

Congratulations on your acceptance in the CTE Health Science program for the 2022-2023 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 ***strongly encourage*** a parent/guardian to attend with the students. Due to COVID-19 space limitations, only one parent/guardian per student is allowed to attend and we have divided our orientation into two nights. At the time of the printing of this packet, masks are required at KVCC. Please join us on:

Monday, May 16, 2022, at 6:00 p.m. on KVCC's Texas Township Campus, room 9130
Students with last name A – L
(see map on next page)

Wednesday, May 18, 2022, at 6:00 p.m. on KVCC's Texas Township Campus, room 9130
Students with last name M - Z
(see map on next page)

In this meeting, you will have the opportunity to:

- Meet the instructor and hear from second year students
- Tour the program
- 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
- 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 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.

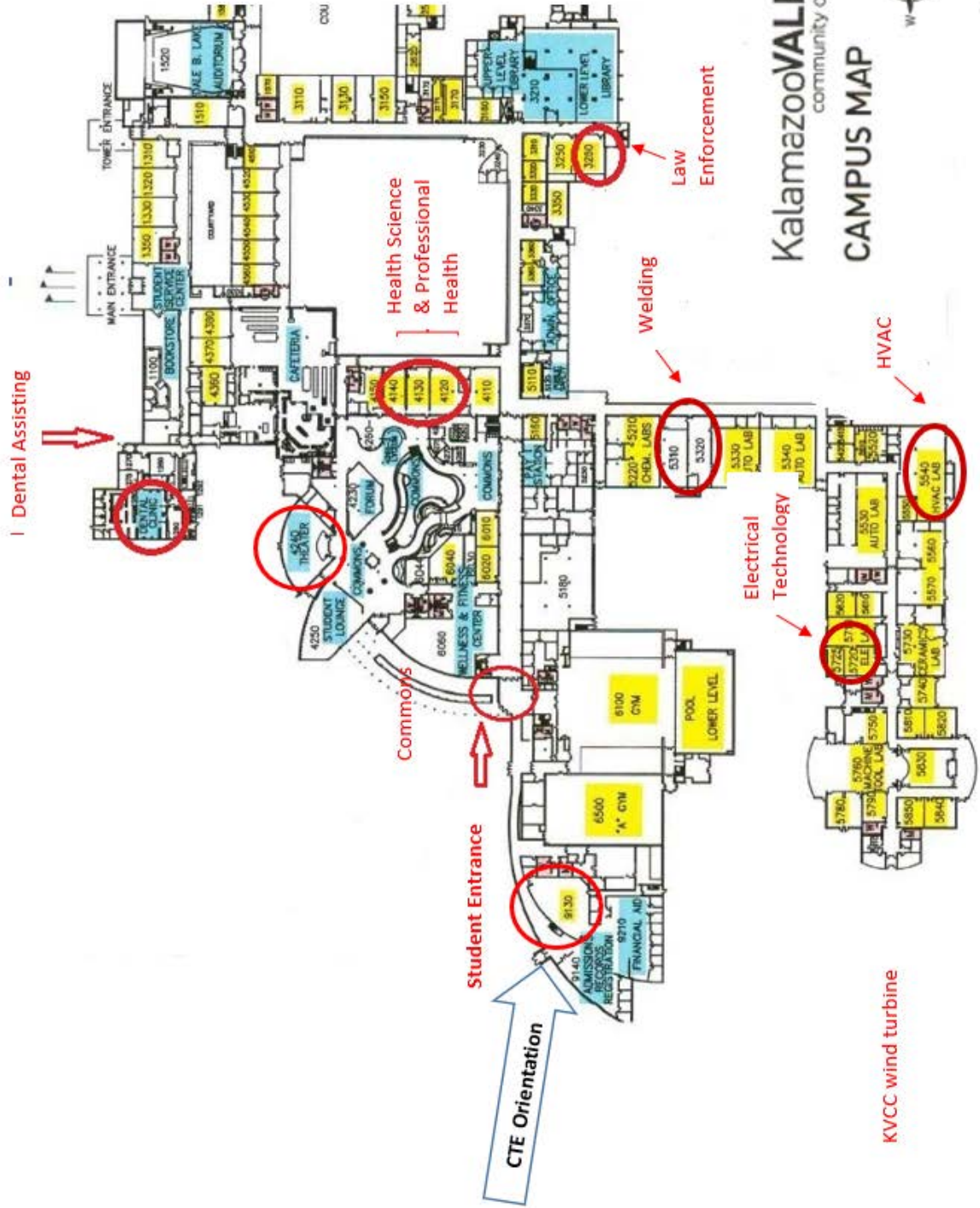
Notice of Non-discrimination:

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.

I 94

O Avenue

8th Street



KalamazooVALLEY™
community college
CAMPUS MAP

KALAMAZOO VALLEY COMMUNITY COLLEGE

GUEST/VISITOR EXPECTATIONS

Before you visit, take the self-health screening questionnaire.

Self-health screening questionnaire

- Do you now or have you had a fever in the last 24 hours?
- Do you have a sore throat?
- Have you had a recent onset of a cough?
- Are you experiencing shortness of breath or chest tightness?
- Do you have nasal congestion or a runny nose?
- Are you experiencing sudden body aches without recognized cause?
- Have you recently lost your sense of smell or taste?
- Are you experiencing nausea or vomiting?
- Are you experiencing fever, chills, or sweats?
- Have you had close contact with someone who was diagnosed with COVID-19 in the last two weeks?
- Have you been diagnosed with COVID-19 in the past two weeks?

If you answered “yes” to any of these questions or are suffering from other symptoms which are not listed above, please do not come to campus or enter the building(s).

During your visit, we ask that you

- Wear a face covering at all times, regardless of vaccination status;
- Maintain 3 ft. social distance whenever possible and do not congregate;
- Wash your hands or use hand sanitizer frequently and at least upon entering and exiting the facility;
- Keep furniture in its location and only use designated seats;
- Follow directions on posted signage;
- Adhere to current occupancies.

For questions, please contact the Event Services Office at 269.488.4204

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community college

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Health Science 2022-2023

Please see page 2 for a detailed checklist.

<p>May 16, 2022 6:00 p.m. For students A-L</p> <p>May 18, 2022 6:00 p.m. For students M-Z</p>	<p>✓ It is <i>strongly encouraged</i> that you and one parent/guardian attend the-orientation <i>and have this packet with you.</i> See details on the cover page.</p>
<p>By June 1, 2022</p>	<p>✓ Apply and be accepted to KVCC</p> <p>✓ Save your acceptance letter which includes KVCC email and Valley #. You will need this to complete forms in this packet.</p>
<p>By early summer</p>	<p>✓ Schedule a doctor’s visit to complete the physical and immunization forms (pages 4 – 8)</p>
<p>August 30, 2022</p>	<p>✓ Attend class at KVCC’s Texas Township Campus. Bus hub transportation is available depending on school.</p>
<p>By September 1, 2022</p>	<p>✓ Submit pages 4-12 of this packet to your instructor (see page 2 for more details)</p> <p>✓ Be sure to include your Valley # on these forms.</p>
<p>Before 1st workplace observation</p>	<p>✓ Take and successfully pass a <i>random</i> drug test, during class time, administered by a company approved by CTE. Students <u>do not</u> complete this on their own.</p> <p>✓ Complete a background check conducted by CTE</p>

Program Location:
 KVCC, Texas Township Campus
 Rooms 4120 and 4130

For more information, contact:

Diane Fort

Program Coordinator

diane.fort@kresa.org

269-250-9316

KRESA’s Career and Technical Education

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 workplace observations need to complete **pages 4 – 11**.

<p>By June 1</p>	<p><input type="checkbox"/> KVCC ADMITTANCE</p> <p>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. Dual enrollment requires students apply to and be accepted by Kalamazoo Valley Community College (KVCC).</p> <p>The KVCC application is available online at www.kvcc.edu/apply. 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. <u>Students should write their Valley # number on the packet on pages 4 & 5 in the box provided.</u></p>
<p>By early summer</p>	<p><input type="checkbox"/> Schedule a doctor’s visit to complete the physical and immunization form (pages 4 – 8)</p> <p>It is encouraged to schedule this appointment as soon as you receive this packet, so that you can meet the additional deadlines. <u>DO NOT wait until the last minute.</u> More than likely, you will need to visit your local healthcare provider for a TB test. In some instances, a repeat visit to the physician’s office may also be required.</p>
<p>August 30</p>	<p><input type="checkbox"/> CTE CLASS BEGINS</p>
<p>By September 1</p>	<p><input type="checkbox"/> Turn in pages 4-12 of this packet to your instructor. Be sure to keep a copy of all documents for your records. To be considered for job shadows, the following must be turned in. Alternative assignments are available.</p> <ul style="list-style-type: none"> <input type="checkbox"/> COVID-19 form <input type="checkbox"/> Immunization record – provide a copy of your MCIR – Michigan Care Improvement Registry record (mdhhs.mimmsportal.state.mi.us) or physician’s office completes pages 5 & 6 <input type="checkbox"/> Influenza (flu) form <input type="checkbox"/> Physical must be good for the entire next school year (cannot receive any earlier than April of current year.) <input type="checkbox"/> TB form <p>COVID-19 is a fluid situation and requirements may change prior to next school year. Currently, our healthcare partners require that students receive the COVID-19 vaccine in order to participate in job shadows for the course. Please see the attached COVID-19 vaccination form for acceptable proof of your vaccine.</p>
<p>Before 1st workplace observation</p>	<ul style="list-style-type: none"> ✓ Take and successfully pass a <i>random</i> drug test administered by a company approved by CTE. Students do not complete this on your own. ✓ Complete a background check conducted by CTE

Please review the following program guidelines:

1. Students enrolling in Career and Technical Education (CTE) Health Science are committing to a full-year program ***located*** on Kalamazoo Valley Community College's Texas Township Campus. **(These programs are NOT KVCC programs.)**
2. Students are assigned class time based on home school's slot availability. Transportation to and from the program is a district decision. Questions about transportation need to be directed to the student's home school.
3. Workplace observations are a privilege and an activity that will be arranged between the CTE instructor, the healthcare agency and the student. Observations will ONLY take place if the student's documentation is complete and on file at the time of scheduling and if the student is passing the class, with a C or better. 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/diagnostic form, updated immunization records, drug screen results, criminal background check results, proof of HIPPA training, fit testing, and or PAPR hood training, and proof of valid BLS certification.
5. This class involves clinical skills that can be physically demanding. i.e. lowering a patient to the floor during a fall, moving a patient up in bed and 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 guidelines that apply to classroom, laboratory, clinical, and professional areas. These expectations will be explained in detail during the first week of class.

- *Official hospital dress code or the wearing of blue (ceil) scrubs*
- *Hospital lab coat (provided)*
- *Nametag to be worn on upper torso (provided)*
- *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.*
- *Daily bathing and the application of deodorant*
- *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.*
- *Wearing make-up in moderation*
- *The avoidance of heavy perfumes and colognes*
- *Clean hair; if shoulder length or longer, must be tied back*
- *NO extreme hairstyle or unnatural hair color, i.e. blue...*
- *Facial hair must be clean and neatly trimmed*
- *NO gum chewing*
- *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.*
- *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 1/2 inch. The use of a band-aid to cover is not acceptable.*
- *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.*

****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: _____ V00 _____
Last Name First Name Middle Name Valley #

High School: ___CS ___CO ___GA ___GL ___KC ___LN ___PA ___PC ___PN ___SC ___VX OTHER _____

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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**Kalamazoo RESA Career and Technical Education (CTE)
Health Science Immunization /Diagnostic Form**

Student: _____ **V00**
 Last Name First Name Middle Name Valley #

Program enrolled: _____ Health Science _____ Fundamentals of Health Science

Address: _____

Phone: _____ Birthdate: _____ Sex: _____

Personal Physician: _____ Address: _____

Immunizations - Documentation of adequate immunity to Rubeola, Rubella, Mumps, Tetanus/Diphtheria/Pertussis, Chicken Pox, TB, Flu and Hepatitis B is required. **Participation in WORKPLACE OBSERVATIONS and/or INTERNSHIP may be denied because of incomplete immunizations, information or findings.**

*Full immunity to Rubeola **and** Mumps **or** MMR must be demonstrated. (see 1, 2, 3 below)*

1. RUBEOLA (Hard Measles): Full immunity to Rubeola must be demonstrated. **Check appropriate box and specify date.**

- A. **Attach** lab report documenting adequate immunity.
 Specify date of titer or screen / /
 Month Day Year
- B. Immunized **twice** with measles vaccine.
 Date of second immunization / /
 Month Day Year

2. MUMPS: Full immunity to mumps must be demonstrated. **Check the appropriate box and specify date.**

- A. **Attach** lab report documenting adequate immunity.
 Specify date of titer or screen / /
 Month Day Year
- B. Immunized **twice** with mumps vaccine.
 Date of second immunization First ____ / ____ / ____ Second ____ / ____ / ____
 Month Day Year Month Day Year

3. MMR* (Measles/Mumps/Rubella):

- A. Immunized **twice** with MMR vaccine. First ____ / ____ / ____ Second ____ / ____ / ____
 Month Day Year Month Day Year

4. CHICKEN POX: Full immunity to Chicken Pox must be demonstrated. **Check appropriate box and specify date.**

- A. Had Chicken Pox **confirmed by a physician record** / /
 Month Day Year
- B. **Attach** lab report documenting adequate immune titer.
 Specify date of titer / /
 Month Day Year
- C. Immunized **with chicken pox vaccine** First ____ / ____ / ____ Second ____ / ____ / ____
 Month Day Year Month Day Year

**The TB test (#8 on this form) 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.*

4. TETANUS/DIPHTHERIA/PERTUSSIS: Full immunity to Tetanus/Diphtheria/Pertussis must be demonstrated.
One Tdap immunization must be administered within the last 10 years

A. Tetanus/Diphtheria/Pertussis immunization has been administered. (One-time dose as an adult)
 Indicate date of immunization..... / /
 Month Day Year

B. Tetanus/Diphtheria/immunization has been administered within ten years of Tdap.
 Indicate date of immunization..... / /
 Month Day Year

6. HEPATITIS B: All CTE Health Sciences students are required to demonstrate immunity to Hepatitis B in either one of three ways: **Check appropriate box and specify date (s).**

A. **Attach** lab report documenting adequate immune titer. Specify date of titer..... / /
 Month Day Year

B. Has begun the series of three immunizations
 First / / Second / / Third / /
 Month Day Year Month Day Year Month Day Year

C. I elect not to disclose my status as it relates to the virus Hepatitis B.
 (Workplace observation/Internship opportunities will be selected based on this declination.)

5. INFLUENZA VACCINE (Sept.-Oct.): All CTE Health Sciences students are required to receive an **annual** flu vaccination.

A. Indicate date of last immunization..... / /
 Month Day Year

ADDITIONAL DIAGNOSTIC STUDY

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

A. PPD (Mantoux) test within the past year and must be renewed **annually** thereafter (Tine or Monovac not acceptable)
 Date and test result..... / / Result: Positive
 Month Day Year Negative

B. QuantiFERON Gold Blood Test
 Date and test result..... / / Result: Positive
 Month Day Year Negative

B. If PPD is positive, evidence of a Chest X-Ray is required within the past three years.
 Date and finding..... / / Result: Positive
 Month Day Year Negative

Provider completed, conducted, reviewed and/or verified all sections of the immunization form. (*If a Parent/Guardian completes these documents, instead of a provider, a copy of the student's official immunization record(s), documented by a healthcare professional, need to be attached.

SCHOOL RECORDS ARE NOT ACCEPTABLE DOCUMENTATION.

Signature of Provider	Date	Parent/Guardian Signature	Date
Print Provider's Name	Provider's 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 three ways or by providing a copy of your [MCIR – Michigan Care Improvement Registry](https://mdhhs.mimmsportal.state.mi.us) (mdhhs.mimmsportal.state.mi.us):

A. **Pfizer Vaccine**

Directions: Two vaccines given 3 weeks (21 days) apart.

First _____
Month Day Year

Second _____
Month Day Year

Booster (if received) _____
Month Day Year

B. **Moderna Vaccine**

Directions: Two vaccines given 4 weeks (28 days) apart.

First _____
Month Day Year

Second _____
Month Day Year

Booster (if received) _____
Month Day Year

C. **Johnson & Johnson's Janssen Vaccine**

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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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](https://mdhhs.mimmsportal.state.mi.us) (mdhhs.mimmsportal.state.mi.us):

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

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TO: Prospective CTE Student

FROM: Diane Fort, Program Coordinator
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 to successfully pass a drug test before participating in a workplace observation or clinical experience associated with their healthcare 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, whereby the student may be required to be removed from the class. Please read the following document and sign indicating your acceptance and agreement to CTE completing these program requirements on your behalf.

Students DO NOT complete the drug test OR background check on their own!

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

PLEASE PRINT CLEARLY

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 internship in any course and will be removed from any such opportunity if already placed.

I acknowledge that as a condition of workplace observation/internship agencies collaborating with CTE, the Health Sciences programs require all students enrolled in health career programs 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 internship.

 Signature

 Date



Kalamazoo RESA Career and Technical Education Health Science
Affidavit Regarding Criminal History

Please Print Clearly

Name (Last, First, Middle): _____

List all other names you have ever used or by which you have ever been known (Last, First, Middle):

Date of Birth (Month, Day, Year): ____/____/____ Gender: Male _____ Female _____

Michigan Driver's Lic.#: _____

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

Statement Regarding Criminal History

I hereby state that I have not been convicted of a felony described under 42 usc 1320a-7, which includes:

- Criminal offenses related to the delivery of items or services under federal or state health care law.
- Neglect or abuse of patients in connection with the delivery of health care items or services provided by a governmental agency.
- A felony relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct related to a state or federal health care program.
- A felony under Federal or State law relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Furthermore, I hereby state that I have not been convicted of any of the following felonies or have been convicted of attempting or conspiring to commit any of the following felonies, or completed terms and conditions or sentencing, parole, and/or probation for such a conviction within 15 years of application. Felonies include the following:

- The intent to cause death or serious impairment of body function, that results in death or serious impairment of a body function, that involves the use of force or violence, or that involves the threat or the use of force or violence:
- A felony involving cruelty or torture;
- A felony against a vulnerable adult;
- A felony involving criminal sexual conduct;
- A felony involving the use of a firearm or dangerous weapon; or
- A felony involving assault against a family member, police officer, firefighter or EMT.

Furthermore, I hereby state that I have not been convicted of a felony or an attempt or conspiracy to commit a felony, other than a felony for a relevant crime as described more fully above, or completed all terms and conditions of sentencing, parole, and probation for such conviction within 10 years of application.

Furthermore, I hereby state that I have not been convicted of a misdemeanor that involved abuse, neglect, assault, battery, criminal sexual conduct, fraud, or theft, or a similar state of federal misdemeanor within 10 years immediately preceding the date of application. Misdemeanor offenses would include the following:

- A misdemeanor involving assault or 1st degree retail fraud;
- A misdemeanor against a vulnerable adult;
- A misdemeanor involving criminal sexual conduct;
- A misdemeanor involving cruelty or torture; or
- A misdemeanor involving abuse or neglect.

Furthermore, I hereby state that I have not been convicted of one or more of the following misdemeanors or relevant federal health care fraud and abuse crime, within 5 years immediately preceding application. Other misdemeanor offenses include the following:

- A misdemeanor involving cruelty if committed before age 16;
- A misdemeanor involving home invasion;
- A misdemeanor involving embezzlement;
- A misdemeanor involving negligent homicide;
- A misdemeanor involving larceny;
- A misdemeanor involving retail fraud in the second degree; or
- A misdemeanor that is not otherwise identified involving assault, fraud, or theft, or possession or distribution of a controlled substance.

Furthermore, I hereby state that I have not been convicted of one of more of the following misdemeanors against a vulnerable adult within 3 years immediately preceding the date of application. Other misdemeanor offenses include:

- A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury;
- A misdemeanor of retail fraud in the third degree; or
- Misdemeanor drug violations under the Public Health Code.

Furthermore, I hereby state that I have not been convicted of one or more of the following misdemeanors within 1 year immediately preceding the date of application:

- Any misdemeanor drug violations under the Public Health Code if under the age of 16; or
- A misdemeanor for larceny or retail fraud in the second or third degree if under the age of 16.

Furthermore, I hereby state that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of not guilty by reason of insanity in accordance with MCL 769.16b.

Furthermore, I hereby state that I have not been the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency under federal health care law pursuant to an investigation conducted in accordance with 42 USC 1395i-3 or 1396r.

Understandings and Agreements

In consideration of this conditional employment or clinical placement, I hereby understand and agree that, if the criminal history check conducted under Public Health Code Section 20173a as amended does not confirm these statements, my employment or clinical placement will be terminated by the facility as required by Section 20173a of that Code unless and until I can prove that the information is incorrect.

I also understand and agree that failure to meet any conditions described above may result in the termination of my employment or clinical placement and that those conditions are good cause for termination.

I further understand that an individual who knowingly provides false information regarding criminal convictions in this statement is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both. (MCL 333.20173a(8))

I understand and agree that should I be arrested for or convicted of any criminal offenses listed in the section above entitled "Statement Regarding Criminal History" I will immediately inform my instructor.

Name of Applicant (Print)

Signature

Date

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**2022-2023
HEALTH SCIENCE GUIDELINES
ACCEPTANCE FORM**

Turn in pages 4 - 12 of this packet to your teacher by September 1.

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 job shadow opportunities.

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: _____

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.