



Dental Assisting DUAL ENROLLMENT 2018-19

**Congratulations on your admission to EFE Dental Assisting for the 2018-19 school year.
PLEASE NOTE THERE ARE STEPS YOU MUST TAKE NOW TO PREPARE FOR THIS COURSE.**

April 2018 SAT Testing	Select KVCC as one of the colleges to receive your test results.
May 9, 2018	Plan to attend the mandatory program orientation
June 1, 2018	Finish KVCC's application process
Before you leave school for summer vacation	<ul style="list-style-type: none"> ✓ Complete Placement Testing ✓ Submit pp. 9-15 and p. 20 of this packet to EFE

Details pertaining to each deadline AND additional summer deadlines are described within this packet.

FALL SEMESTER		
DHY 105	Dental Assisting	1:00 - 2:50 pm
WPE 112	Safety and First Aid	1:00 - 2:50 pm
WINTER SEMESTER		
DHY 113	Dental Imaging Techniques	1:00 - 3:40 pm
DHY 106	Dental Assisting (weeks 1-7)	1:00 - 2:50 pm
DHY 278 Internship	<i>Second semester; weeks 8-15 Days and Times TBD</i>	

Dental Assisting classes take place on the KVCC Texas Township Campus. Transportation is the responsibility of the student.

*For more information, contact
Karen Robyn*

Program Administrator

Education for Employment

Kalamazoo Regional Educational Service Agency

1819 E. Milham Ave. Portage MI 49002-3035

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269-250-9310

Notice of Non-discrimination:

It is the policy of Kalamazoo Regional Educational Service Agency that no discriminating practices based on gender/sex, sexual orientation, race, religion, height, weight, color, age, national origin, disability, genetic information or any other status covered by federal, state or local law be allowed during any program, activity, service or in employment. The following positions at Kalamazoo RESA have been designed to handle inquiries regarding the nondiscrimination policy: Assistant Superintendents, Tom Zahrt, Mindy Miller and Dr. Jennifer Sell. Contact information: (269) 250-9200, 1819 E. Milham Ave. Portage, MI 49002

EFE Dental Assisting STUDENT CHECKLIST

This document was created to help students quickly identify steps that need to be completed before Fall. It is extremely important this packet is read in its entirety.

EMT ♦ **DENTAL** ♦ ELECTRICAL TECH ♦ HVAC ♦ WELDING

DONE	<input checked="" type="checkbox"/> HIGH SCHOOL APPROVAL																								
May 9, 2018 6:30 – 8:00 pm KVCC Texas Township Campus Room 1260	<input type="checkbox"/> ATTEND MANDATORY PROGRAM ORIENTATION <i>What to expect at the orientation:</i> <ul style="list-style-type: none"> • General overview of program packet, logistics and student responsibilities. • Explanation of EFE Dental Assisting dual enrollment program. • Learn how to complete the Postsecondary Enrollment Options (PSEO) form to ensure dual enrolled billing goes to EFE. 																								
BY June 1	<input type="checkbox"/> KVCC ADMITTANCE The KVCC application is available online at www.kvcc.edu/apply . Follow the online directions to create an account and apply. You should receive your acceptance letter in the mail within one week. Keep your Valley number in a safe place for future access. Students should also provide their high school counselor with their Valley number.																								
BEFORE the school year ends	<input type="checkbox"/> PLACEMENT TESTING KVCC has set minimum SAT scores for this program. If a student does not meet KVCC minimum scores, the student has the option of using ACCUPLACER, Compass, or ACT scores. <u>Placement test scores need to be on file prior to KVCC allowing dual enrollment. The minimum scores</u> , required as a prerequisite for EFE dual enrolled classes, are in the table below. Most students will have SAT scores, however if not, look into the following options. <ul style="list-style-type: none"> • ACCUPLACER testing may be available in your counseling office • ACCUPLACER testing is available at KVCC on a walk-in basis in the KVCC Testing Centers. Call 269-488-4235 for Testing Center hours (Texas Township Campus, room 2210, or 269-373-7815 for Testing Center hours at the Arcadia Campus) <ul style="list-style-type: none"> ➢ Students planning on testing at KVCC will need to bring the following items to the session: <ol style="list-style-type: none"> a) Valley ID number (the v-number assigned to you when you were accepted to KVCC) b) A picture ID (driver's license, school ID, or passport) ➢ Scores are available the day you complete the test. EFE suggests you share scores with your high school counselor. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Program</th> <th>College</th> <th>Assessment</th> <th>Writing</th> <th>Reading</th> <th>Math</th> </tr> </thead> <tbody> <tr> <td rowspan="4">Dental Assisting</td> <td rowspan="4">KVCC</td> <td>ACT</td> <td>13</td> <td>14</td> <td>13</td> </tr> <tr> <td>Compass</td> <td>25</td> <td>65</td> <td>19</td> </tr> <tr> <td>SAT</td> <td>17</td> <td>22</td> <td>15.5</td> </tr> <tr> <td>ACCUPLACER</td> <td>50</td> <td>53</td> <td>24</td> </tr> </tbody> </table> <p>ACCUPLACER information and test taking study guides are available online at: https://accuplacer.collegeboard.org/student/practice</p> <p>Questions? Contact your counselor.</p>	Program	College	Assessment	Writing	Reading	Math	Dental Assisting	KVCC	ACT	13	14	13	Compass	25	65	19	SAT	17	22	15.5	ACCUPLACER	50	53	24
Program	College	Assessment	Writing	Reading	Math																				
Dental Assisting	KVCC	ACT	13	14	13																				
		Compass	25	65	19																				
		SAT	17	22	15.5																				
		ACCUPLACER	50	53	24																				

<p>BEFORE the school year ends cont.</p>	<p><input type="checkbox"/> RETURN pages 9 – 15 of this packet and completed PSEO form to EFE</p> <p>SUBMIT paperwork in an envelope labeled with your name and contact information along with the EFE Program you are enrolled. BE SURE TO KEEP A COPY OF ALL DOCUMENTS FOR YOUR RECORDS! Send to:</p> <p style="text-align: center;">Kalamazoo RESA Education for Employment ATTN: Karen Robyn 1819 E. Milham Ave. Portage MI 49002</p> <p>EFE/KVCC will register students for FALL classes. As such, students should BEGIN to monitor their KVCC email on a regular basis. EFE and KVCC will be communicating to you via email during the summer.</p>
<p>August 3</p>	<p><input type="checkbox"/> RETURN PAGES 16-18 OF THIS PACKET TO EFE</p> <p>SUBMIT paperwork in an envelope following the same steps above. BE SURE TO KEEP A COPY FOR YOUR RECORDS!</p>
<p>BY August 15</p>	<p><input type="checkbox"/> KVCC LIVE SCAN FINGERPRINTING NEEDS TO BE COMPLETED</p> <ul style="list-style-type: none"> • Call KVCC Public Safety Office (269-488-4131) to schedule Live Scan fingerprinting. • The day of testing, take the completed Live Scan form (p. 19) and a photo ID to room 5120. • The cost for the scan is approximately \$60. EFE will cover this expense, however for EFE to pay; the student MUST identify himself or herself as an EFE Dental Assisting or EMT student at the time of testing.
<p>Late August</p>	<p><input type="checkbox"/> STUDENT ID - Stop by the KVCC Student Service Center when the semester begins to obtain your Student ID. Students will not be able to obtain their ID until the steps above are complete and approved by KVCC.</p> <p>EFE students will receive a letter from EFE containing first day expectations.</p>
<p>September 5</p>	<p>ATTEND CLASS - Welcome, Kalamazoo Valley Cougar!</p> <p>Students not attending the first scheduled class, or who fail to contact EFE regarding an absence before the first scheduled class, may, at the option of EFE, be removed from the course.</p>

Dental Assisting Dual Enrollment Guidelines

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. The GUIDELINES, found within this document, 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, EFE, and/or KVCC. Consequently, EFE 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 by going to the KVCC website (www.kvcc.edu) and searching for STUDENT HANDBOOK.

Education for Employment (EFE) 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, laboratory and clinical procedures. Second semester includes an internship held in KVCC's dental clinic and/or local dental offices.

Upon successful completion of KVCC's DHY 105, 106, 113, 278 and WPE 112, a student will have skills that are readily recognized within a dental office. Enrollment in EFE's Dental Assisting program provides students with exposure to career opportunities found within the Dental field and begins a preferred relationship with the KVCC Dental Hygiene program.

Students enrolling in this EFE program MUST feel comfortable with all parts of this packet.

ENROLLMENT

A student choosing to enroll in an EFE-KVCC dual enrolled program needs permission to enroll by their high school counselor.

PROGRAM TIMETABLE AND CALENDAR

Student schedules require being open to extended class time and the college's calendar. STUDENTS WILL BE EXPECTED TO ATTEND EVERY SCHEDULED KVCC CLASS SESSION; THIS MAY INCLUDE ATTENDANCE DURING THE HIGH SCHOOL SPRING BREAK AND OTHER HOME SCHOOL CLOSURE DATES. (During the school year, your high school may make general announcements about EFE attendance; these announcements generally do not apply to dual enrolled programs.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Credits
FIRST SEMESTER					
DHY 105 CRN: 11832 Dental Assisting I 1:00 - 2:50 PM 4 credits		WPE 112 Safety and First Aid 1:00 - 2:50 PM 2 credits		DHY 105 CRN: 11832 Dental Assisting I 1:00 - 2:50 PM	6 credits
SECOND SEMESTER					
DHY 113 CRN: TBD Dental Imaging Techniques 1:00 - 3:40 PM 1 credit		DHY 106 (week 1-7) CRN: TBD Dental Assisting II 1:00 - 2:50 PM 2 credits		DHY 106 (week 1-7) Dental Assisting II 1:00 - 2:50 PM	4 credits
	DHY 278 INTERNSHIP (week 8 - 15; total of 48 hours) CRN: TBD To be eligible for the internship, students must be passing all preceding coursework with a "C" or above Days and Times TBD 1 credit				

2018-19 EFE Dual Enrolled Dental Assisting CALENDAR**Location: KVCC – Texas Township****EFE students are expected to attend all KVCC class sessions, EVEN WHEN HOME SCHOOLS ARE CLOSED.**

AUGUST				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

KVCC ID will be available when Health Admissions indicates documentation is complete. Refer to KVCC email.

SEPTEMBER				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

Sept 4 – KVCC Semester begins
 Sept 5– KVCC **WPE 112** 1st day
 Sept 7 - KVCC **DHY 105** 1st day

OCTOBER				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

NOVEMBER				
M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

November 22-23 Thanksgiving Recess

DECEMBER				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

December 17, KVCC semester ENDS

JANUARY 2019				
M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

Jan. 7 – 1st day KVCC, **DHY 113**

Jan. 9 – 1st day **DHY 106**

Jan. 21 - MLK Birthday, KVCC Closed

FEBRUARY				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	

Feb 26– Begins **DHY 278**

MARCH				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

March 4-8 – KVCC Spring Recess
 Internship (TU - F; dates and times TBD)

APRIL				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

April 26 – Last day **DHY 278**

April 29 – Last day **DHY 113** -KVCC Semester Ends

MAY				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

DHY 105	Dental Assisting	1:00 - 2:50 pm
WPE 112	Safety and First Aid	1:00 - 2:50 pm
DHY 113	Dental Imaging Techniques	1:00 - 3:40 pm
DHY 106	Dental Assisting (weeks 1-7)	1:00 - 2:50 pm
DHY 278 Internship	<i>Days and Times TBD (second semester; weeks 8-15)</i>	

DENTAL ASSISTING DUAL ENROLLMENT GUIDELINES

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 as part of the class assignment schedule. 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 of the semester or who fail to contact the instructor regarding absences may, at the option of the instructor, be removed from the course. A Dual Enrollment student follows the Kalamazoo Valley 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.

EFE/KVCC HEALTH CAREER APPLICATION (ENROLLMENT) PROCESS

Choosing to enroll in this program, requires a student to complete and submit all portions of the KVCC Health Careers Application (attached) including physical examination and appropriate immunization documentation, by the deadlines listed on the Student Checklist. A copy of this paperwork is also available from the KVCC Health Careers Admissions Coordinator in room 7464.

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 the usual news outlets for information about Texas Township campus closures. The KVCC website provides information on how to receive campus closures through text messaging or through other means.

KVCC COMMUNICATION

KVCC instructors will communicate student progress only to the student. Postsecondary instructors are not allowed to communicate with parents or other third parties such as school counselors, principals, etc. Parents, counselors, and principals should call the EFE office at 250-9310 with any questions. Students can choose to complete an AUTHORIZATION FOR RELEASE OF INFORMATION FORM to release limited information to an organization or individual (i.e. parent). The form can be found at: <https://www.kvcc.edu/admissions/registration/AuthReleaseInfo.pdf>.

MOODLE

Moodle 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 Moodle. Here the student should be able to monitor grades, find instructional materials, take assigned quizzes and upload required work. While faculty use of Moodle will vary from course to course, every course will use Moodle for grades. EFE 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.

PROGRAM LOCATION

Dental Assisting classes take place on the KVCC Texas Township Campus. Transportation is the responsibility of the student.

SAT MINIMUM REQUIREMENTS

KVCC has set minimum SAT scores for this program. If a student does not meet KVCC minimum scores, the student has the option of taking the ACCUPLACER test offered by KVCC. Refer to **TESTING** guidelines on the HIGH SCHOOL CHECKLIST to ensure your scores meet KVCC's requirements.

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, 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.

TUITION and CLASS FEES

EFE 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 the EFE office at 269-250-9310. **If at any time, after the spring orientation, you decide not to enroll in this program, immediately notify your high school and EFE. We want to ensure you are dropped from the college course correctly.**

<i>Tentative out of pocket student expenses</i>	
Drug testing (date TBD) approx. \$25	White shoes
Scrubs (color TBD)	Pocket mask approx. \$18
<i>Expenses EFE covers</i>	
Tuition AND fees (approx. \$1800)	Textbooks (approx. \$200)
Live Scan Fingerprinting (\$65)	

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

PSEO FORM

Students need to complete a Postsecondary Enrollment Options (PSEO) Tuition, Transcript, and Authorization form allowing a high school student to take classes at KVCC. The PSEO form also directs KVCC to invoice EFE for the student's dual enrolled credits. Further explanation about this document will take place during the program orientation.

TEXTBOOKS

EFE will purchase the required textbook(s) and loan it 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 returned in reasonable condition, by EFE, are acceptable.

TRANSCRIPTS, GRADES and CREDITS

You have the option of earning both high school and college credit for successfully passing dual enrolled courses. Your high school sets the number of high school credits awarded for each class. For each course, your KVCC transcript grade will be reported to your high school at the end of corresponding KVCC semester. **It is extremely important to take your dual enrolled course seriously. EFE Dental Assisting grade(s) will go on your official college transcript!**

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	*2.0	Average	83-80
F	0	Failing	79 or below
*Students need to earn a grade of 2.0 GPA, or higher, to continue with dual enrollment 2nd semester.			

Changing or Dropping an EFE dual enrolled course

Dual enrolled EFE students are enrolled in their class 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 the 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 end up with a failing grade of 0.00 entered on his/her permanent college record.

COURSE DESCRIPTIONS**DHY 105 Dental Assisting I**

This course covers the essentials of the basic background knowledge and skill needed for an entry-level dental assistant. The dental assisting student is introduced to the importance of a variety of delegated tasks including infection control, medical history assessment, four handed dentistry for restorative and surgical procedures.

WPE 112 Safety and First Aid

This course is a study of the practical aspects of first aid and cardiopulmonary resuscitation. Successful completion of the course qualifies a student for certification from the American Heart Association in: (1) Safety and First Aid; and (2) CPR.

DHY 106 Dental Assisting II

This course builds upon previously learned skills and developing competency in advanced skills needed for servicing patients. The dental assisting student is introduced to office management and patient scheduling.

DHY 113 Dental Imaging Techniques

This application course includes a series of x-ray demonstrations and laboratory practice sessions for dental diagnostic purposes and radiographic charting procedures. Cognitive knowledge includes radiobiological effects and radiation protection.

DHY 278 Dental Assisting Internship

The Dental Assisting Internship is a supervised on-the-job learning experience is designed to provide students the opportunity to apply dental assisting competencies in a dental office environment. Prerequisite: With some exceptions, students must have completed 75% of the coursework in the pursued degree/certificate program and have a grade point of 2.5 in the program and 2.0 overall. Comment: See Internships under Permission Codes for more information at www.kvcc.edu.



**2018-19
DUAL ENROLLMENT
DENTAL ASSISTING GUIDELINES
ACCEPTANCE**

FORM Turn in pages 9 – 15 of this packet to EFE before you leave for summer vacation.

I received a copy of the EFE dual enrollment guidelines and reviewed them. By signing below, I acknowledge understanding the requirements for successful completion of this program.

Student Signature	Date	Parent/Guardian Signature	Date
Summer Contact Information (please print legibly)			
Primary Phone Number	Alternate Phone Number	KVCC Valley ID	
Mailing Address		KVCC Email - Plan to check it on a regular basis. KVCC & EFE will contact you through this email during the summer.	

I have applied and been accepted to KVCC: YES _____ NO _____

I have SAT, ACCUPLACER, ACT or Compass scores on file at KVCC that meet the minimum score requirements:
YES _____ NO _____

I have submitted a signed FALL PSEO form to EFE staff: YES _____ NO _____

If you answered NO to any of the above statements, please explain your status on the back of this form.

Notice of Non-discrimination:

It is the policy of Kalamazoo Regional Educational Service Agency that no discriminating practices based on gender/sex, sexual orientation, race, religion, height, weight, color, age, national origin, disability, genetic information or any other status covered by federal, state or local law be allowed during any program, activity, service or in employment. The following positions at Kalamazoo RESA have been designed to handle inquiries regarding the nondiscrimination policy: Assistant Superintendents, Tom Zahrt, Mindy Miller and Dr. Jennifer Sell. Contact information: (269) 250-9200, 1819 E. Milham Ave. Portage, MI 49002.

Kalamazoo Valley Community College Health Careers Application

Last Name	First Name	Middle Initial	Maiden Name
Address	City	State	Zip Code
V00			
Valley ID Number	Home Phone Number	Cell Phone Number	Work Phone Number
KVCC E-mail Address (This is the official notification method of the College)		Date Submitted	

Health Careers Program Choice (Check ONE):

- | | |
|--|---|
| <input type="checkbox"/> Dental Hygiene (AAS)
<input type="checkbox"/> Medical Assistant Technology (Certificate/AAS)
<input type="checkbox"/> Respiratory Care Practitioner (AAS) | <input type="checkbox"/> Basic EMT (Certificate of Achievement)
<input type="checkbox"/> Paramedic (Certificate/AAS)*
<small>*You may only apply for the Paramedic program AFTER completing a Basic EMT program</small> |
|--|---|

Requested Program Start Date:

Semester: _____ Year: _____

Last Prerequisite Was Completed (If Applicable):

Month: _____ Year: _____

****I UNDERSTAND my program plan and the requirements for acceptance into and completion of this Health Careers program. I have completed all portions of this application and have signed the Release Agreement. I ALSO UNDERSTAND that the required Live Scan criminal background check and drug screen will both be done on campus AFTER I have been accepted into the program.**

****I AGREE to regularly check my KVCC e-mail account for information that is pertinent to my program.**

****I AGREE to retain my own copies of all immunization/health records that I submit and I UNDERSTAND that this important information may not be available from the Health Careers Office in the future.**

****I WILL notify both the general Admissions, Registration & Records Office (Room 9140) AND the Health Careers Admissions Office (Room 7464) of any changes in my address and/or phone number.**

_____ Signature	_____ Date
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It is the policy of Kalamazoo Valley Community College not to discriminate on the basis of race, religion, color, national origin, sex, disability, height, weight, or marital status in its programs, services, employment or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Executive Vice President for Instructional and Student Services, 6767 West O Avenue, P.O. Box 4070, Kalamazoo, Michigan 49003 – 4070; (269) 488-4434.

Kalamazoo Valley Community College
HEALTH CAREERS RELEASE AGREEMENT

I understand that upon my admission to a Health Career Educational Program (the "Program") I am subject to my voluntary acceptance and compliance with each of the following terms and conditions:

1. **Rules:** I agree to faithfully and fully comply with all policies and procedures of the Program, the College, and of its affiliating clinical organizations. I acknowledge that I will review and abide by the terms and conditions of all Student Affiliation and other agreements with any affiliating clinical organizations associated with the Program. I agree to execute such further consents evidencing this acknowledgement as may be requested by the College or any such organization. I understand that if I fail to do so, I may be promptly removed from the Program.
2. **Clinical Experience:** I understand that the completion of my training will require clinical experience to be provided in cooperation with one or more affiliated clinical organizations. I expressly agree that:
 - a. The College shall have no responsibility if I am unable to complete the Program because the necessary clinical experience is not available.
 - b. The College or any affiliated clinical organization providing clinical experience, their respective trustees, directors, officers, agents or employees shall have no responsibility for any damages, injury or illness sustained by me unless attributable to the gross negligence of the College or such affiliated clinical organization.
 - c. The College shall have no responsibility for the policies or procedures of an affiliated clinical organization or the consequences to me if I do not comply with such policies or procedures.
 - d. I understand that during my chosen Health Career Educational Program, I will be exposed to communicable diseases. I agree to provide compassionate and competent care to clients with communicable diseases. I agree that neither the College nor the affiliated clinical organization will be held responsible for any illness or injury that I might incur attributable to or incurred during my participation in the Program. I am financially responsible for any and all health care I may receive.
 - e. I understand that an affiliated clinical organization may alter requirements for clinical practice. I will immediately comply with such requirements.
 - f. As a student in a health career program, I understand that a clinical affiliate may request information from my program file. The clinical affiliate request may include mandatory health and other required documents. I agree that upon request from a clinical affiliate KVCC may release the following information from my program 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 PAPER hood training, and valid CPR certification.
3. **Student Disclosure:** I agree to promptly disclose to the College in writing any physical or mental disability, including but not limited to communicable diseases which may be transmitted to others as a result of my participation in the College's Health Career Educational Program, which I have or may develop at any time during my participation in the Program as soon as I have knowledge of (and regardless of whether such knowledge is acquired by me before, during or after my participation in the Program) any such disability. I hereby authorize any and all health care providers from whom I have received (or may receive in the future) services or treatment to disclose to the College any and all information in their possession concerning such disability and to discuss with the College its application to my participation in the Program and waive any rights I may otherwise be entitled to claim as a matter of law or contract with respect to such disclosure.
4. **Program Modification or Discontinuance:** I understand that the College expressly reserves the right to modify or discontinue my Health Career Educational Program at any time and without prior notification to me and that as a consequence I may not be able to complete the Program to which I now apply.
5. **Indemnification:** I release the College, its trustees, officers, employees, agents, representatives, and the affiliated clinical organizations from any and all liability, damage, costs, claims, expenses and charges arising out of my participation in this Health Career Educational Program. I understand that this Program specifically involves physical labor and possible exposure to injuries and communicable diseases. I agree to defend, indemnify and hold harmless, the College, its trustees, officers, employees, agents, and affiliated clinical organizations for any liability, loss, damage, cost, claim, judgment, or settlement which may be brought or entered against them as a result of my participation in this Program. This indemnification shall include attorney's fees and costs incurred in defending against any such claim or judgment.
6. **Majority**:** I represent that I am 18 years of age or older and have the legal capacity to enter into this Agreement. If I am pursuing EMT or EFE Dental Assisting and am under 18 years of age, my parent or guardian must also provide consent.
7. **Certification and Employment:** I understand that completion of a KVCC Health Career Program does not give nor guarantee me certification or licensure in any field. I understand that certification and licensure is subject to issuance solely by a third-party agency separate and distinct from KVCC. I understand that completion of a health career program does not guarantee licensure or employment and that I must meet licensure and/or certification requirements established by external governing Boards.

****Student Applicant: If pursuing EMT or EFE Dental Assisting AND under 18 years of age, a parent or guardian's signature must also be included**

Signature _____

Print Name _____ Date _____

The typical demands placed on the health career student in training as well as on the entry-level health career provider include:

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, telephone 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.

Given these job requirements, are there any medical 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 your participation in a Health Career educational program or limited subsequent employability?

(Check appropriate response)

YES (Explain)*

NO

*Explain any accommodations necessary for you to meet the job requirements.

I understand all of the explanations above and have been given ample opportunities to have all of my questions answered.

I certify that my answers on this form and all other forms are true and complete. I also understand that I may be denied acceptance into or removed from a program if any of this information has been falsified. I give KVCC permission to contact my physician and any other health care provider to seek further information pertinent to my admission, matriculation and retention in any health career educational program. I give my health care providers my permission to release any and all information requested by the college.

Applicant Signature _____ Date _____

Print Name _____ Date _____

Kalamazoo Valley Community College
DRUG TEST AUTHORIZATION FORM

Texas Township Campus
6767 West O Avenue
PO Box 4070
Kalamazoo, MI 49003-4070
269.488.4400
www.kvcc.edu

Please Print Clearly

Name (Last, First, Middle): _____

Date of Birth (Month, Day, Year): ____/____/____ Gender: Male____Female____

Arcadia Commons Campus
202 North Rose Street
PO Box 4070
Kalamazoo, MI 49003-4070
269.373.7800

Bronson Healthy Living Campus
PO Box 4070
Kalamazoo, MI 49003-4070
269.548.3205

Valley ID#: V 0 0 _____

I authorize facilities approved by Kalamazoo Valley Community College, to conduct a drug screen for any drug, alcohol or substance requested by Kalamazoo Valley Community College, and to release those results to Kalamazoo Valley Community College. 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 the clinical component or rotation of any course which requires such clinical component or rotation, and will be removed from any such clinical component or rotation if already placed.

The Groves Campus
7107 Elm Valley Drive
PO Box 4070
Kalamazoo, MI 49003-4070
269.353.1253

Kalamazoo Valley Museum
230 North Rose Street
PO Box 4070
Kalamazoo, MI 49003-4070
269.373.7990

I acknowledge that as a condition of clinical agencies collaborating with Kalamazoo Valley Community College, the college requires 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 initially at the outset of enrollment or as required during my enrollment by the college or clinical agency.



I also understand and agree that if I am arrested for or convicted of any drug or alcohol related offense, I will immediately inform the Dean. 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 Kalamazoo Valley Community College's discretion not be placed into the clinical component or rotation, or may be removed from any such clinical component or rotation if already placed.

I authorize Kalamazoo Valley Community College 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 clinical component or rotation.

I understand that completion of all clinical components or rotations is a graduation requirement, and that a degree will not be granted to those who do not successfully complete all clinical components or rotations.

Signature _____

Date _____

Please return this completed form to the appropriate Health Careers Office at Kalamazoo Valley Community College

Texas Township Campus
6767 West O Avenue
PO Box 4070
Kalamazoo, MI 49003-4070
269.488.4400
www.kvcc.edu

Kalamazoo Valley Community College
AFFIDAVIT REGARDING CRIMINAL HISTORY

Please Print Clearly

Arcadia Commons Campus
202 North Rose Street
PO Box 4070
Kalamazoo, MI 49003-4070
269.373.7800

Name (Last, First, Middle): _____

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

Bronson Healthy Living Campus
PO Box 4070
Kalamazoo, MI 49003-4070
269.548.3205

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

The Groves Campus
7107 Elm Valley Drive
PO Box 4070
Kalamazoo, MI 49003-4070
269.353.1253

Valley ID#: V 0 0 _____

Statement Regarding Criminal History

Kalamazoo Valley Museum
230 North Rose Street
PO Box 4070
Kalamazoo, MI 49003-4070
269.373.7990

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; or
- 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 or 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 the Dean.

Name of Applicant (Print or Type)

Signature

Date

Kalamazoo Valley Community College
IMMUNIZATION / DIAGNOSTIC FORM
(To be completed by the Examining Provider)

Name: _____
Last First Middle

Valley ID #: V00 Program: _____

Address: _____

Phone: _____ Birthdate: _____ Sex: _____

Personal Physician: _____ 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. **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... First ____ / ____ / ____ Second ____ / ____ / ____
Month Day Year 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... First ____ / ____ / ____ Second ____ / ____ / ____
Month Day Year Month Day Year

3. **MMR* (Measles/Mumps/Rubella):** **NOTE:** this will only fulfill the requirements for #1 (Rubeola) and #2 (Mumps).

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

4. **RUBELLA (German Measles) TITER:** PLEASE NOTE that an adequate serum titer (blood test) is the **ONLY** acceptable documentation of Rubella immunity **EVEN IF YOUR MMR SERIES IS COMPLETE.** If the titer result is negative or borderline, you must receive an additional Rubella vaccination.

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

*The TB test (#9 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.

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

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

6. **TETANUS/DIPHThERIA/PERTUSSIS:** Full immunity to Tetanus/Diphtheria/Pertussis must be demonstrated. **One Tdap immunization (as an adult) MUST be administered followed by a Td booster every 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

7. **HEPATITIS B:** All Health Careers Students are required to demonstrate immunity to Hepatitis B in one of two 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/completed the series of three immunizations _____ First _____ / ____ / ____
(Attach documentation for each immunization) Month Day Year

Second _____ / ____ / ____ Third _____ / ____ / ____
Month Day Year Month Day Year

8. **INFLUENZA VACCINE (Sept.-Oct.):** All Health Careers Students are required to receive an **annual** flu vaccination.

Indicate date of last immunization _____ / ____ / ____
Month Day Year

ADDITIONAL DIAGNOSTIC STUDY

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

A. 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 as each test must be read 48-72 hours after it is placed.

Date read and test result... First _____ / ____ / ____ Second _____ / ____ / ____
Month Day Year Month Day Year

Result: Positive

Result: Positive

Negative

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.

Signature of Provider

Date

Print Provider's Name

Provider's Office Phone

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

Rev. 01/21/16

LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273; **COMPLIANCE:** Voluntary. However failure to complete this form will result in denial of request.

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

****After fingerprinting, please return signed/completed form to the KVCC Faculty Receptionist, ATTN: Amy Murray.**

I. Authorizing Information: Please ensure the correct fingerprinting reason code and agency ID are used. The Michigan State Police (MSP) will charge for second requests due to incorrect codes.

1. Fingerprint Code CPE-NCPA/VCA (PL 103-209)	2. Requestor/Agency ID 6675P	3. Agency Name Kalamazoo Valley Community College
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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 Identification 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. Livescan: Must be completed by the Livescan operator at the time of fingerprinting.
 *After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Livescan operator must return a completed copy of the form to the applicant.

1. Date Printed	Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Livescan Operator
-----------------	---------------------------	-------------------------------------	----------------------

IV. Consent

I understand that my personal information, and biometric data being submitted by Livescan, will be used to search against identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (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.

During the processing of this application, and for as long as my fingerprints and associated information/biometrics are retained at the State and/or FBI, they may be disclosed without my consent as permitted by MCL 28.248 and the Federal Privacy Act of 1974, 5 USC § 552a, for all applicable routine uses published by the FBI, including the Federal Register and for the routine uses for the FBI's Next Generation Identification.

Routine use includes, but is not limited to, disclosure to: governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitable determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Signature: _____ **Date:** _____

Procedure to obtain a change, correction, or update of identification records:

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)

Postsecondary Enrollment Options (PSEO)

Tuition and Transcript Authorization

Student		
Valley number V	Last name	First name

Eligible Courses								
Semester: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer Year: <u>2018</u>					Program: <input type="checkbox"/> Early College <input checked="" type="checkbox"/> Dual enrolled			
5-digit CRN	Subject	Course Number	Course Title	Contact Hours	Credit Hours	Earn Credit for:		
						KVCC	High School	Both
11832	DHY	105	Dental Assisting I	4	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11608	WPE	112	Safety and First Aid	2	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prerequisite courses and SAT or Accuplacer placement test score levels are enforced as listed in course descriptions. Your choice for earning credit is final once the course begins. Courses taken under the PSEO act may not be audited.

High School	
Name	
Send invoice to:	
Send official transcript to: (if different)	
Attention	Kathy Spackman, Kalamazoo RESA
Address	1819 E. Milham Ave. Portage MI 49002
Telephone	269-250-9303
E-mail	kathy.spackman@kresa.org
<input type="checkbox"/> Bill Michigan Department of Education (nonpublic school)	Student's UIC (nonpublic school)

Payment Authorization	
The high school will pay Kalamazoo Valley for the cost of tuition and fees for eligible courses, or any remaining balance not paid by the Michigan Department of Education for nonpublic schools.	
Principal/Counselor's signature	Date

Transcript Authorization	
I authorize Kalamazoo Valley to send my official transcript to the high school listed above for transfer credit purposes.	
Student's signature	Date

Early College

dcoates@kvcc.edu
269.488.4509 p
269.488.4458 f

Financial Services

accountsreceivable@kvcc.edu
269.488.4162 p
269.488.4555 f

Note: Send completed forms here.

Admissions, Registration & Records

arr@kvcc.edu
269.488.4281 p
269.488.4161 f

Enrollment Management

enrollment@kvcc.edu
269.488.4303