

## **Congratulations on your acceptance in the CTE Health Science program for the 2023-2024 school year!**

Kalamazoo RESA Career and Technical Education (CTE) invite you and your parent/guardian to attend an orientation highlighting next year's CTE Health Science experience. Attendance is **important** so that we can explain the summer requirements to help prepare students for the fall and to review this program packet. We encourage a parent/guardian to attend with the students. Please join us on:

**Tuesday, May 16, 2023, at 6:00 p.m. on KVCC's Texas Township Campus, Dale Lake Auditorium**  
(see map on next page)

In this meeting, you will have the opportunity to:

- Meet the instructors and hear from second year students
- Learn about summer requirements to be prepared for the fall
- Learn about the program's year-long expectations, dress code and logistics
- Learn how successful completion of the course can lead to future opportunities
- 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 have it with you during orientation.* There are summer requirements that **must** be completed before the fall. We also want you to be sure next year's program meets your expectations before the school year begins.

### **Special Note:**

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

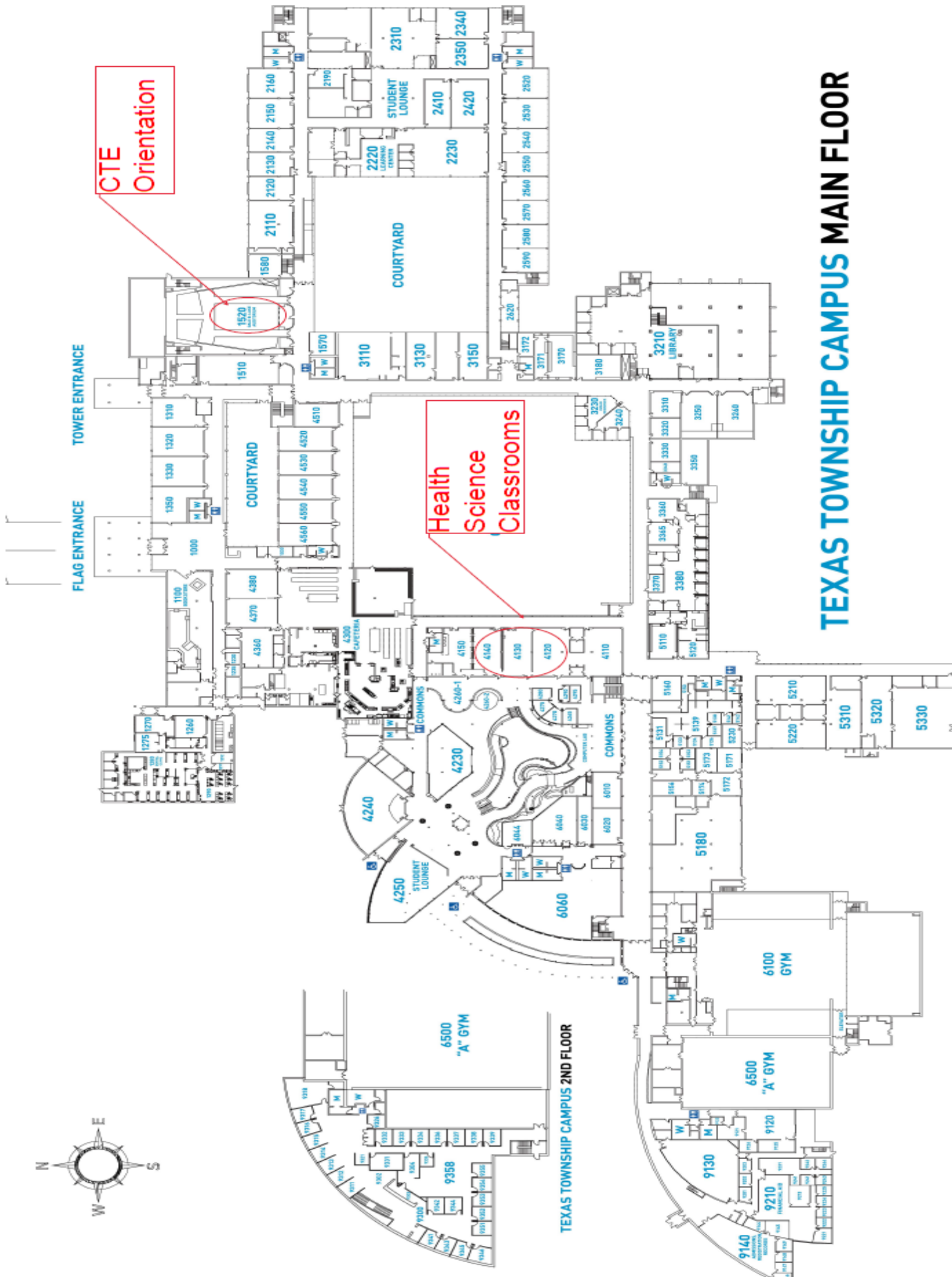
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### **For more information, contact:**

**Diane Fort**  
Program Coordinator  
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269-250-9316  
KRESA Career and Technical Education

### **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 or any other legally protected category be allowed during any program, activity, service or in employment. The following positions at Kalamazoo RESA have been designated to handle inquiries regarding the nondiscrimination policy: Assistant Superintendents — Tom Zahrt and Mindy Miller. Contact information: (269) 250-9200, 1819 E. Milham Ave, Portage, MI 49002.





# Health Science 2023-2024

Please see page 2 for a detailed checklist.

May 16, 2023 6:00 p.m.	<input type="checkbox"/> It is <b><u>strongly encouraged</u></b> that you and one parent/guardian attend the-orientation <b><i>and have this packet with you.</i></b> See details on the cover page.
By June 1, 2023	<input type="checkbox"/> Apply and be accepted to KVCC <input type="checkbox"/> Save your acceptance letter which includes your KVCC email and Valley #. You will need this to complete forms in this packet.
By early summer	<input type="checkbox"/> Schedule a doctor's visit to complete the physical and immunization forms (page 4)
August 29, 2023	<input type="checkbox"/> Attend class at KVCC's Texas Township Campus. Bus hub transportation is available depending on school.
By August 31, 2023	<input type="checkbox"/> Submit <b>pages 4-10</b> of this packet to your instructor (see page 2 for more details) <input type="checkbox"/> <b>Be sure to include your Valley # on these forms.</b>
Before 1 <sup>st</sup> work-based learning experience (e.g. career shadow)	<input type="checkbox"/> Take and successfully pass a <i>random</i> drug test, during class time, administered by a company approved by CTE. Students <b><u>do not</u></b> complete this on their own. <input type="checkbox"/> Complete a background check conducted by CTE
By October 31, 2023	<input type="checkbox"/> Submit proof of flu vaccine to instructor (must be current year)

**Program Location:**

KVCC, Texas Township Campus  
Rooms 4120, 4130, and 4140

## Health Science Student Checklist

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

The expectations stated in this document were established in partnership with local healthcare agencies.

**NOTE:** Only students planning to participate in work-based learning need to complete **pages 4 – 9**.

<p><b>By June 1</b></p>	<p><input type="checkbox"/> <b>KVCC ADMITTANCE</b></p> <p><b>CTE Health Science students are eligible to receive KVCC dual enrolled credit in WPE 112 Safety and First Aid. This is an embedded part of the class and occurs in the fall.</b> Dual enrollment requires students apply to and be accepted by Kalamazoo Valley Community College (KVCC).</p> <p>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 to KVCC. You should receive your acceptance letter in the mail within one week. <b><u>Students should write their Valley # number on the packet on pages 4 &amp; 9.</u></b></p>
<p><b>By early summer</b></p>	<p><input type="checkbox"/> Schedule a doctor's visit to complete the physical form (pages 4 – 8) and ensure immunizations are up to date (required for career shadows).</p> <p>It is encouraged to schedule this appointment as soon as you receive this packet, so that you can meet the additional deadlines. <b><u>DO NOT wait until the last minute.</u></b></p>
<p><b>August 29</b></p>	<p><input type="checkbox"/> <b>CTE CLASS BEGINS</b></p>
<p><b>By August 31</b></p>	<p><input type="checkbox"/> <b>Turn in pages 4-10 of this packet to your instructor. <i>Be sure to keep a copy of all documents for your records. To be considered for career shadows, the following must be turned in. Immunizations are not required to enroll in the course, yet they are required from most of our career healthcare partners to participate in job shadows. Not being up to date will limit opportunities and an alternative experience will be required.</i></b></p> <p><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>)</p> <p><input type="checkbox"/> Physical must be good for the entire next school year (cannot receive any earlier than April of current year.)</p> <p><input type="checkbox"/> TB form</p> <p>Currently, our healthcare partners <b>require</b> that students' immunizations are up to date, including the COVID-19 vaccine, in order to participate in job shadows for the course.</p>
<p><b>Before 1<sup>st</sup> workplace observation</b></p>	<p><input type="checkbox"/> Take and successfully pass a <i>random</i> drug test administered by a company approved by CTE. Students <b><u>do not</u></b> complete this on your own.</p> <p><input type="checkbox"/> Complete a background check conducted by CTE</p>

**Please review the following program guidelines:**

1. Students enrolling in the Career and Technical Education (CTE) Health Science program are committing to a full-year program located on Kalamazoo Valley Community College's Texas Township Campus. **(This program is not a KVCC program.)**
2. Transportation to and from the program is a district decision. Questions about transportation need to be directed to the student's high school.
3. Work-based learning will be arranged between the CTE instructor, the healthcare agency and the student. Career shadows will only take place if the student's documentation is complete (see page 2) and on file at the time of scheduling. Opportunities may be scheduled outside of class time. Students are responsible for their own transportation to and from the experience.
4. As a CTE student in a Health Science program, the workplace partner may request student information. Upon request from the workplace affiliate, CTE may release information from the student's file, including but not limited to: physical examination form, immunization records, drug screen results, criminal background check results, and proof of valid BLS certification.
5. This class involves clinical skills that can be physically demanding, i.e. performing CPR.
6. Upon conclusion of the school year, students need to return to their instructor all classroom and lab supplies.
7. The following contains general dress code guidelines that apply to classroom, laboratory, clinical, and/or professional areas. These expectations will be explained in detail during the first week of class.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <i>Official hospital dress code or the wearing of blue (ceil) scrubs or hospital lab coat (provided)</i></li> <li>• <i>Nametag to be worn on upper torso (provided)</i></li> <li>• <i>Closed-toed, closed-back, clean, polished shoes in good repair with socks. No lettering or graphic designs other than brand. Styles such as clogs, crocs without holes and mules with heel straps are acceptable.</i></li> <li>• <i>Clean, well-groomed, moderate colored nails kept at no longer than past the fingertips. Artificial nails and nail materials are prohibited for infection control reasons.</i></li> <li>• <i>The avoidance of heavy perfumes and colognes</i></li> <li>• <i>Shoulder length hair or longer must be tied back</i></li> <li>• <i>Facial hair must be clean and neatly trimmed</i></li> <li>• <i>No gum chewing</i></li> </ul> | <ul style="list-style-type: none"> <li>• <i>No dangling earrings, no more than three earrings per ear, and no rings on hands. No bracelets or necklaces (unless they are medical alert jewelry). One watch is allowed.</i></li> <li>• <i>Ring hoops or other jewelry worn in a non-traditional manner are not acceptable for the professional workplace. Stud inserts or piercings may be used for nose, lip or eyebrow piercings. In addition, gauged ears must have flesh-colored inserts and be no larger than 6mm or ½ inch.</i></li> <li>• <i>Tattoos may not contain profanity, sexually explicit and/or discriminatory content, words or images. Tattoos containing such content must be concealed by clothing or band-aids where appropriate. Newly inked tattoos may be required to be concealed by band-aids as they are healing, for infection control purposes.</i></li> </ul> |
|---|--|

***\*Students may have additional expectations dictated by their career shadowing or clinical opportunities.***

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**Kalamazoo RESA Career and Technical Education  
Physical Examination Form**

**Student:** \_\_\_\_\_  
Last Name First Name Middle Name  
High School: \_\_\_\_\_

**V00** \_\_\_\_\_  
Valley #

**Physical Examination - Describe all abnormalities (To be completed by the examining Provider)**

A CTE student may submit a copy of their high school sports physical, instead of having this form completed by a healthcare provider **PROVIDED** the sports physical is for the school year the student is enrolled in their CTE program.

**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 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 BPs, 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 CTE Health Science Educational Program), or limitations that could restrict the student's participation in a CTE Health Sciences 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, or 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

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TO: Prospective CTE Student

FROM: Isaac Carter, CTE Principal  
Kalamazoo RESA Career and Technical Education

RE: Student Drug Testing and Criminal Background Checks

Contracts with local healthcare agencies require Career and Technical Education students in health occupational programs to successfully pass a drug test before participating in a workplace observation or clinical experience associated with their program. *CTE will cover the \$25 fee of the drug screen.* This test is administered on a random date during class time, administered by a company approved by CTE. If a student's initial drug test indicates further testing is necessary, the student may incur additional cost.

Another requirement from local healthcare agencies is students must complete a background check. Currently, the CTE office can conduct this check via the Internet Criminal History Access Tool (ICHAT). This method of investigation searches public records contained in the Michigan Criminal History Records maintained by the Michigan State Police Criminal Justice Information Center and fulfills the minimal requirement of the healthcare sites partnering with our programs.

If either of the above come back flawed, the student and their parent/guardian will be notified. Please read the following document and sign indicating your acceptance and agreement to CTE completing these program requirements. **Students DO NOT complete the drug test OR background check on their own!**

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**Career and Technical Education Health Careers Programs  
Kalamazoo RESA  
Drug Test Authorization Form**

PLEASE PRINT CLEARLY

Student Name (Last, First, Middle): \_\_\_\_\_

Date of Birth (Month, Day, Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male\_\_\_\_ Female\_\_\_\_

I authorize facilities approved by Kalamazoo RESA Career and Technical Education (CTE) to conduct a drug screen for any drug, alcohol or substance requested by CTE, and to release those results to CTE. I acknowledge that I will sign any documents or authorization required. I understand that individuals who do not pass or refuse to take a drug screen will not be placed into a workplace observation and/or clinical experience and will be removed from any such opportunity if already placed.

I acknowledge that as a condition of workplace observation/clinical experiences with agencies collaborating with CTE, all students enrolled in health career programs are required to participate in drug testing. As a student in such a program, I voluntarily subject myself to such drug testing to take place as required during my enrollment.

I also understand and agree that if I am arrested for, or convicted of any drug or alcohol related offense, I will immediately inform my instructor. I understand that individuals who are arrested for or convicted of a drug or alcohol related offense, even if the individual has previously taken and passed a drug or alcohol screen, may at CTE's discretion, not be placed into a workplace opportunity, or may be removed from any such rotation if already placed.

I authorize CTE to release the results of my drug screen to any hospital, facility or other partner healthcare agency which requests the results as a part of fulfilling my education/training requirements or assessing my qualifications for a workplace observation and/or clinical experiences.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## BACKGROUND CHECK Acknowledgment Form

\*Nonemployment and Pre-Employment Background Checks\*

Many local healthcare agencies that CTE partners with for work-based learning experiences require a student to complete a background check, as they do their employees. Currently, the CTE office conducts this check via the Internet Criminal History Access Tool (ICHAT). This method of investigation searches public records contained in the Michigan Criminal History Records maintained by the Michigan State Police Criminal Justice Information Center. Any student declining to complete a background check acknowledgment form will not be allowed to participate in work-based learning with these healthcare partners.

DEMOGRAPHIC INFORMATION (Attach a copy of your driver's license or school ID)

Full Printed Name (first, middle, last): \_\_\_\_\_  
 Maiden name or other name(s) previously used: \_\_\_\_\_ DOB: \_\_\_\_\_ mm/dd/yyyy]  
 Gender: ☐ M ☐ F ☐ Non-binary    Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_

### HISTORY INFORMATION

- 1) Have you volunteered at Kalamazoo RESA before? ☐ Yes ☐ No
  
- 2) Have you ever pled guilty, or been convicted of a felony in a state or federal court?  
☐ Yes ☐ No  
 Date and State that the offense/conviction occurred: \_\_\_\_\_  
 If yes, provide a detailed description of the conviction: \_\_\_\_\_  
 \_\_\_\_\_
  
- 3) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?  
☐ Yes ☐ No  
 Date and state offense/misdemeanor occurred: \_\_\_\_\_  
 If yes, provide a detailed description of the conviction (use back if necessary): \_\_\_\_\_  
 \_\_\_\_\_
  
- 4) Are you the subject of a current criminal investigation or have pending charges against you?  
☐ Yes ☐ No  
 Date and state the investigation is ongoing: \_\_\_\_\_  
 If yes, provide a detailed description of the investigation or pending charges: \_\_\_\_\_

Kalamazoo RESA CTE reserves the right to “approve” or “deny” upon review of the background check returned. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian (printed name): \_\_\_\_\_ Signature: \_\_\_\_\_

Please return the completed form to the school/site of service.

**OFFICE USE ONLY**

Approved ☐ Denied ☐ Date Approved/Denied: \_\_\_\_\_

Determining Staff Member (initials): \_\_\_\_\_

Type of ID Checked: \_\_\_\_\_

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

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

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

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

Sex Offender Registry Ck: MI \_\_\_\_\_  
 U.S. \_\_\_\_\_

## **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

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

**Result:** ☐ Negative ☐ Positive

**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

***Turn in pages 4 - 10 of this packet, along with your immunization MCIR record, to your teacher by August 31.***

I received a copy of the CTE Health Science Guidelines and reviewed them. By signing below, I acknowledge understanding the requirements for successful completion of this program. I also understand the requirements of the physical, immunizations, mandatory drug screen and background check in order to participate in work-based learning opportunities, as required by most of CTE's healthcare partners. If I am not up to date, my opportunities will be limited.

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

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

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

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

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

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

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

Mailing address: \_\_\_\_\_  
Street Address City Zip Code

Student email: \_\_\_\_\_ Student cell number: \_\_\_\_\_

Parent/legal guardian email: \_\_\_\_\_ Parent/legal guardian number: \_\_\_\_\_

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