

# **NORTHAMPTON**

COMMUNITY COLLEGE

*Welcome to the School of Health Professions and Science  
and  
CONGRATULATIONS on your acceptance to the highly  
competitive Veterinary Technician Program!*

## **Acceptance Checklist - Veterinary Technician Program**

*FALL 2025*

This Acceptance Checklist is designed to provide a timeline for completion of the essential program admission requirements.

It is important that you read through the entire checklist and note the due dates listed on the Table of Contents associated with each requirement so that you do not miss any deadlines.

If you intend to accept the offer of admission to the Veterinary Technician Program, it is critically important that you begin the process of completing requirements.

Congratulations and best wishes for much success as you start your journey in the veterinary profession!

**PLEASE PRINT ONE-SIDED**

# Timeline for Completion of Requirements – Page 1

## **BEGIN IMMEDIATELY**

### **Orientations**

- If you are a new NCC student, please complete the mandatory NCC onboarding, advising, and registration orientation (Parts 1 and 2) at: <https://www.northampton.edu/admissions/enrollment-checklist.html>.
- Watch the prerecorded **Health Professions Orientation** at <https://www.northampton.edu/education-and-training/programs/health-professions-resources.html> which contains information on several important topics.
- Mark your calendar for the **mandatory Veterinary Technician Program Orientation** to be held on **Wednesday, May 28th at 9:00 a.m. at NCC's Main Campus, College Center, Room 190.**

### **Background Clearances**

- Read, sign, and date the Felony Disclosure Form (*see Section A*). *This will be uploaded to myRecordTracker at a later date.*

### **Physical Exam**

- Schedule an appointment for a physical and any required testing. Pay special attention to time sensitive tests listed on the health form (see Section D: Health Requirements).
- Complete page 1 of the Health Form and take the form to the appointment for your physical (*Health Form is included in Section D*). **Your Medical Provider must initial all boxes on page 2 of the Health Form, and also sign the form.**

***\*\*Please use 1/1/2099 as the expiration date for all requirements in myRecordTracker®\*\****

### **Financial Aid**

- Apply for financial aid at <https://www.northampton.edu/admissions/tuition--financial-aid-scholarships/financial-aid.htm> (*if needed*).

### **Child Care**

- Apply to NCC Children's Center (*if needed*).

## **May 28, 2025\* - MANDATORY VETERINARY TECHNICIAN PROGRAM ORIENTATION**

- Attend **mandatory** Veterinary Technician Program Orientation on Wednesday, May 28th at 9:00 a.m. at NCC's Main Campus, College Center, Room 190.
- Important course information, departmental policies, and procedures as well as course registration information will be covered at these sessions. **Attendance is mandatory.**

## Timeline for Completion of Requirements – Page 2

### **By July 15, 2025**

- Set up your myRecordTracker® account from the email you received at your NCC email address from [myrecordtracker@verticalscreen.com](mailto:myrecordtracker@verticalscreen.com). Please check your spam folder if you do not see this email in your inbox. (See **Section F: Certiphi Screening MyRecordTracker® Student Guide**)
- Obtain an NCC Student ID by completing the online form at <https://www.northampton.edu/ncc-id.htm>.

### **By August 18, 2025**

- Upload your signed and dated Felony Disclosure form. (**Section A**).
- Upload a copy of your photo driver's license or State-issued ID card (front and back) to myRecordTracker®. If you do not have a driver's license or ID card, upload a copy of your NCC student ID badge (front and back) (**Section B**).
- Upload current health insurance card (front & back) to myRecordTracker® (**Section C**).
- Upload completed Health Form (**Section D**) and supporting documentation (lab reports and immunization records) to your myRecordTracker® account.
- The Rabies Pre-Exposure Vaccine is **not** done at this time! This will be discussed during first semester (**Section E**).
- Buy books at NCC bookstore or online at <https://www.bkstr.com/northamptonccstore/home>. Financial Aid for books is available in August. Please check with the bookstore for dates online or by calling 610-861-5322.

### **August 25, 2025**

- Begin Classes. Good Luck!!!

#### **\*\*\*IMPORTANT – PLEASE NOTE \*\*\***

- ⬆️ *The **Veterinary Technician Department** reviews all signed forms and documentation on myRecordTracker®. **Verification is not immediate**. Please be assured that the documentation will be reviewed as soon as possible.*
- ⬆️ *The **Health Center** reviews all health-related documents, along with the health insurance card. Please call **610-861-5365** if you have questions related to your health form. **Verification is not immediate**. Please be assured that the documentation will be reviewed as soon as possible.*
- ⬆️ ***Failure to comply with the established deadlines for document submission will result in cancellation of your acceptance.***

# **NORTHAMPTON**

COMMUNITY COLLEGE

## **TABLE OF CONTENTS**

<b>SECTION</b>	<b>REQUIREMENTS AND IMPORTANT INFORMATION</b>	<b>DUE DATE</b>
Section A	Felony Disclosure Form	8/18/2025
Section B	Photo Identification	8/18/2025
Section C	Proof of Health Insurance	8/18/2025
Section D	Student Health Requirements and Health Form	8/18/2025
Section E	Rabies Pre-Exposure Vaccine Instructions	5/18/2026
Section F	myRecordTracker® Instructions	7/15/2025

**IMPORTANT PHONE NUMBERS**

**Veterinary Technician Department:**

Program Secretary:	Kimberly Berger	610-861-5376
Program Director:	Dr. Lisa Martini-Johnson	610-861-5376

**Health and Wellness Center..... 610-861-5365**

**Bethlehem Campus**

Admissions Office .....	610-861-5500
Bookstore .....	610-861-5322
Bursar's Office .....	610-861-5407
Children's Center .....	610-861-5477
Disability Services.....	610-861-5342
Financial Aid.....	610-861-5510
Housing/Student Life.....	610-861-5324
Records/Registration Office.....	610-861-5494

**Monroe Campus**

Admissions Office .....	570-369-1801
Bookstore .....	570-369-1830
Children's Center .....	570-369-1860
Disability Services.....	570-369-1910
Enrollment Office .....	570-369-1800
Student Life.....	570-369-1850

The following information is very important for Veterinary Technician students. Although this does not affect students until they complete their education and apply for licensure, Lehigh Carbon and Northampton Community College's Veterinary Technician Department requires proof (by your signature) that you were notified of this law prior to starting the program. Please read this information carefully, sign and upload to **myRecordTracker®**.

The PA Code CH. 31-32 (5), declares the following:

(5) A statement from the applicant that the applicant has not been convicted of a felony under The Controlled Substance, Drug, Device, and Cosmetic Act (35 P.S. 780-101 – 780-144) or convicted of a felony relating to a controlled substance in a court of law of the United States or any other state, territory or country within the last 10 years. An applicant convicted of such a felony more than 10 years ago shall also submit the following:

1. Proof that at least ten (10) years have elapsed from the date of conviction;
2. Satisfactory documentary evidence that the applicant has made significant progress in personal rehabilitation since the conviction so that licensure of the applicant should not be expected to create a substantial risk of harm to the health and safety of patients or the public or a substantial risk of further criminal violations;
3. Satisfactory documentary evidence that the applicant otherwise satisfies the qualifications contained in the Board's regulations.

As used in this section, the term "convicted" shall include a judgment, an admission of guilt or a plea of nolo contendere. An applicant's statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of a non-conviction unless the board has some evidence to the contrary."

**Your signature below indicates that you have read and understand the above excerpts from the PA Code CH. 31-32 (5):**

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*Signature*

---

*Date*

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*Print Name*

***Upload signed form to your myRecordTracker® account.***

PHOTO IDENTIFICATION REQUIREMENTS

You have three options for your photo ID as listed below. Choose ONE of the following three ID options and upload it to myRecordTracker. Please be sure it is VALID for the duration of the program. If it is expired, you MUST renew it, and if it expires during the course of the program, you must upload the new one when you receive it. Thank you!

State-issued Driver's License



State-issued Identification Card



PennDOT Change of Address Website

<https://www.dmv.pa.gov/Driver-Services/Name-Address-Changes/Pages/Changing-Your-Address.aspx>

**HEALTH INSURANCE REQUIREMENTS**

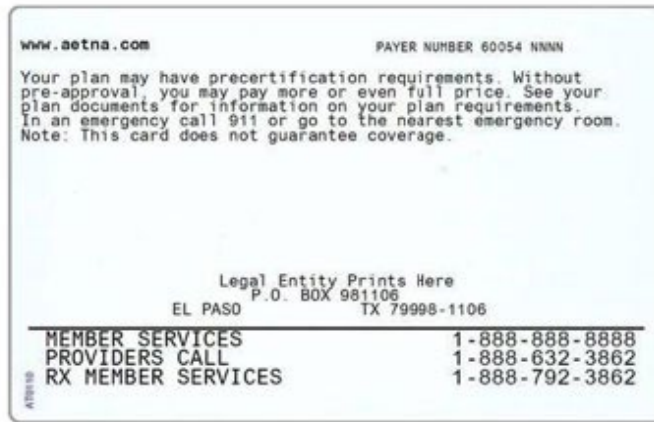
- Students are required to provide proof of valid health insurance for the duration of the program. Please upload the **front and back** of your health insurance card to myRecordTracker.
- Your name must be listed on the insurance card to prove validity, either as primary insured or as a dependent. If it is not, you may be asked for a letter from your insurance carrier providing proof of coverage under your name.
- If your insurance changes during the course of the program, it is your responsibility to inform the Credentialing Coordinator and upload the front and back of the new insurance card.

**Sample Insurance Card**

Front



Back





**STUDENT HEALTH REQUIREMENTS****Section D**

Enclosed in your admission packet you will find a separate health form that must be completed and **uploaded** to myRecordTracker®. All health-related information must be uploaded by the due date given in order to continue in the program. **Failure to upload all of the required information by the due date may result in dismissal from the program.**

Health insurance is **required** for all Health Professions Programs and must be maintained throughout the duration of the Program.

**The checklist below provides an overview of what must be completed on the Health Form. Please be sure to check form BEFORE leaving Medical Provider's Office to ensure all items are completed.**

**PAGE 1 – Student Information (to be completed by student)**

<input type="checkbox"/>	Personal Information	<ul style="list-style-type: none"> <li>• Student to complete <u>and sign</u> first page of health form</li> </ul>
<input type="checkbox"/>	Health Insurance	<ul style="list-style-type: none"> <li>• Students <b>must</b> have personal health insurance</li> <li>• Complete health insurance section on first page</li> </ul>

**PAGE 2 – Physical (to be completed by medical provider)**

<input type="checkbox"/>	Physical Performed by Medical Provider	<ul style="list-style-type: none"> <li>• Bring for to appointment for physical exam</li> <li>• <b>Be sure provider puts your name on the form, <u>initials</u> all boxes on Page 2 of Health Form, and also signs form</b></li> </ul>
<input type="checkbox"/>	TDAP (Required)	<ul style="list-style-type: none"> <li>• Proof of TDAP dated <b>within 10 years</b></li> </ul>

**PRE-EXPOSURE RABIES VACCINE FORM****Section E****Pre-Exposure Rabies Vaccine Form – Due 5/19/2025**

<input type="checkbox"/>	Pre-Exposure Rabies Prophylaxis Series	<ul style="list-style-type: none"> <li>• Series of two doses, Day 0 and Day 7</li> </ul>
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# NORTHAMPTON COMMUNITY COLLEGE

## NCC Health & Wellness Center

Main Campus ♦ College Center ♦ Room 120  
3835 Green Pond Road ♦ Bethlehem, PA 18020  
Phone: 610-861-5365 ♦ Fax: 610-861-4545

### NCC Health & Wellness Center Physical Exam and Health Requirement Options

Physical Exams	\$25.00 <i>(by appointment only at the Health &amp; Wellness Center)</i>	\$45.00 <i>(at St. Luke's North*)</i>
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### Required Vaccines/Titers

IMMUNIZATION	VACCINE PRICES	TITER PRICES
	<i>Available at both the Health &amp; Wellness Center and St. Luke's North*</i>	<i>Available at St. Luke's North* only</i>
Hepatitis A (per dose)	\$65.00 <i>(2 doses needed)</i>	
Hepatitis B (per dose)	\$60.00 <i>(3 doses needed)</i>	\$30.00
Meningitis (Menactra)	\$130.00	
MMR (per dose)	\$70.00 <i>(2 doses needed)</i>	\$219.50 <i>(for all 3 titers)</i>
Tetanus (Tdap)	\$40.00 <i>(includes pertussis)</i>	
Tuberculin Skin Test (PPD)	\$10.00 <i>(per test)</i>	
Varicella	\$135.00	\$42.60

\* St. Luke's North may also charge an administration fee.

***For questions about health requirements, please contact:***

### **Health and Wellness Center**

Northampton Community College  
College Center, Room 120  
3835 Green Pond Road  
Bethlehem, PA 18020  
**Phone (610) 861-5365**

**HEALTH FORM**

**VETERINARY TECHNICIAN PROGRAM**

**PART I – REPORT OF MEDICAL HISTORY**

Please complete (*print all sections*). **International students: please provide all health documents translated into English.**

**Student Name:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Last First Middle*

Gender:  Male  Female  Other \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Preferred:  He/Him  She/Her  They/Them

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

Program:       **Veterinary Technician**      

Campus:  NCC Student  LCCC Student

Semester: Year \_\_\_\_\_  FA  SP  SU

NCC On-Campus Housing:  Yes  No

**I. EMERGENCY NOTIFICATION**

Name of Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**II. MEDICAL HISTORY** – Please answer yes or no to all questions and insert the year for all positive answers:

	Yes	No	Please Explain
Allergies			
Asthma			
Cardiac			
Chemical Dependency			
▪ Drugs			
▪ Alcohol			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Vision Disorder			
Other (Specify)			

**\*It is the student's responsibility to inform Program Director of any possible pregnancy prior to 2nd year of Program\***

**ACCIDENT AND HEALTH INSURANCE (Required)** – Student must upload a copy of current health insurance card (front and back) to myRecordTracker®. Student is required to have valid health insurance for the duration of the program, and must notify the Program Director and the Health and Wellness Center of any change in health insurance which occurs during the program, and upload a copy of the new insurance card.

*If the above named emergency contact cannot be reached at the time of an emergency, the College is authorized to send the above named student to the nearest hospital and/or to administer necessary emergency care. In addition, I authorize the release of information regarding my health/medical status to the Program Director and appropriate designee(s), to the Northampton Community College Health and Wellness Center, to the appropriate health care agency in which I am completing clinical requirements, and/or to the above named emergency contact.*

\_\_\_\_\_  
Student signature (Parent/Guardian if under 18 years of age)

\_\_\_\_\_  
Date

**PART II-REPORT OF MEDICAL EXAMINATION**

An examination by a licensed medical provider (MD, DO, CRNP, or PA) is **required within 6 months of entry into the clinical practice**. Clinical work is **PROHIBITED** until the required medical forms are received.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_

I. Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

II. Vision           Uncorrected     R \_\_\_\_\_                           L \_\_\_\_\_  
                           Corrected        R \_\_\_\_\_                           L \_\_\_\_\_

III. Clinical Examination: *Describe details of abnormalities*                           Date of Examination: \_\_\_\_\_

	Normal	Abnormal	Comments
Skin			
Head and scalp			
Eyes			
Ears/Hearing			
Mouth, Nose, Throat			
Neck			
Heart			
Lungs			
Abdomen			
Genitourinary			
Musculoskeletal			
Neurological			
Psychiatric			
Exposure to Hepatitis A, B, or C			<i>If positive for exposure, please submit titers.</i>

Medication/Allergies	
Medications taken on a regular basis	

<b>**IMPORTANT** PHYSICIAN PLEASE CHECK APPROPRIATE BOX AND INITIAL</b>	YES	NO	INITIALS
I certify that the applicant has no medical conditions or restrictions (including pregnancy) which will prevent the applicant from performing the essential functions of the job. (If the applicant has restrictions that require accommodation, please note below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments <i>(if applicant has any limitations, please explain)</i> :			

Health Requirements	Date Administered
TDAP-Tetanus Diptheria Acellular Pertussis <i>(Dated within 10 years)</i> – NCC and LCCC students	

**Please print, type or stamp:**

Name of Licensed Provider \_\_\_\_\_

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

Phone \_\_\_\_\_

Signature of Licensed Provider \_\_\_\_\_ Date \_\_\_\_\_

**Please upload completed form to [www.myrecordtracker.com](http://www.myrecordtracker.com).  
 (NCC and LCCC students)**



**VETERINARY TECHNICIAN PROGRAM**

**Pre-Exposure Rabies Vaccine Form**

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

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_  
*Month/Day/Year*

**Student ID:** \_\_\_\_\_

**NCC Student**

**LCCC Student**

**Prior to entry into the clinical phase of the program (first summer session), all Veterinary Technician students must be immunized against rabies.** Incurred costs are the responsibility of the student. We recommend that students contact their insurance carriers as the series may be covered by insurance.

**TIME IS OF THE ESSENCE. STUDENTS MAY NOT ENTER CLINICAL COURSES UNTIL THIS SERIES HAS BEEN COMPLETED.**

The student will receive two (2) injections of the Rabies pre-exposure prophylaxis (PrEP), intramuscular. The schedule of injections must be adhered to in the following sequence:

- #1 Day 0 First Injection
- #2 Day 7 Second Injection

**PRE-EXPOSURE RABIES PROPHYLAXIS SERIES DOCUMENTATION**

Series	Date Administered	Manufacturer	Lot #	Expiration Date	Site	Administered By	Student Signature
#1 Day 0							
#2 Day 7							

**Please upload completed form to [www.myrecordtracker.com](http://www.myrecordtracker.com).  
 (NCC and LCCC students)**



# MYRECORDTRACKER

## STUDENT GUIDE

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### \*\*\*IMPORTANT NOTICE\*\*\*

- ⦿ Although you should begin obtaining all of your requirements immediately, you will not be able to upload them until you have received an email from [myRecordTracker@VerticalScreen.com](mailto:myRecordTracker@VerticalScreen.com) with instructions on creating your account, **which may take three to four weeks from notice of your acceptance.**
- ⦿ Please check your spam folder if you do not receive the email within this timeframe.
- ⦿ Use **1/1/2099** when prompted for an expiration date.
- ⦿ If you are a student in a Health Professions Program **and** living in the Residence Halls, you will be required to use both your NCC Student email address **and** a personal email address in order to create **TWO** separate myRecordTracker accounts.
- ⦿ If you have questions regarding the email accounts, please contact the NCC Technology Services HelpDesk at 610-861-5413 or [helpdesk@northampton.edu](mailto:helpdesk@northampton.edu).

EMPOWERED BY  VERTICAL SCREEN

Proprietary information. Property of Certiphi Screening, Inc.  
This confidential information is not to be shared with any party outside of your department/company without the written consent of Certiphi Screening, Inc.

## WELCOME

This guide will provide you with clear, concise step-by-step instructions for accessing myRecordTracker to upload and share documentation pertaining to your student requirements. If you have questions about myRecordTracker, please contact Certiphi Screening's Applicant Services team at 800-735-2660, ext. 2006 or [myrecordtracker@verticalscreen.com](mailto:myrecordtracker@verticalscreen.com).

## STEP 1: EMAIL NOTIFICATION

You will receive an email notification from [myrecordtracker@verticalscreen.com](mailto:myrecordtracker@verticalscreen.com) with important instructions on how to access and create a myRecordTracker account. The following is a sample email that you will receive to initiate the record fulfillment process.

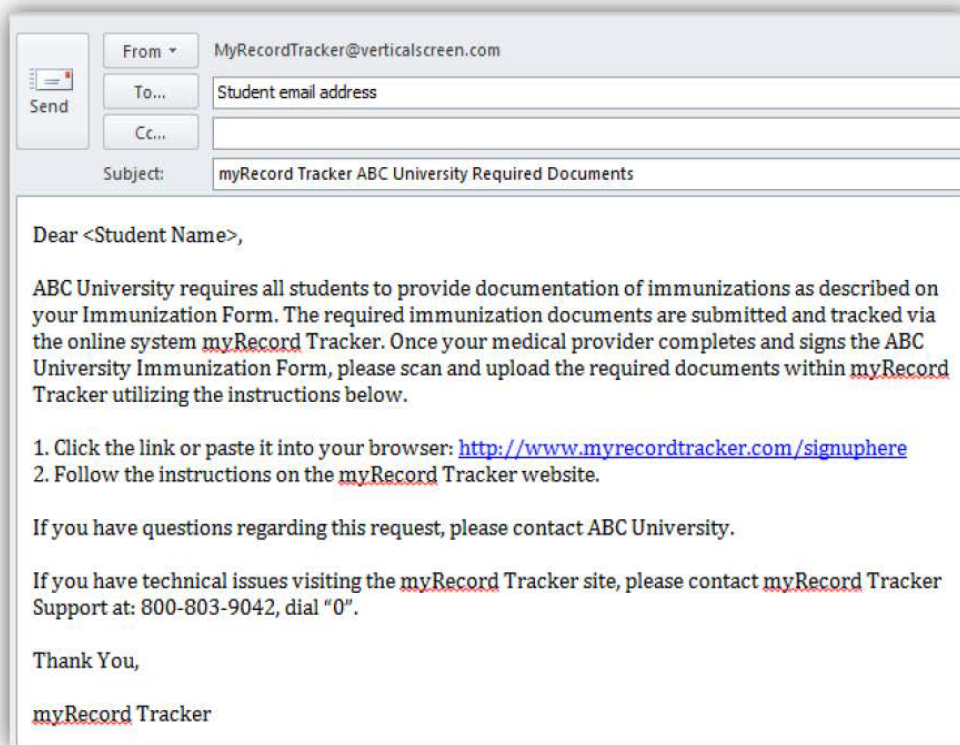


Figure 1: Sample email from school

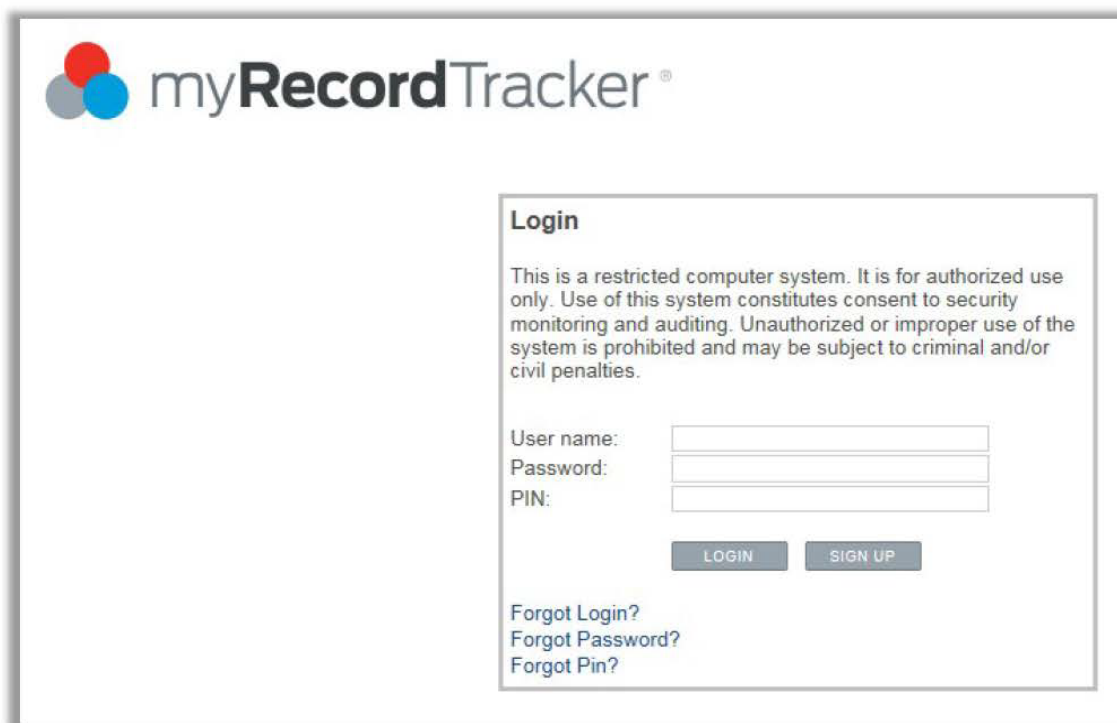
**NOTE:** In order for you to receive the invitation email from myRecordTracker, the school must have uploaded your contact information into the myRecordTracker system. If you are expecting an invitation email to myRecordTracker, but you have not received one, contact the school.

The myRecordTracker invitation email will prompt you to use the link provided to create a myRecordTracker account. Once you create an account, you can begin fulfilling the program requirements.

**NOTE:** Please do not share the URL included in the invitation email. The URL is only available for one-time use to set up your profile and is unique to your particular profile and requirements.

## STEP 2: ACCESSING MYRECORDTRACKER

Once your myRecordTracker account is created, you can log in to gain access to your account by visiting [www.myrecordtracker.com](http://www.myrecordtracker.com) and entering your username, password and PIN.



The screenshot shows the myRecordTracker login interface. At the top left is the logo, which consists of three overlapping circles (red, blue, and grey) followed by the text "myRecordTracker®". Below the logo is a "Login" section. This section contains a disclaimer: "This is a restricted computer system. It is for authorized use only. Use of this system constitutes consent to security monitoring and auditing. Unauthorized or improper use of the system is prohibited and may be subject to criminal and/or civil penalties." Below the disclaimer are three input fields labeled "User name:", "Password:", and "PIN:". To the right of these fields are two buttons: "LOGIN" and "SIGN UP". At the bottom of the login section are three links: "Forgot Login?", "Forgot Password?", and "Forgot Pin?".

Figure 2: The myRecordTracker login screen

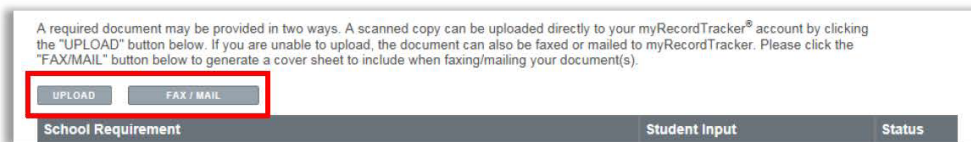


## How to Complete Your myRecordTracker Requirements

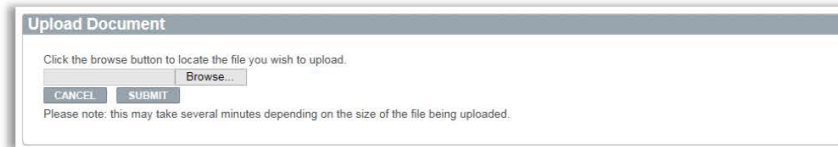
Each requirement within your myRecordTracker profile requires a response in the student input section. If a document is required, please provide a completed copy of the document. If a question is asked, please respond to the question asked. Once a requirement is met, you will see "Pending Approval" appear in the status column. Once the requirement is approved, the requirement status will show as "completed". **\*It is necessary that all requirements are completed by the due date indicated within the profile.**

A required document may be provided in two ways.

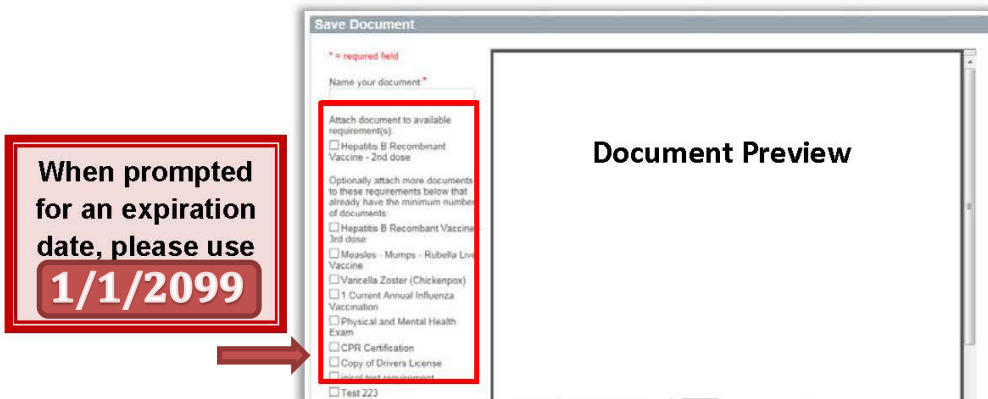
- A scanned copy can be uploaded directly to your myRecordTracker account by clicking the "UPLOAD" button below.
- If you are unable to upload, the document can also be faxed or mailed to Certiphi Screening. Please click the "FAX/MAIL" button below to generate a cover sheet to include when faxing/ mailing document(s).



If applicable, the opportunity also exists to attach a single document to multiple requirements. If you choose to upload your document, you will be directed to the Upload Document section of the website (shown below). This will allow you to select and submit the necessary document:



Once submitted, you will be given the opportunity to review the document that was uploaded, along with naming the document on the myRecordTracker website. This section will indicate which unfulfilled requirement(s) are left. You can decide to attach your document to multiple requirements or just one requirement by checking the box to the left of the unfulfilled requirement.



Recorded PowerPoints and a more detailed Student User Guide can be found on the Health Professions Resource Website at:

<https://www.northampton.edu/education-and-training/programs/health-professions-resources.html>