of vaccination/immunity must be submitted to complete the application and admissions process. It is the applicant's responsibility to **maintain current immunization status** and submit updated documentation to the Health Science Department upon admission and enrollment in program courses.

		DATES
1. Complete the Hepatitis B Vaccine series: Serologic confirmation of immunity to the HBV is acceptable	#1	_____
	#2	_____
	#3	_____
2. <b>Tetanus-Diphtheria (Td)</b> one dose required within the last ten years:	#1	_____
3. <b>Measles, Mumps, and Rubella (MMR)</b> ...Students born on or after January 1, 1957, must show acceptable evidence of vaccination of two doses of Measles, Mumps, and Rubella.	#1	_____
	#2	_____
4. Varicella Titer documenting immunity, Parent/physician validated history of Varicella disease (chickenpox), or Two doses of Varicella Vaccine:	#1	_____
	#2	_____
5. <b>Bacterial Meningitis</b> ... Legislative Bill 1107 requires that all college students must receive a vaccine by 2012.	#1	_____
6. RECOMMENDED: Hepatitis A (HepA) Vaccines (2 doses) #1 _____ #2 _____		
7. TB skin test (annually): <b>Date:</b> _____ <b>Date:</b> _____ <b>Results:</b> _____ <b>A Negative Chest X-Ray</b> is acceptable at the providers discretion: <b>Date:</b> _____ <b>Results:</b> _____ <b>Comments:</b> _____		

These vaccines are available at the LCC Health Services Department. Shipment is approximately two weeks after vaccines are ordered and paid for by the student. For more information, contact the LCC Health Services Department at (956) 721-5189.

\_\_\_\_\_  
Printed Name of LCC Campus Nurse                      Signature of LCC Campus Nurse                      Date

As changes in health requirements are received from the Texas Department of Health or the Center for Disease Control, they will be incorporated into the Health Science Division Programs.

LAREDO COMMUNITY COLLEGE  
HEALTH SCIENCE DEPARTMENT  
RECOMMENDATION FORM

INSTRUCTIONS TO APPLICANT: Submit one recommendation form to the Health Science Department. Select a person who can comment on your qualifications for study, experience, and ability e.g. supervisor, former teacher.

Legal Name \_\_\_\_\_

Last

First

Middle

Maiden Name

Address \_\_\_\_\_

Street

City

State

Zip Code

Mailing Address \_\_\_\_\_

Street

City

State

Zip Code

LCC P-ID \_\_\_\_\_ LCC Passport E-mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Application for Admission to: \_\_\_\_\_

Name of Program

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantees student access to educational records concerning them. Students are also permitted to waive their right of access to recommendations.

The following signed statement indicates the wish of the following recommendations.

\_\_\_\_\_ I waive or \_\_\_\_\_ I do not waive my right to review the recommendation form.

Student's Complete Name (PRINT) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT'S COMPLETE NAME: \_\_\_\_\_

The above student has applied for admission to a Health Science Program at Laredo Community College. We would appreciate your honest, professional, and personal appraisal of this candidate. Your objective evaluation will be of value to the applicant and to the programs. Please consider the ability of the candidate to function as a health care provider when you complete the following statements.

For each item listed below, please rate the candidate using the following scale:

- 5 = Almost Always
- 4 = Usually
- 3 = Sometimes
- 2 = Rarely
- 1 = Almost Never
- 0 = Not Able to Observe

The Candidate:

- 1. is self-motivated ..... 5..4..3..2..1..0
- 2. completes assigned tasks conscientiously ..... 5..4..3..2..1..0
- 3. accepts suggestions and criticism gracefully ..... 5..4..3..2..1..0
- 4. learns new skills quickly ..... 5..4..3..2..1..0
- 5. asks for guidance when appropriate ..... 5..4..3..2..1..0
- 6. manages his/her time well ... ..... 5..4..3..2..1..0
- 7. works well in a group situation ..... 5..4..3..2..1..0
- 8. accepts and delegates responsibility in a leadership position .. ..... 5..4..3..2..1..0
- 9. is neat and well-groomed..... ..... 5..4..3..2..1..0
- 10. communicates well with his/her peer group and superiors..... ..... 5..4..3..2..1..0
- 11. is dependable and trustworthy ..... 5..4..3..2..1..0
- 12. is a person to whom you could entrust your family members for health care ..... 5..4..3..2..1..0

How long have you known the candidate, and in what capacity? \_\_\_\_\_

Comments: \_\_\_\_\_

Date \_\_\_\_\_ Print Name/Title \_\_\_\_\_ Signature \_\_\_\_\_

It is vital to the admissions process to have a completed "Recommendation Form" returned as quickly as possible to complete the applicant's application. It is recommended to have the applicant submit this form with the application to prevent any mailing delays. If it must be mailed, please mail to the following address:

**LAREDO COMMUNITY COLLEGE  
 WEST END WASHINGTON STREET  
 HEALTH SCIENCE DEPARTMENT, Box 247  
 LAREDO TEXAS 78040-4395**

**LAREDO COMMUNITY COLLEGE  
HEALTH SCIENCE DEPARTMENT**

Name \_\_\_\_\_ LCC P- ID \_\_\_\_\_ Date \_\_\_\_\_

Program Starting Year:  FALL \_\_\_\_\_  SPRING \_\_\_\_\_

Application for Admission to: **Check One.**

**Health Science Programs**

**Emergency Medical Services**

- \_\_\_ EMT-Certificates
  - Emergency Care Attendant Certification
  - Basic Certificate
  - Intermediate Certificate
  - Paramedic Certificate
- \_\_\_ EMT-Paramedic-AAS

**Phlebotomy**

\_\_\_ Phlebotomy Certificate

\_\_\_ **Occupational Therapy Assistant-AAS**

**Medical Assisting**

- \_\_\_ MDCA Basic-Certificate
- \_\_\_ MDCA Clinical-Certificate
- \_\_\_ MDCA Coding –Certificate
- \_\_\_ Medical Assistant-AAS

\_\_\_ **Physical Therapist Assistant-AAS**

\_\_\_ **Radiologic Technology-AAS**

**TO ALL HEALTH SCIENCE DEPARTMENT APPLICANTS:**

*The following information is for statistical purposes only. State Higher Education reports require that this information be gathered. Providing this information will not affect your admission in the Health Science Program to which you have applied.*

PLEASE CHECK THE APPROPRIATE BOXES

YOU FEEL BEST REPRESENT YOU:

- |  |  |   |
|--|--|---|
| <p>a. Gender:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Male</li> <li><input type="checkbox"/> Female</li> </ul> <p>b. Ethnicity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> White Non Hispanic</li> <li><input type="checkbox"/> Black Non Hispanic</li> <li><input type="checkbox"/> Hispanic</li> <li><input type="checkbox"/> Asian or Pacific Islander</li> <li><input type="checkbox"/> American Indian or Alaskan Native</li> <li><input type="checkbox"/> International</li> </ul> <p>c. Special Populations:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Academically Disabled</li> <li><input type="checkbox"/> Economically Disabled</li> <li><input type="checkbox"/> Individual with Disabilities</li> <li><input type="checkbox"/> LEP (Limited English Proficiency)</li> <li><input type="checkbox"/> Displaced Homemaker</li> <li><input type="checkbox"/> Single Parent</li> <li><input type="checkbox"/> Other</li> </ul> | <p>d. Age Ranges:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17-24</li> <li><input type="checkbox"/> 25-31</li> <li><input type="checkbox"/> 32-39</li> <li><input type="checkbox"/> 40-47</li> <li><input type="checkbox"/> 48-55</li> <li><input type="checkbox"/> 56-up</li> </ul> <p>e. Current Working Hours:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> &lt; 20 hours</li> <li><input type="checkbox"/> &gt; 20 hours</li> <li><input type="checkbox"/> Full Time</li> </ul> <p>f. If accepted into a Program, I plan to work:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 hours</li> <li><input type="checkbox"/> &lt; 20 hours</li> <li><input type="checkbox"/> &gt; 20 hours</li> <li><input type="checkbox"/> Full Time</li> </ul> | <p>g. Education</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Doctorate</li> <li><input type="checkbox"/> Masters Degree</li> <li><input type="checkbox"/> Bachelors Degree</li> <li><input type="checkbox"/> Associate Degree</li> </ul> <p>h. High School you graduated from:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Martin High School</li> <li><input type="checkbox"/> Nixon High School</li> <li><input type="checkbox"/> Cigarroa High School</li> <li><input type="checkbox"/> United High School</li> <li><input type="checkbox"/> United South High School</li> <li><input type="checkbox"/> J.B. Alexander High School</li> <li><input type="checkbox"/> L.B. Johnson High School</li> <li><input type="checkbox"/> Other: City, State _____</li> </ul> |
|--|--|---|



# CertifiedBackground.com

## -----Student Instructions-----

### Background Check

#### Laredo Community College

The above organization has chosen CertifiedBackground.com as an approved provider of background checks and drug tests for students.

### About CertifiedBackground.com

CertifiedBackground.com is a service that allows students to order their own background check and/or drug test online. Information collected through CertifiedBackground.com is secure, tamper-proof, and kept confidential. The services performed by Certified Background are based on guidelines provided by your organization, so you know you'll get the information you need, all from one source. The results are posted the the CertifiedBackground.com website where the student, as well as the school, can view them.

### Ordering Instructions

1. Go to [www.CertifiedBackground.com](http://www.CertifiedBackground.com) and click on "Students."
2. In the Package Code box, enter the package code: **SEE NOTES BELOW**
3. Enter your payment information – Visa, Mastercard, or Money Order. Follow the online instructions to complete your order.

### Retrieval Instructions

Once your order is submitted, you will receive a confirmation email containing the password needed to view the results of your background check. To view your results, visit [www.CertifiedBackground.com](http://www.CertifiedBackground.com), enter your password in the area provided on the lower right side of the homepage, then enter the last four digits of your Social Security Number. Results are typically available in approximately three days, though some searches take longer so please allow adequate time when ordering. Your Department Administrator will automatically have access to your results. For A Summary of Your Rights Under the Fair Credit Reporting Act visit [www.ftc.gov](http://www.ftc.gov).

### Notes

#### Certified Background Package Codes

PROGRAM	CODE
PTA.....	LA24
MA.....	LA79
RT.....	LA74
OTA.....	LA22
EMS.....	LA52
PLAB.....	LB01