

## **Congratulations on your acceptance in the CTE Dental Assisting program for the 2024-2025 school year!**

Kalamazoo RESA Career and Technical Education (CTE) invite you and your parent/guardian to attend an orientation highlighting next year's CTE Dental Assisting experience. This is a **mandatory** orientation to help prepare students for their KVCC dual enrolled class in the fall and to review this program packet. We encourage a parent/guardian to attend with the students. Please join us on **Monday, May 6, 2024, at 6:00 p.m. on KVCC's Texas Township's Campus, room 4240** (see map on next page).

In this meeting, you will have the opportunity to:

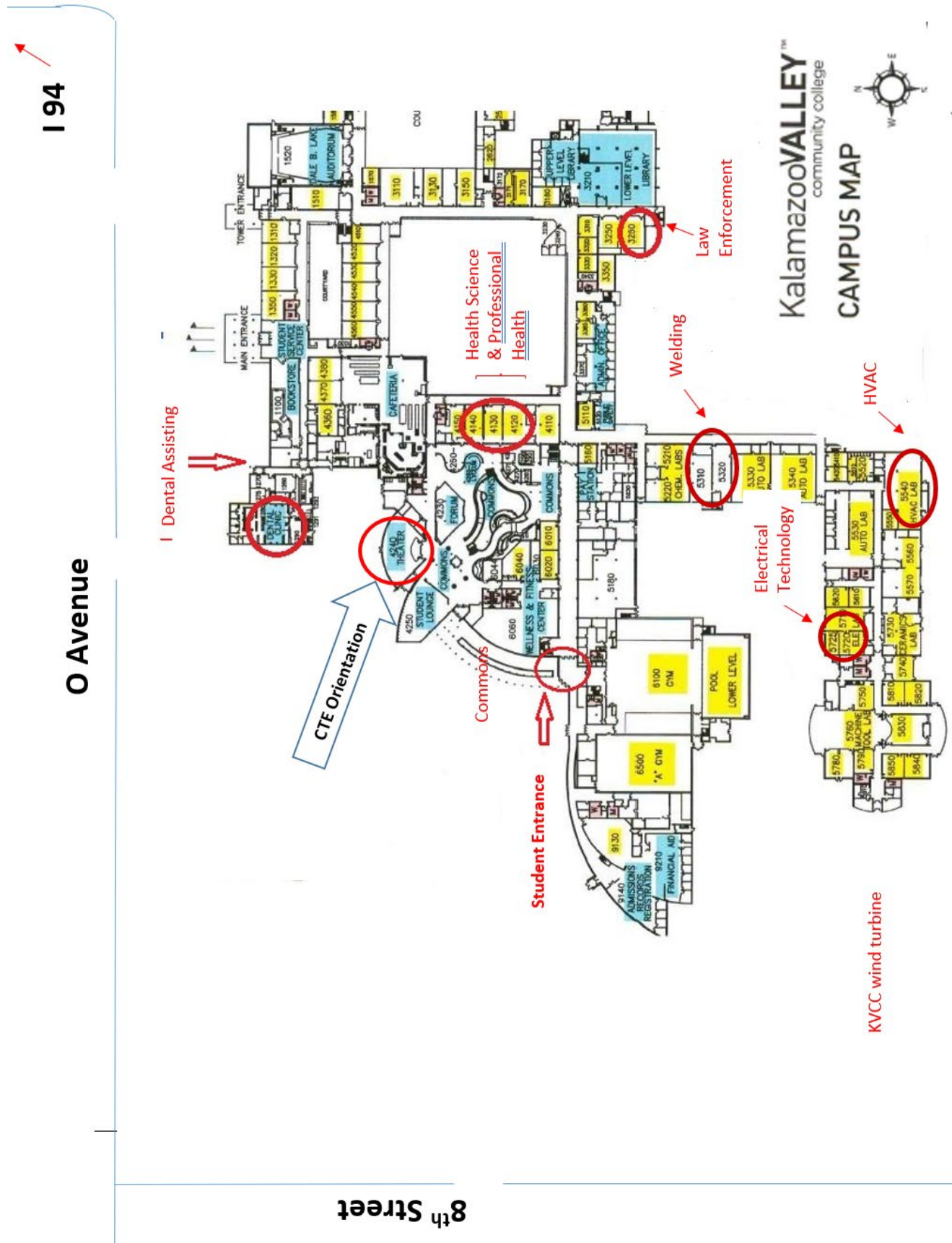
- Learn how to schedule and take the **required** KVCC placement testing
- Learn how to register for your KVCC course(s)
- Learn about the program's year-long expectations and logistics
- Learn how successful completion of the course can lead to future opportunities
- Learn about the program's dress code
- Tour the program
- Ask questions

The attached program guidelines will be discussed in detail during the orientation. Please review this packet thoroughly **prior to** and bring it with you, along with your KVCC acceptance letter. If you have questions or need further information, please contact Nora Hafez, CTE Registrar, at [nora.hafez@kresa.org](mailto:nora.hafez@kresa.org) or 269-250-9309.

**Special Note:**

You are receiving this mailing because your name was provided to us by your school counselor as enrolling in an CTE program. If in doubt, check with your counselor. We apologize if this mailing was sent to you in error.

**Notice of Non-discrimination:** It is the policy of Kalamazoo Regional Educational Service Agency that no discriminating practices based on race, color, national origin, sex (including sexual orientation or sexual identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information (collectively, "Protected Classes") or any other legally protected category be allowed during any program, activity, service or in employment. The following individuals at Kalamazoo RESA have been designated to handle inquiries regarding the nondiscrimination policy: Tom Zahrt, Mindy Miller, & Isaac Carter. Contact information: 269-250-9200, 1819 E. Milham Ave, Portage, MI 49002.



# DENTAL ASSISTING DUAL ENROLLMENT 2024-25

## WELCOME TO THE DENTAL ASSISTING PROGRAM!

Please note that there are steps you must take before next school year to prepare for this course.

See pages 2-4 for a detailed checklist.

It is extremely important to read this student guidelines packet in its entirety.

By April 22, 2024	<input type="checkbox"/> Apply to KVCC (see page 2)
May 6, 2024	<input type="checkbox"/> Attend the <b>mandatory</b> orientation (see details on cover page)
By June 1, 2024	<input type="checkbox"/> Complete KVCC's Health Careers application online at: <a href="https://p2.kvcc.edu/utilities/CTE_Health">https://p2.kvcc.edu/utilities/CTE_Health</a>  <input type="checkbox"/> Complete pages 18-20 of this packet to CTE or turn in at orientation (Guidelines Acceptance form, KVCC Authorization for Release of Information form)
By July 1, 2024	<input type="checkbox"/> Provide placement test scores and meet KVCC's minimum benchmarks (see page 3)
By August 1, 2024	<input type="checkbox"/> ALL required KVCC health/immunization paperwork on pages 8-12 must be completed and turned in to the KRESA CTE office <input type="checkbox"/> Register for fall KVCC course(s) once approved by KVCC Admissions Coordinator <input type="checkbox"/> Complete Live Scan Fingerprint process (form will be provided with KVCC's approval to register)
September 4, 2024	<input type="checkbox"/> Attend class. Dental Assisting classes take place on the KVCC Texas Township campus. Transportation is the responsibility of the student.
By October 15, 2024	<input type="checkbox"/> Submit proof of flu vaccine to Amy Murray, KVCC.

***\*Student may be dropped if deadlines are not met by August 1.***

**For more information, contact:**

**Nora Hafez**

Registrar

[nora.hafez@kresa.org](mailto:nora.hafez@kresa.org)

269-250-9309

KRESA's Career & Technical Education

**Amy Murray**

Health Careers Admissions Coordinator

[healthcareers@kvcc.edu](mailto:healthcareers@kvcc.edu)

269-488-4743

269-548-3229

Kalamazoo Valley Community College

# Dental Assisting Student Checklist

*For CTE Dual Enrolled Programs*

*It is extremely important to read this packet in its entirety.*

<p><b>By April 22</b></p>	<p><input type="checkbox"/> <b>KVCC ADMITTANCE</b></p> <p>As a high school student entering a dual enrollment program, you must apply and be accepted to KVCC. The KVCC application is available online at <a href="http://www.kvcc.edu/apply">www.kvcc.edu/apply</a>. Follow the online directions to create an account and apply. There is no cost to apply. You should receive your acceptance letter in the mail within one week which contains your Valley number and KVCC email. <u>Students should keep their Valley number in a safe place for future access.</u></p> <p><b>You should begin to monitor your KVCC email on a <u>regular</u> basis. CTE and KVCC will communicate with you via email during the summer.</b></p>
<p><b>May 6</b></p>	<p><input type="checkbox"/> <b>ATTEND MANDATORY ORIENTATION</b></p> <p>See details on cover page. Bring this packet and your KVCC acceptance letter.</p>
<p><b>By June 1</b></p>	<p><input type="checkbox"/> <b>COMPLETE KVCC HEALTH CAREERS ONLINE APPLICATION</b></p> <p>Students will need their Valley number to complete the online application. Therefore, students must apply to KVCC prior to completing the health careers online application.</p> <p><input type="checkbox"/> <b>Health Careers Application Link:</b> <a href="https://p2.kvcc.edu/utilities/CTE_Health">https://p2.kvcc.edu/utilities/CTE_Health</a></p>
<p><b>By June 1</b></p>	<p><input type="checkbox"/> <b>SUBMIT THE FOLLOWING FORMS TO CTE (see below)</b></p> <p><i><u>Please convert documents to pdf prior to sending.</u></i></p> <p><input type="checkbox"/> <b>Page 18-19: KVCC's Authorization for Release of Information High School Dual Enrollment Form</b></p> <p><input type="checkbox"/> <b>Page 20: Dual Enrollment Guidelines Acceptance Form</b></p> <p><b>Please email paperwork by June 1 to:</b>  <b>Nora Hafez</b>  <b><a href="mailto:nora.hafez@kresa.org">nora.hafez@kresa.org</a></b></p>

<p align="center"><b>By July 1</b></p>	<div data-bbox="456 142 935 186"> <input type="checkbox"/> <b>KVCC PLACEMENT TESTING</b> </div> <p>Students must apply to KVCC before this step can begin.</p> <p>Students are required to demonstrate that they have met the minimum benchmarks in Reading, Writing, and Math, as defined by KVCC (see table below). Students will need to complete placement testing with KVCC. Placement test scores must be on file prior to KVCC allowing dual enrollment. To view available hours, please follow this link to the KVCC Testing Center: <a href="https://www.kvcc.edu/services/testing/">https://www.kvcc.edu/services/testing/</a></p> <table border="1" data-bbox="522 522 1138 795"> <thead> <tr> <th></th> <th><i>ALEKS</i></th> <th><i>NG Accuplacer</i></th> </tr> </thead> <tbody> <tr> <td><i>Reading</i></td> <td></td> <td>248</td> </tr> <tr> <td><i>Writing</i></td> <td></td> <td>230</td> </tr> <tr> <td><i>Math</i></td> <td>14</td> <td>260</td> </tr> <tr> <td></td> <td></td> <td>Arithmetic <b>OR</b></td> </tr> <tr> <td></td> <td></td> <td><b>200</b></td> </tr> <tr> <td></td> <td></td> <td>Quantitative Reasoning</td> </tr> </tbody> </table>		<i>ALEKS</i>	<i>NG Accuplacer</i>	<i>Reading</i>		248	<i>Writing</i>		230	<i>Math</i>	14	260			Arithmetic <b>OR</b>			<b>200</b>			Quantitative Reasoning
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<p align="center"><b>By August 1</b></p>	<div data-bbox="446 905 1474 999"> <input type="checkbox"/> <b>KVCC HEALTH CAREERS IMMUNIZATION AND PHYSICAL FORMS (pages 8-12) MUST BE COMPLETED</b> </div> <div data-bbox="493 1005 1494 1335"> <input type="checkbox"/> Immunization record – provide a copy of your MCIR – Michigan Care Improvement Registry record (<a href="https://mcir.org/2022/03/15/michigan-immunization-portal-for-citizens-18-years-and-older">https://mcir.org/2022/03/15/michigan-immunization-portal-for-citizens-18-years-and-older</a>) OR physician’s office completes pages 8-9  <input type="checkbox"/> Physical must be good for the entire next school year (cannot receive any earlier than January of current year.)  <input type="checkbox"/> TB form  <input type="checkbox"/> COVID-19 form (recommend by KVCC)         </div> <p>Students must complete this required paperwork to be eligible for DHY 278: Dental Internship. Do not wait until the last minute, as it takes time to get into the doctor. <b><u>Students may be dropped if this deadline and all others are not met.</u></b></p> <p>KVCC <b>highly recommends students receive</b> the COVID-19 vaccine in order to participate in the clinical portion of the course, yet it is not required.</p> <div data-bbox="446 1604 1338 1648"> <input type="checkbox"/> <b>REGISTER FOR FALL KVCC COURSE(S) ONCE APPROVED</b> </div> <p>Once placement scores have been received and audited for successfully meeting minimum benchmarks, KVCC will email approval to register for your course(s). Please check your <b><u>KVCC email regularly</u></b> for this important information. If you do not register for your KVCC course, you will not be able to begin class.</p>																					

	<input type="checkbox"/> <b>KVCC LIVE SCAN FINGERPRINTING MUST BE COMPLETED</b> <ul style="list-style-type: none"> <li>• This form will be emailed to you from KVCC with your approval to register.</li> <li>• The day of fingerprinting take the completed Live Scan form and a <u>driver's license</u> or <u>state ID</u> (your school/Valley ID is not sufficient) to room 5120.</li> <li>• The cost for the scan is approximately \$60. <b>CTE will cover this expense, however for CTE to pay; the student MUST identify himself or herself as an CTE Dental Assisting student at the time of testing.</b></li> </ul>
Late August	<input type="checkbox"/> <b>STUDENT ID</b>  As a college student, students should obtain their student ID. Visit their website at: <a href="https://www.kvcc.edu/admissions/student-service.php">https://www.kvcc.edu/admissions/student-service.php</a> for more details. Students <b>will not</b> be able to obtain their ID until the steps above are completed and approved by KVCC.
September 4	<input type="checkbox"/> <b>ATTEND CLASS - Welcome, Kalamazoo Valley Cougar!</b>
By October 15	<input type="checkbox"/> <b>SUBMIT PROOF OF FLU VACCINE TO AMY MURRAY, KVCC</b> See form provided on page 17 or provide an updated MCIR.

## CTE Dental Assisting

### Dual Enrollment Guidelines for High School Students

The Dental Assisting classes take place on the KVCC Texas Township campus. **Transportation is the responsibility of the student.** Taking dual enrolled classes as a high school student is a wonderful way to begin your college career. Students who choose to dual enroll need to be fully aware of the extra duties and responsibilities that high school students face as new college students. These guidelines are meant to introduce students to some of these responsibilities. This document is not meant to be inclusive of all the guidelines and policies imposed by your high school, CTE, and/or KVCC. Consequently, CTE strongly suggests students also read the KVCC Student Handbook prior to the beginning of the fall term. A copy of the handbook can be found on the KVCC website and searching for *student handbook*.

KRESA Career & Technical Education (CTE) is fortunate to partner with KVCC in the offering of a Dental Assisting program. This course will prepare students to become Dental Assistants where they will learn the fundamental knowledge and skills of dental anatomy, physiology, terminology, dental materials, chairside assisting, sterilization, radiology, and laboratory and clinical procedures. Second semester includes an internship held in local dental offices.

**Detailed course descriptions can be found on the KVCC website. Upon successful completion of KVCC's DHY 105, 106, 113, 278 and WPE 112 courses:**

- Students will earn their American Heart Association Basic Life Support CPR certification (WPE 112)
- Students will earn their Radiography certification (DHY 113)
- Students will have skills that are readily recognized within a dental office.
- Students will have exposure to career opportunities found within the dental field and begin a preferred relationship with the KVCC Dental Hygiene program.

### **ACADEMIC CALENDAR AND PROGRAM SCHEDULE**

Student schedules require being open to extended class time and the college's calendar. Students are expected to attend every scheduled KVCC session, even when their high school is closed. This includes high school breaks that are different than KVCC's recesses listed below. The academic calendar can be found on KVCC's website.

#### **Fall 2024 Semester**

Semester Begins: **Wednesday, September 4 (with WPE 112)**

Thanksgiving Recess: **Wednesday, November 27 – Sunday, December 1**

Semester Ends: **Saturday, December 14**

#### **Winter 2025 Semester**

Semester Begins: **Monday, January 13 (with DHY 113)**

MLK, Jr. Recess: **Monday, January 20**

Spring Recess: **Monday, March 3 – Sunday, March 9**

Semester Ends: **Monday, April 28**

FALL SEMESTER (September – December)					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Credits
DHY 105 Dental Assisting I 1:00 p.m.–3:55 p.m. Room: 1280 & 1290 2 credits		WPE 112 Safety and First Aid 1:00 p.m.–2:55 p.m. Room: 5110 2 credits	DHY 105 Dental Assisting I 1:00 p.m.–3:55 p.m.		4 credits
WINTER SEMESTER (January – April)					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Credits
DHY 113 Dental Imaging Techniques 1:00 p.m.–3:55 p.m. Room: 1280 & 1290 1 credit	DHY 106 (weeks 1-7) Dental Assisting II 1:00 p.m.–3:55 p.m. Room: 1280 & 1290 1 credits		DHY 106 (weeks 1-7) Dental Assisting II 1:00 p.m.–3:55 p.m.		3 credits
	DHY 278 Internship (weeks 8-14; total of 48 hours) 1 credit To be eligible for the internship, students must be passing all preceding coursework with a “C” or above. Days and times TBD				

## **ATTENDANCE**

Attendance requirements are determined by the Kalamazoo Valley course instructor. At the beginning of each course, the instructor will provide students with written attendance requirements. Pay close attention to these requirements as they may differ from attendance policies in high school. Failure to follow attendance requirements will negatively affect a student's grade. Students who do not meet the attendance requirements as determined by the instructor may be involuntarily removed from the course. Students who fail to attend the first scheduled class meeting or who fail to contact the instructor regarding absence before the first scheduled class meeting, may, at the option of the instructor, be removed from the course. A dual enrollment student follows the KVCC academic school calendar and is expected to be at every scheduled class session. This includes attendance during high school spring break and other high school closure dates.

## **CANVAS**

Canvas is the course management system where faculty can place course materials and record grades. Each student will have a Kalamazoo Valley login which will give access to all courses through Canvas. Here KVCC students should be able to monitor grades, find instructional materials, take assigned quizzes and upload required work. Faculty use of Canvas may vary from course to course. CTE students are encouraged to log in weekly to keep track of his or her progress, however more frequent log in times may be required for certain classes.

## **FERPA**

Family Educational Rights to Privacy Act (FERPA) grants an eligible student the right of privacy for all education records. An eligible student is someone who has reached 18 years of age or who is attending an institution of post-secondary education. At Kalamazoo Valley Community College, FERPA rights for a dual enrolled student begin the day the student is first admitted and enrolled in a class at Kalamazoo Valley (regardless of age). FERPA rights do not apply to prospects or students who have been admitted but have not enrolled at Kalamazoo Valley. Under these rules, parent/guardians may attend a student's orientation and initial academic counseling session. Kalamazoo Valley instructors will only communicate with the student. Students should check their Kalamazoo Valley email account daily for important messages from instructors. Consequently, it is the student's responsibility, not the parent/guardian, to consult with the instructor regarding assignments, tests, and grades.

## **INCLEMENT WEATHER**

**Students follow KVCC, NOT local high school, weather related closures.** Listen to local news outlets for information about Texas Township campus closures. The KVCC website provides information on how to receive campus closure notifications.

## **KVCC COMMUNICATION**

Due to FERPA, KVCC instructors will communicate student progress only to the student. Postsecondary instructors do not initiate communication with parents or other third parties such as school counselors, principals, etc. Parents, counselors, and principals should call Nora Hafez at 250-9309 with any questions. Students are asked to complete an authorization for release form to release limited information to an organization or individual (i.e. parent). The form can be found in this packet.

## **STUDENT SUCCESS CENTER AND SPECIAL SERVICES**

As a new college student, you will be responsible for advocating for yourself to access special services and college resources that may be needed to be successful at KVCC. Neither your high school, nor your parents, can initiate this communication for you. **The Student Success Center**, located in room 9300 (Texas Township Campus), brings together campus services to help students navigate through the college experience. From academic and career counseling to tutoring, mentoring and more than 20 different clubs and activities, the Student Success Center has something for everyone. Special Education and 504 plans are not applicable at the college level, however other services may still be available. Students currently eligible for accommodations and services in high school must register with Kalamazoo Valley's Office for Student Access in Room 2220 on the Texas Township Campus to receive academic support in college-level courses. For more information, call 269-488-4397, TTD 269-488-4358.



## **TEXTBOOKS**

CTE will purchase the required textbook(s) and loan them out for student use. All textbooks, not purchased by students, are to be returned to the instructor on the last day of each semester in useable condition. Students are liable for lost or unusable textbooks. High schools will be notified to place a HOLD on diplomas until any liability is cleared. If you need to replace a textbook, used textbooks, deemed as in reasonable condition, by CTE, are acceptable, provided the textbook is the same publisher's edition issued to you.

## **TRANSCRIPTS, GRADES and CREDITS**

Students have the option of earning both high school and college credit for successfully passing dual enrolled courses. Local high schools set the number of high school credits awarded for each class. For each course, the KVCC transcript grade will be reported to the high school at the end of the corresponding KVCC semester. **It is extremely important to take your dual enrolled course seriously. CTE dual enrolled course grade(s) will go on your official college transcript. If you do not pass fall term, you are not eligible to continue for winter term.**

### **Dental Assisting Grading Scale**

A	4.0	Outstanding	100-96
A/B	3.5	Much better than average	95-92
B	3.0	Better than average	91-88
B/C	2.5	Slightly better than average	87-84
C	<b>*2.0</b>	<b>Average</b>	<b>83-80</b>
F	<b>0</b>	<b>Failing</b>	<b>79 or below</b>
<b>*Students need to earn a grade of 2.0 GPA, or higher, to continue with dual enrollment through the Dental Assisting program.</b>			

### **Changing or Dropping an CTE dual enrolled course**

Dual enrolled CTE students are enrolled in their program through the high school and through KVCC. To register, withdraw, or DROP a course, a student needs to communicate enrollment change with the high school AND KVCC Admissions, Registration and Records Office (My Valley Account on the KVCC website). **A student who does not properly drop or withdraw from KVCC will have a failing grade of 0.00 entered on his/her permanent college record.**

## **TUITION and CLASS FEES**

CTE covers tuition and class fees associated with enrollment in this program. If you receive communication from KVCC that your tuition and/or fees are due, please contact Nora Hafez, Registrar in the CTE office at 269-250-9309 or nora.hafez@kresa.org. **If at any time you decide not to enroll in this program, immediately notify your high school counselor and CTE. You will need to drop the college course correctly through KVCC.**

<b><i>Tentative out of pocket student expenses</i></b>	
Scrubs ( <b>maroon</b> ) – ( <b>not required for WPE 112</b> )	White shoes
<b><i>Expenses CTE covers</i></b>	
Tuition AND fees (approx. \$2200)	Textbooks (approx. \$200)
Live Scan Fingerprinting (\$60)	Name tag approx. \$10
Drug testing (date TBD) \$25	

**The instructor will go over program expectations, in detail, during the first week of class.**

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**IMMUNIZATION / DIAGNOSTIC FORM – Required after program acceptance**

*(To be completed by the Examining Provider)*

Name: \_\_\_\_\_  
Last First Middle

Valley ID #: V00 \_\_\_\_\_ Program: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ 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. **MMR\* (Measles/Mumps/Rubella):** Full immunity must be demonstrated in one of two ways.

**Check appropriate box and specify date(s):**

A. ☐ Immunized **twice** with MMR vaccine: First \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Second \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

B. ☐ **Attach** lab report documenting adequate immune titer.  
Specify date of titer:

Measles (Rubeola) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Mumps \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Rubella (German measles) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_ Program: \_\_\_\_\_ Valley ID #: V00 \_\_\_\_\_

**2. CHICKEN POX\* (Varicella):** Full immunity must be demonstrated in one of three ways.

**Check appropriate box and specify date(s):**

- A. ☐ Immunized **twice** with chicken pox:      **First** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year      **Second** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year
- B. ☐ **Attach** lab report documenting adequate immune titer. Date of titer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year
- C. ☐ Had Chicken Pox **confirmed by physician record:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year

**\*The TB test 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**

**3. TDAP - TETANUS/DIPHTHERIA/PERTUSSIS:** Full immunity to Tetanus/Diphtheria/Pertussis must be demonstrated.

- ☐ Tetanus/Diphtheria/Pertussis immunization has been administered within the last **10 years**. Indicate date of immunization: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**4. HEPATITIS B:** Full immunity must be demonstrated in one of two ways.

**Check appropriate box and specify date(s):**

- A. ☐ Has begun/completed the series of three immunizations:  
(Attach documentation for each immunization)
- First        /        /         
Month Day Year
- Second        /        /         
Month Day Year
- Third        /        /         
Month Day Year
- B. ☐ **Attach** lab report documenting adequate immune titer.  
Specify date of titer:        /        /         
Month Day Year

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

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Signature of Provider

---

Date \_\_\_\_\_

---

Provider's Name \_\_\_\_\_

---

Provider's Office Phone

**PHYSICAL EXAMINATION FORM**  
(To be completed by the Examining Provider)

Name: \_\_\_\_\_  
Last First Middle

Valley ID #: V00 \_\_\_\_\_ Program: \_\_\_\_\_

**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

11/9/21

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## **2-STEP TB FAQ's**

### **What is a 2-step TB skin test (TST)?**

- Tuberculin Skin Test (TST) is a screening method developed to evaluate an individual's status for active Tuberculosis (TB) or Latent TB infection.
- A 2-Step TST is recommended for initial skin testing of adults who will be periodically retested, such as healthcare workers.
- A 2 step is defined as two TST's done within 1 month of each other.

### **What is the procedure for 2-step TB skin test?**

Both step 1 and step 2 of the 2 step TB skin test must be completed within 28 days. See the description below.

### **STEP 1**

#### **Visit 1, Day 1**

- Administer first TST following proper protocol
- A dose of PPD antigen is applied under the skin

#### **Visit 2, Day 3 (or 48-72 hours after placement of PPD)**

- The TST test is read
- Negative - a second TST is needed. Retest in 1 to 3 weeks after first TST result is read.
- Positive - consider TB infected, no second TST needed; the following is needed:
  - A chest X-ray and medical evaluation by a physician is necessary.
    - If the individual is asymptomatic and the chest X-ray indicates no active disease, the individual will be referred to the health department.

### **STEP 2**

#### **Visit 3, Day 7-21 (TST may be repeated 7-21 days after first TB skin test is read)**

- A second TST is performed - another dose of PPD antigen is applied under the skin

#### **Visit 4, 48-72 hours after the second TST placement**

- The second test is read.
- Negative - consider person not infected.
- Positive - consider TB infection in the distant past.
  - The individual is referred for a chest X-ray and evaluation by a physician. An asymptomatic individual whose chest X-ray indicates no active disease will be referred to the health department.

**TB TEST FORM**

*(To be completed by the Examining Provider)*

Name: \_\_\_\_\_  
Last First Middle

Valley ID #: V00 \_\_\_\_\_ Program: \_\_\_\_\_

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

1. ☐ **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 (**4 visits total**) as each test must be read 48-72 hours after it is placed.

Date read and test results: **Step 1** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Result:** ☐ Negative ☐ Positive

**Step 2** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Result:** ☐ Negative ☐ Positive

2. ☐ **QuantiFERON Gold Blood Test**

Date read and test results: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Result:** ☐ Negative ☐ Positive

3. ☐ **T-Spot Blood Test**

Date read and test results: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Result:** ☐ Negative ☐ Positive

4. ☐ If PPD, QuantiFERON or T-Spot is positive, evidence of a **Chest X-Ray** is required within the past three years.

Date read and test results: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Result:** ☐ Negative ☐ Positive

**Provider completed, conducted, reviewed and/or verified all sections of the TB Test Form:**

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Provider's Name

\_\_\_\_\_  
Provider's Office Phone



**COVID-19 VACCINE FORM**  
*(To be completed by the Examining Provider)*

Name: \_\_\_\_\_  
Last First Middle

Valley ID #: V00 \_\_\_\_\_ Program: \_\_\_\_\_

**COVID 19 VACCINE:** Full vaccination series for COVID-19 must be demonstrated one of four ways or by providing a copy of your [MCIR – Michigan Care Improvement Registry](#):

1. ☐ **Pfizer Vaccine**

**Directions:** Two vaccine series, given 3 weeks (21 days) apart.

First \_\_\_\_\_  
Month Day Year

Second \_\_\_\_\_  
Month Day Year

Booster (if received) \_\_\_\_\_  
Month Day Year

2. ☐ **Moderna Vaccine**

**Directions:** Two vaccine series, given 4 weeks (28 days) apart.

First \_\_\_\_\_  
Month Day Year

Second \_\_\_\_\_  
Month Day Year

Booster (if received) \_\_\_\_\_  
Month Day Year

3. ☐ **Novavax Vaccine (Adjuvanted)**

**Directions:** Two vaccine series, given 3 weeks (21 days) apart.

First \_\_\_\_\_  
Month Day Year

Second \_\_\_\_\_  
Month Day Year

Booster (if received) \_\_\_\_\_  
Month Day Year

4. ☐ **Johnson & Johnson Vaccine (Janssen)**

**Directions:** One vaccine.

First \_\_\_\_\_  
Month Day Year

Booster (if received) \_\_\_\_\_  
Month Day Year

**Provider completed, conducted, reviewed and/or verified all sections of the COVID 19 Vaccine Form:**

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Provider's Name

\_\_\_\_\_  
Provider's Office Phone

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## Live Scan Fingerprinting

**Introduction:** As a student in a Health Careers program, you may be aware of the concerns that employers have with a criminal history of caregivers. Although each case is managed individually, most health care organizations require a negative criminal background as a condition of employment. There is some legislation in the Public Health Code that impacts multiple types of health care facilities including, but not limited to, long term care facilities, psychiatric facilities, nursing homes, and home health agencies. Several of our clinical sites are also requiring a negative history prior to clinical placement and some are beginning to ask for assurances that Health Career students have not been convicted of Medicare or Medicaid fraud. As such, Kalamazoo Valley Community College is complying with these regulations and requests by using a comprehensive review of students' backgrounds. Instead of using the older "paper and ink" process, we will use a digital scan system called Live Scan. This approach will check state and national criminal databases.

**Procedure:** Health Career students will be required to call the Kalamazoo Valley Public Safety Office to make an appointment. All students must have an appointment. The phone for appointments is attended from 8 a.m. to 5 p.m. Monday through Friday. Please identify yourself as a Health Careers student at Kalamazoo Valley Community College.

**Kalamazoo Valley Public Safety**  
**6767 West O Avenue, P.O. Box 4070**  
**Kalamazoo, MI 49003-4070**  
**(269) 488.4575**

### **When are appointments available?**

Appointments are available Monday through Friday from 8 a.m. to 12 p.m. and 1 p.m. to 3 p.m. The Public Safety Office is in Room 5120.

### **When can I start calling for my appointment?**

Calls will be taken immediately.

### **What if I need to cancel my appointment?**

Certainly circumstances often arise but we would prefer that cancellations not occur. Kalamazoo Valley Public Safety is building a 'tight' schedule and having a 'no show' results in their inability to smoothly process requests. In the event that you have no choice but to cancel, please call the phone number as listed.

### **How long will it take to get the test done?**

Generally speaking, it should only take 10-15 minutes. Occasional delays may occur due to technical issues associated with the web-based system. We ask that you be patient in the event that a 'back log' occurs.

### **How long will it take for the results to come in?**

Results are usually available within two hours. Results will be e-mailed directly to the Dean of Health and Public Services. It may take several days for the results to be received by the college.

### **What do I need to bring with me?**

You will need photo identification (valid driver's license or state identification card). Please bring this document and the attached Live Scan Request form. You will also need to bring \$60 (cash, check or credit card).

### **How much will it cost?**

The cost is \$60 (cash, check or credit card). Make check payable to "Kalamazoo Valley Community College."

**You will need to pay at the KVCC Pay Station and present the receipt to Kalamazoo Valley Public Safety at the time of your Live Scan Fingerprinting appointment.**

### **When do I have to have this done?**

The results must be completed and on record in our files before you will be permitted to begin your assigned clinical rotation. Make sure your completed Live Scan Request form is on file in our office so, in the event the results do not arrive, we can track them effectively.

### **How often will I need to have fingerprinting done?**

We anticipate requiring fingerprints once however some agencies require fingerprinting to be done more frequently.

### **What if I have already been fingerprinted as a requirement of my employment? Can I use that instead?**

As of January 1, 2015, we are no longer able to accept criminal background checks conducted by outside employers.

### **What happens if my fingerprinting comes back positive?**

The positive result would be compared to those felony and misdemeanor convictions identified in the Public Health Code as amended. This review will dictate whether you will be placed in the clinical setting.

### **What is the "official purpose" as defined by the state for this criminal background check?**

In an effort to most efficiently categorize criminal background checks, the state has established a number of 'codes' under which checks are conducted. You are being categorized as **Child Protection Employment (CPE)**.

### **Where should I return the completed LIVE SCAN FINGERPRINT REQUEST form?**

Once your fingerprints are completed, we need the information on this form for tracking purposes of your fingerprints. If the fingerprint results do not arrive, the TCN will simplify the process of locating the report. **A copy of the completed form (must include TCN) must be returned to the appropriate Health Careers office within two weeks from the date of fingerprinting.**

**NOTE:** Failure to meet this deadline may result in additional costs to you, the Health Career student.

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## LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

**Instructions:** See page two.

I. Authorizing Information							
1. Fingerprint Reason Code CPE-NCPA/VCA (PL103-209)	2. Requestor/Agency ID 6675P	3. Agency Name Kalamazoo Valley Community College			4. Individual ID (MNU-OA) -----		
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name		1b. First Name		1c. Middle Initial		1d. Suffix	
2. Any Alternative Names, Last Names, or Aliases					3. Social Security Number (Optional)		
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State	
9. Home Address		10. City			11. State		12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color		18. Hair Color	
III. Live Scan Information							
1. Date Printed		2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Live Scan Operator*	
<small>*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.</small>							
IV. Privacy Act Statement							
<p><b>Authority:</b> Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p><b>Routine Uses:</b> During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
V. Procedure to Obtain a Change, Correction, or Update of Identification Records							
<p>If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)</p>							
VI. Consent							
<p>I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p>							
Signature:						Date:	

Health Careers Program: CTE Health Careers student (DA or EMT)

## INSTRUCTIONS

### Section I:

#### Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

**1. Fingerprint Code:**

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

**2. Requesting Agency Identification (ID):**

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

**3. Agency Name:**

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

**4. Individual ID (MNU-OA)**

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

### Section II:

#### Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

### Section III:

#### Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

**INFLUENZA VACCINE FORM**  
*(To be completed by the Examining Provider)*

**Name:** \_\_\_\_\_  
Last First Middle

**Valley ID #:** V00 \_\_\_\_\_ **Program:** \_\_\_\_\_

**INFLUENZA VACCINE:** All Health Careers students are required to receive annual flu vaccination. Flu vaccination must be demonstrated by:

1. The completion of this form by your health care provider  
OR
2. A copy of the flu vaccination pharmacy receipt showing the student name, vaccine and date  
OR
3. By providing a copy of your [MCIR – Michigan Care Improvement Registry](#):

1. ☐ **Influenza Vaccine received:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**Provider completed, conducted, reviewed and/or verified all sections of the Influenza Vaccine Form:**

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Provider's Name

\_\_\_\_\_  
Provider's Office Phone

02/22/22

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## Authorization for Release of Information High School Dual Enrollment

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of eligible students' education records. (An "eligible student" under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution.) Directory Information, including a student's name, address, telephone numbers, date of birth, enrollment status, enrollment dates, major and degrees earned, may be shared without consent unless the student has placed a confidential hold on their records.

Kalamazoo Valley Community College will not release information, other than directory information, without an Authorization for Release of Information signed by the student, unless it is expressly allowed within the act. Even with this authorization, Kalamazoo Valley is not required to release any information. Upon request of the designated individual or organization, Kalamazoo Valley will use discretion when determining what information may be released.

Information will only be released to authorized parents or individuals in person with photo ID or by written request. Based on established relationships and allowances within FERPA, communication with high school personnel and college coordinators will occur via their identified contact methods or address. Only the most recently signed authorization will be honored. Your authorization will remain effective for the dates you specify up to a maximum of one year or until you submit a written request to terminate this release authorization.

### Student's Identification

Name: \_\_\_\_\_  
First Middle Initial Last

Valley Number: V If Valley Number is unknown, provide your birth date: \_\_\_\_\_

### Reason for Disclosure

☒ Participation in the Postsecondary Enrollment Options Act (PSEO)

### Information to be Released

☒ All Educational Records (including, but not limited to, the items listed below)

Or, specify individual records: (check all that apply)

<u>Enrollment</u>	<u>Grades</u>	<u>Financial</u>
<input type="checkbox"/> Class Schedule	<input type="checkbox"/> Grade Point Average (GPA)	<input type="checkbox"/> Tuition, fees, payment and refunds
<input type="checkbox"/> Number of credit hours enrolled in	<input type="checkbox"/> Grades	<input type="checkbox"/> Tuition Bill (includes class schedule)
<input type="checkbox"/> Program of Study Plan	<input type="checkbox"/> Unofficial Transcript	
<input type="checkbox"/> Other: _____		

### Effective Dates of Authorization

☒ Valid for one academic year beginning April 1, 2024 and ending with reporting PSEO participation to the State June 30 the following year.

☐ Valid from this date: \_\_\_\_\_ to this date: \_\_\_\_\_

Note: The period cannot exceed one year.

### Student's Authorization

I authorize Kalamazoo Valley Community College to release the specified information to the individual or organization identified. This release remains in effect for the period defined above or until I provide a signed termination letter to the Kalamazoo Valley Admissions, Registration and Records office prior to that expiration date.

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

Please indicate on the back of this form to whom the information can be released.

Rev. 5/27/2020

## High School Authorization

Authorization allows KVCC faculty and staff to communicate with your high school principal, counselor or business/finance office representatives to provide appropriate support services, program evaluation, and grade reporting requirements. E-mail addresses are provided solely for the exchange of information that does not contain personally identifiable information from your education record, unless the message is encrypted or the confidential information is in a secured attachment.

### Kalamazoo County Schools:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Climax-Scotts High School<br>Ph: 269-746-2300<br>@cssschools.net   | <input type="checkbox"/> Loy Norrix High School<br>Ph: 269-337-0200<br>@kalamazoopublicschools.net        | <input type="checkbox"/> Portage Northern High School<br>269-323-5400<br>@portageps.org     |
| <input type="checkbox"/> Comstock High School<br>Ph: 269-250-8700<br>@comstockps.org        | <input type="checkbox"/> Kalamazoo Central High School<br>Ph: 269-337-0300<br>@kalamazoopublicschools.net | <input type="checkbox"/> Schoolcraft High School<br>269-488-7350<br>@schoolcraftschools.org |
| <input type="checkbox"/> Galesburg-Augusta High School<br>Ph: 269-484-2010<br>@gacsnet.org  | <input type="checkbox"/> Parchment High School<br>269-488-1100<br>@parchment.k12.mi.us                    | <input type="checkbox"/> Vicksburg High School<br>269-321-1100<br>@vicksburgschools.org     |
| <input type="checkbox"/> Gull Lake Community Schools<br>Ph: 269-548-3500<br>@gulllakecs.org | <input type="checkbox"/> Portage Central High School<br>269-323-5200<br>@portageps.org                    |   |

### Van Buren County Schools:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bangor High School<br>269-427-6844<br>@bangorvikings.org    | <input type="checkbox"/> Gobles High School<br>269-628-9347<br>@gobles.org           | <input type="checkbox"/> Mattawan High School<br>269-668-3361<br>@mattawanschools.org |
| <input type="checkbox"/> Bloomingdale High School<br>269-521-3917<br>@bdalecards.org | <input type="checkbox"/> Hartford High School<br>269-621-7000<br>@hpsmi.org          | <input type="checkbox"/> Paw Paw High School<br>269-415-5611<br>@ppps.org             |
| <input type="checkbox"/> Covert High School<br>269-764-3700<br>@covertps.org         | <input type="checkbox"/> Lawrence High School<br>269-674-8232<br>@lawrencetigers.com | <input type="checkbox"/> South Haven High School<br>269-637-0507<br>@shps.org         |
| <input type="checkbox"/> Decatur High School<br>269-423-6853<br>@raiderpride.org     | <input type="checkbox"/> Lawton High School<br>269-624-7806<br>@lawtoncs.org         |   |

☐ Other: \_\_\_\_\_ Ph: \_\_\_\_\_ E-mail: \_\_\_\_\_

## PSEO College Coordinators

Authorization allows Kalamazoo Valley faculty and staff, school district representatives who coordinate with the high schools, and the high schools to exchange information and communicate with each other to provide appropriate support services and program evaluation.

- |   |                  |                    |
|---|------------------|--------------------|
| <input checked="" type="checkbox"/> Kalamazoo Regional Educational Service Agency (KRESA) | Ph: 269-250-9200 | E-mail: @kresa.org |
| <input type="checkbox"/> Van Buren Intermediate School District (VBISD)                   | Ph: 269-674-8001 | E-mail: @vbisd.org |
| <input type="checkbox"/> Other: _____   | Ph: _____        | E-mail: _____      |

## Parent or Individual Being Authorized

- ☐ Parent's name(s) \_\_\_\_\_
- FERPA permits Kalamazoo Valley to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes.
- ☐ I certify that my parent(s) claim me as a dependent for federal income tax purposes.
- ☐ I am authorizing my parent(s) even though I am not a dependent for tax purposes, or I do not know if I am.
- ☐ Individual's name \_\_\_\_\_
- Relationship: \_\_\_\_\_

**Turn in this page at orientation or by June 1, 2024 to Nora Hafez at [nora.hafez@kresa.org](mailto:nora.hafez@kresa.org).**

I received a copy of the CTE Dual Enrollment Guidelines and reviewed them. By signing below, I acknowledge understanding the requirements for successful completion of this program. **I understand if I do not pass each sequential course with a 2.0 GPA, I will not be eligible to continue in the Dental Assisting program.**

Student name (printed): \_\_\_\_\_

Student signature: \_\_\_\_\_

***By signing below, I acknowledge understanding the requirements for successful completion of this program.***

Parental/Legal Guardian name (printed): \_\_\_\_\_

Parental/Legal Guardian signature: \_\_\_\_\_

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

**Summer Contact Information (please print legibly)**

**KVCC** email: \_\_\_\_\_@mail.kvcc.edu Valley #: **V00**\_\_\_\_\_

(Plan to check this on a regular basis, beginning with your acceptance. KVCC & CTE will communicate with you through this email.)

Student Cell Number: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

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

**Notice of Non-discrimination:** It is the policy of Kalamazoo Regional Educational Service Agency that no discriminating practices based on race, color, national origin, sex (including sexual orientation or sexual identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information (collectively, "Protected Classes") or any other legally protected category be allowed during any program, activity, service or in employment. The following individuals at Kalamazoo RESA have been designated to handle inquiries regarding the nondiscrimination policy: Tom Zahrt, Mindy Miller, & Isaac Carter. Contact information: 269-250-9200, 1819 E. Milham Ave, Portage, MI 49002.