NORTHAMPTON
COMMUNITY COLLEGE

Welcome to the School of Health Sciences and Education
and
CONGRATULATIONS on your acceptance to the highly competitive
Funeral Service Education Program!

Acceptance Checklist – Funeral Service Education Program
FALL 2024

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 Funeral Service Education Program, it is critically important that you begin the process for obtaining the required PA Criminal Background Check immediately. **These documents require time for agency processing, and early action on your part will assure you meet the firm deadlines listed within this documentation and are eligible to register for classes. Due to time constraints, background checks should be done as soon as you receive your acceptance packet.**

No prior background clearances will be accepted. Acceptance is conditional upon receipt of background clearances (see enclosure for further explanation).

Best wishes for much success as you start your journey down this rewarding career path!

PLEASE PRINT ONE-SIDED

Timeline for Completion of Requirements – Page 1

<mark>**BEGIN IMMEDIATELY**</mark>

Orientations

☐ Watch the prerecorded **Health Career Orientation** at https://www.northampton.edu/education-and-training/programs/health-science-resources.html which contains information on several important topics.

☐ Mark your calendar for the **mandatory Funeral Service Education Program Orientation** to be held on <mark>**Wednesday, May 15th at 9:00 a.m. at NCC's Main Campus, Commonwealth Hall, Room 121**</mark>.

Background and Licensing Information

☐ Read Background Check Review Process *(see Section A)* and actions required if you have a positive background *(see Section B)*. **Acceptance into the program is conditional upon receipt of these clearances**, and approval by the Health Career Review Committee and Clinical Facilities, if applicable. *You will a*nswer *YES or NO to this question on myRecordTracker and upload the letter of explanation, if applicable.*

☐ Obtain a 2x2 passport picture that you will use for your Student Trainee License Application.

Physical Exam

☐ Schedule an appointment for a physical and any required testing. <u>Pay special attention to **time sensitive tests**</u> (such as TB) listed on the health form *(see Section I: 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 I**)*. Your Medical Provider must complete the remaining pages of the health form.

Financial Aid

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

Childcare

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

Timeline for Completion of Requirements – Page 2

By May 1, 2024

☐ Set up your myRecordTracker® account from the email you received at your NCC email address from myrecordtracker@verticalscreen.com. Please check your spam folder if you do not see this email in your inbox. *(See **Section J: Certiphi Screening MyRecordTracker® Student Guide**)*

☐ Obtain an NCC Student ID by completing the online form at https://www.northampton.edu/ncc-id.htm.

May 15, 2024 - FUNERAL SERVICE EDUCATION PROGRAM ORIENTATION

☐ **Attend <u>mandatory</u> Funeral Service Education Program Orientation at 9:00 a.m**.at NCC's Main Campus in Commonwealth Hall, Room 121.

☐ Important course information, departmental policies, and procedures as well as course registration information will be covered at these sessions. **<u>Attendance is mandatory</u>**.

*** BRING DEBIT OR CREDIT CARD TO ORIENTATION TO PAY FOR BACKGROUND CLEARANCE, PALS, AND TIMS ***

By May 18, 2024

☐ Upload your Pennsylvania State Record Check (PATCH)* to your myRecordTracker® account.

By May 20, 2024

☐ Upload the following completed and signed forms from the Health Science Resource webpage at https://www.northampton.edu/education-and-training/programs/health-science-resources.html:
- ⬆ New Student Data Sheet
- ⬆ iPad and Laptop Usage Agreement
- ⬆ Photograph/Videotape Release Agreement
- ⬆ Pregnancy Declaration
- ⬆ Student Agreement
- ⬆ Student Attendance Policy Agreement
- ⬆ Student Handbook Agreement
- ⬆ Student Non-Disclosure Confidentiality Form

<u>Timeline for Completion of Requirements – Page 3</u>

☐ Upload a copy of your photo driver's license or State-issued ID card to myRecordTracker®. If you do not have a driver's license or ID card, submit a copy of your NCC student ID badge *(Section F)*.

☐ Upload current health insurance card (front & back) to myRecordTracker® *(Section H).*

☐ Upload completed Health Form *(Section I)* and supporting documentation (lab reports and immunization records) to your myRecordTracker® account.

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

<mark>By August 10, 2024</mark>

☐ Buy books at NCC bookstore or online at https://www.bkstr.com/northamptonccstore/home. Financial Aid for books is available in August. Please call the bookstore for dates at 610-861-5322.

<mark>August 26, 2024</mark>

☐ Begin Classes. Good Luck!!!

> ### ***IMPORTANT – PLEASE NOTE ***
>
> ⬆ *The <u>**Funeral Service Education Department**</u> reviews background clearances, **certifications,** and all signed forms and documentation on myRecordTracker®. **Verification is <u>not</u> immediate**. Please be assured that the documentation will be reviewed as soon as possible.*
>
> ⬆ *The <u>**Health Center**</u> 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 <u>not</u> immediate.** Please be assured that the documentation will be reviewed as soon as possible.*
>
> ⬆ *It is your responsibility to upload all the background clearances and requirements by the due dates listed. Always keep a copy for your records.*
>
> ⬆ ***Failure to comply with the established deadlines for document submission will result in cancellation of your acceptance.***

NORTHAMPTON
COMMUNITY COLLEGE

TABLE OF CONTENTS

SECTION	REQUIREMENTS AND IMPORTANT INFORMATION	DUE DATE
Section A	Important Background Check Review Process	Read Immediately
Section B	Positive Background Clearance Information	Read Immediately
Section C	Teacher Information Management System (TIMS)*	5/15/2024
Section D	PA State Police Background Check (PATCH) Instructions*	5/15/2024
Section E	Pennsylvania Licensing System (PALS)*	5/15/2024
Section F	Photo Identification	6/30/2024
Section G	Proof of Health Insurance	6/30/2024
Section H	Student Health Requirements and Health Form	6/30/2024
Section I	myRecordTracker® Instructions	5/1/2024

* *Bring debit or credit card with you to Funeral Service Education Orientation on May 15th to pay for TIMS and PALS registrations, and PA State Police Background Check*

NORTHAMPTON
COMMUNITY COLLEGE

Funeral Service Education Department:

Program Director: Tony Moore   610-861-5576

Program Secretary: Jackie Bare   610-861-5390

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

Pocono 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

NORTHAMPTON
COMMUNITY COLLEGE

****IMPORTANT BACKGROUND CHECK REVIEW PROCESS INFORMATION****

A Pennsylvania State Police Criminal History Report, FBI Criminal History Record Report, **and/or** Pennsylvania Child Abuse History Clearance must be completed by all Health Career students by the deadline noted within this Acceptance Checklist in order to comply with clinical facility requirements. **Acceptance is considered conditional until the criminal background check requirement is met**. The timeline is established to allow adequate time for the Health Career Review Committee to review the report and make a recommendation to the Program Director regarding full acceptance into the program. Acceptance will be rescinded if the documents are not received by the deadline.

Students with three (3) reports reflecting "no record" (no convictions) can consider themselves fully accepted.

If there is a positive record, entry into clinical education will be dependent on the decision of the Health Career Review Committee after the **background clearances, including the RAP sheet,** together with a written, detailed explanation are uploaded to myRecordTracker® (See Section B). Upon receipt of the statement and clearances, the Health Career Review Committee will review the reports and make a recommendation to the Program Director regarding the student's acceptance into the program. Students will be notified of their status within three (3) days of the committee's review. The student may appeal the decision in writing to the Vice President for Academic Affairs (VPAA) within five (5) working days of notification receipt. The decision of the VPAA is final. The records related to the criminal background process for students will be secured in the Dean's office.

Clinical agencies have the right to deny access to any student with a criminal record based on that site's own criteria. In the event that a student is denied clinical placement based on their criminal record, their acceptance will be rescinded.

If you have a positive background, contact Tony Moore at tmoore@northampton.edu to receive instructions for obtaining the FBI and Child Abuse clearances.

If you have a positive background, check, a letter with the information described below must be uploaded to myRecordTracker®, along with your background check results, providing further information on the convictions and non-convictions that appeared on your record. It is important for us to gain as much information as possible about these charges to fairly evaluate your acceptance into the program. To that end, we request that you submit, in writing to the Program Director, the following information:

1. Date of conviction

2. Exact location

3. Offense(s)

4. How did you plead?

5. What was the outcome/sentencing?

6. Are you still on probation?

7. Provide details surrounding the offense(s) with your version of what happened.

In addition to your written statement, please provide all documentation you may possess that relates to the above record(s). Inability to comply with this request may result in dismissal from the program.

Should you have any questions, please contact Tony Moore, Director of Funeral Service Education at tmoore@northamtpon.edu or 610-861-5576.

Creating an Account Registration on the PA Licensing System (TIMS)

All students must create a TIMS account **as soon as you receive your acceptance packet,** using the instructions below which can also be accessed at the following website:

1. Go to https://www.education.pa.gov/Educators/Certification/Pages/ElectronicTranscripts.aspx

2. If you are a first-time TIMS user, click on the **Please review this step-by-step guide** link or watch the YouTube video and follow the instructions to create your account.

3. If you are a returning user, click on **Visit this page to login to TIMS**.

Additional Information from the Dept. of Education Website - Certificate of Preliminary Ed (TIMS)
➢   You must register and complete the application located on the Department of Education website at http://www.education.pa.gov under the Teacher Information Management System (TIMS). Upon completion, a cover sheet will be generated and available to print once the application has been fully submitted in the TIMS.
➢   A $50 fee is required.
➢   Official transcripts are required for all college/university course work. It is your responsibility to contact each college or university you attended and have them send you an official transcript in a sealed college/university envelope. Do NOT open the envelope(s).

➢   You must submit the cover sheet from TIMS and all transcripts in college-sealed, unopened envelopes to the following address:
 	
        Bureau of School Leadership and Teacher Quality
        Pennsylvania Department of Education
        333 Market Street, 3rd Floor
        Harrisburg, PA 17126-0333

➢   IF THE TRANSCRIPTS ARE RECEIVED BY THE STATE BOARD OF FUNERAL DIRECTORS, THEY WILL BE RETURNED TO YOU, WE WILL NOT FORWARD THEM TO THE DEPARTMENT OF EDUCATION. **FAILURE TO FOLLOW THESE INSTRUCTIONS WILL DELAY THE PROCESSING OF YOUR APPLICATION.**
➢   After you receive approval from the Department of Education, you must upload your Certificate of Preliminary Education.

Submitting a Request for PA Criminal History Record Check (PATCH)

A Pennsylvania Criminal Background Check is required of all NCC Health Career students. To obtain your record follow the steps below:

1. Go to https://epatch.pa.gov/home.
2. Select the **Submit a New Record Check** option. **Do <u>NOT</u> use the gold box titled "New Record Check (Volunteers only)" option.**
3. Read the **Terms and Conditions** surrounding use of the system in order to proceed with record check request submission. Click on **Accept**.
4. Complete the **Personal Information** form.
   a. Select **Other** from the drop-down list as **Reason for Request**.
   b. Name, address and telephone number are required fields.
5. Click **Next** and the screen will display the personal details entered in the last step. Review details and click the **Proceed** button.
6. Complete the **Record Check Request Form**.
   a. Name, Social Security Number, Date of Birth, Sex, & Race.
   b. List all aliases and/or Maiden Names.
   c. Click **Enter this Request**
7. Confirm the **Record Check Request Review** and click on **Submit**. The charge is **$22.00** per request.
8. Complete the **Credit Card Information** form. PATCH accepts Visa, Discover, Master Card, and American Express. Required information:
   a. Name and address
   b. Credit Card Type and Credit Card Number
   c. Card Verification Method (CVM) number
   d. Expiration Date
9. Click **Next** once the form has been completed.
10. PATCH will display the credit card information entered in the last step. Review the details. Click **Back** if any of the information needs to be changed. Otherwise, click **Submit**.
11. At this point, PATCH will charge the credit card entered for the amount shown. Once the submit button is clicked, this transaction will be processed. <u>This cannot be undone</u>.
12. PATCH will display a summary listing of the Record Check Results.
    a. Details on the record check result can be reviewed by clicking on your name.
    b. Click on the Invoice Number in the Record.
    c. Check Details page to access a printable invoice.
    d. Click on blue link titled **Certification Form** in the Record. This will bring up the record with the State seal. **Please print multiple copies, as you may need this for employment or licensure purposes.**
13. PATCH report will either show:
    a. ***<u>No Record</u>*** status if there are no records found for the request, *or*
    b. ***<u>Request Under Review</u>***. A "Request Under Review" response **does not** necessarily indicate a criminal record. If this occurs, log on to the website daily to check status. You will <u>not</u> be notified when the results are updated. Once the results are in, follow Step 12d. above to access and print the report, including the RAP sheet if the response indicates a criminal record.
14. Upload your PATCH Clearance results to your student account at https://www.myrecordtracker.com.
15. **IF YOUR CLEARANCE COMES BACK WITH A RECORD,** you must submit the **original**, including the <u>accompanying Rap Sheet,</u> together with a <u>letter of explanation</u> of the charges to the Program Director, since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

Creating an Account Registration on the PA Licensing System (PALS)

A PALS account must be created **by the due date listed on your acceptance packet,** using the instructions below which can also be accessed at the following website:

1. Go to https://www.pals.pa.gov/#/page/default.
2. Click on **create an account**. If you are a returning user, click on **log in to your account**.
3. Complete the form including your personal demographic information.
4. Complete the Account Information section. A primary email address is required. Remaining items are optional.
5. Choose a username and password. Passwords must be between 8-20 characters and contain at least 1 number, 1 Uppercase, 1 lowercase, and 1 special character.
6. Choose three security questions and select your responses.
7. The acknowledgement checkbox is already prepopulated.
8. Click on the checkbox to agree to the terms.
9. Click on **+Register**.

***PLEASE NOTE:**

We have included PATCH instructions (Section E – next page) in case you need them. However, the PATCH is now included as part of the PALS system and is sent directly to them. This is a new process, so these instructions are for your reference just in case. Follow the instructions on the website!

PALS INSTRUCTIONS (https://www.pals.pa.gov/#/page/default)

Application
➢ Must be enrolled in a mortuary school.

Application Fee
➢ An application fee of $25.00 is required. Please note that all fees are non-refundable.

Criminal History Check
➢ Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency **that is the official repository for criminal history record information** for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years.

➢ The report(s) must be dated within 90 days of the date the application is submitted.

➢ For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application.

➢ The PATCH fee may be included at checkout.

➢ Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required.

➢ For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.

➢ **Certificate of Mortuary Education**

➢ Must be completed by the Program Director of Mortuary Education

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 is it 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!
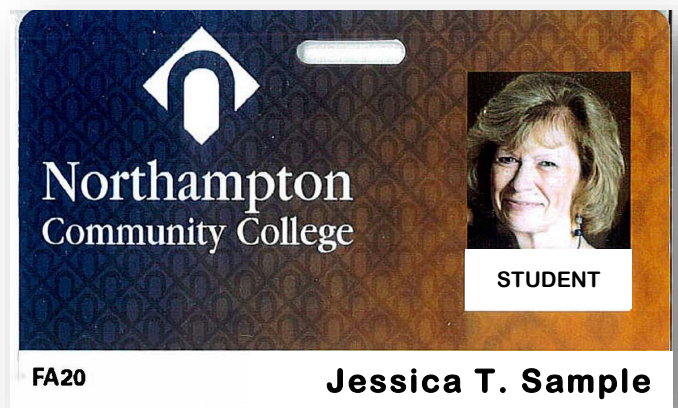
|	
State-issued Driver's License	
State-issued Identification Card	
NCC Student Identification Card https://www.northampton.edu/ncc.id.htm	

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 AND HEALTH FORM	Section H
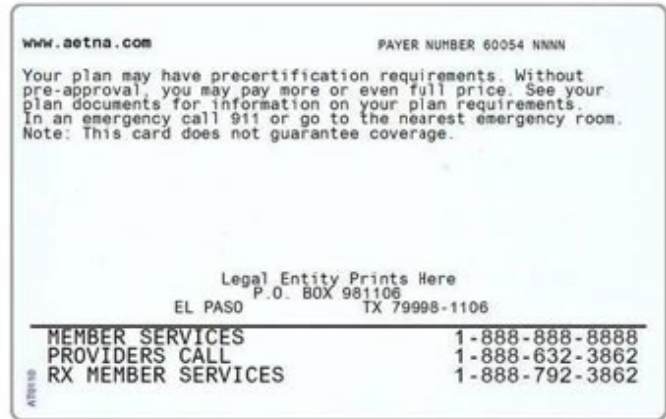
Attached is the NCC health form that must be completed and **uploaded** to myRecordTracker®. All health-related information must be uploaded by the due date given in order to continue in the program. **Failure to upload all of the required information by the due date will result in dismissal from the program.**

The Health and Wellness Center at Northampton Community College is operated by St. Luke's University Health Network, Bethlehem, PA. Physical examinations and some of the required immunizations may be obtained at the Health and Wellness Center. Please call 610-861-5365 for more information or to schedule an appointment.

You may also contact St. Luke's Urgent Care Center, 153 Brodhead Road, Bethlehem, PA, 610-954-3220, to make an appointment for health services if you do not have your own family physician.

Health insurance is **required** for all Health Career Programs and must be maintained throughout the duration of the Program. It is the student's responsibility to notify the Health Center and the Program Director of any change in insurance and upload a copy of the front and back of the new insurance card immediately.

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.

Any questions concerning the health requirements should be directed to the NCC Health and Wellness Center at 610-861-5365

PAGE 1 – Student Information (to be completed by student)	
☐ Personal Information	• Student to complete and sign first page of health form
☐ Health Insurance	• Students **must** have personal health insurance • Complete health insurance section on first page

PAGE 2 – Physical (to be completed by physician)	
☐ Physical Performed by Medical Provider	• **Bring health form and completed OSHA form to appointment** • Be sure provider puts your name on the form, initials all boxes on Page 2 of Health Form, and also signs form

PAGE 3 – Immunizations and Titers	
☐ Hepatitis B	• Must provide proof of three Hepatitis B vaccinations
☐ Hepatitis B Surface Antibody – **QUANTITATIVE Titer** ***REQUIRED***	• **All students** are required to obtain Hep B Surface Antibody in addition to Hep B vaccination dates **to show immunity or lack of immunity** • This is **required** and must be done immediately in case further vaccinations are necessary
☐ Hepatitis B Booster or Repeat Series	• Start immediately ONLY if antibody titer shows no (repeat all 3 doses) or low (get booster dose) immunity.
☐ TDAP	• Proof of TDAP dated **within 10 years**

NORTHAMPTON
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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

IMPORTANT: STUDENTS MUST OBTAIN ORDERS FROM THE HEALTH CENTER OR THEIR MEDICAL PROVIDER BEFORE GOING FOR LAB TESTING.

NCC Health & Wellness Center Physical Exam and Health Requirement Options		
Physical Exams	$25.00 *(by appointment only at the Health & Wellness Center)*	$50.00 *(at St. Luke's North*)*

Required Vaccines/Titers		
IMMUNIZATION	**VACCINE PRICES**	**TITER PRICES**
	Available at both the Health & Wellness Center and St. Luke's North	*Prices apply if paid at time of service*
Hepatitis B (per dose)	$50.00 *(3 doses needed for series)*	$29.15
Hepatitis B Surface Antibody		$29.15
Hepatitis C Antibody with Reflex		$20.00 *(Price will be higher if Antibody is positive)*
Meningitis (Menactra)	$135.00	
MMR (per dose)	$85.00 *(2 doses needed)*	Measles $26.82 Mumps $35.64 Rubella $26.82
Tetanus (Tdap)	$40.00 *(includes pertussis)*	
Tuberculin Skin Test (PPD)	$15.00 *(per test)*	QuantiFERON Gold® $80.00
Varicella (per dose)	$150.00 *(2 doses needed)*	$27.36
Venipuncture –		$4.50 *(One-time draw charge)*

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

NORTHAMPTON
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HEALTH FORM

FUNERAL SERVICE EDUCATION PROGRAM

PART I – REPORT OF MEDICAL HISTORY

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

Student Name: _____
         Last   *First*   *Middle*

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Email Address: _____

Program: **Funeral Service Education** _____

Semester: ☐ FA ☐ SP ☐ SU Year _____

Student ID #: _____

Gender: ☐ Male ☐ Female ☐ Other _____

Preferred: ☐ He/Him ☐ She/Her ☐ They/Them

Cell Phone: _____

Date of Birth: _____

On Campus Housing: ☐ Yes ☐ No

Campus: ☐ Main ☐ Fowler ☐ Monroe

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)			

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

A physical examination completed **within 6 months of the start of the clinical experience** by a licensed medical provider (MD, DO, CRNP, or PA-C) is **required** prior to entry into clinical practice. Clinical work is **PROHIBITED** until the required medical forms are uploaded and verified.

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			*If positive for exposure, please submit titers.*

Allergies	
Medications taken on a regular basis	

IMPORTANT LICENSED PROVIDER, PLEASE INITIAL TO CERTIFY THE FOLLOWING:	INITIALS
I certify that the applicant is free from communicable diseases in the communicable state.	
I certify that the applicant has no medical conditions or restrictions which will prevent the applicant from performing the essential functions of the job. (If the applicant has restrictions that require accommodation, please note them in the comments section below.)	
Comments *(if applicant has any limitations, please explain)*:	

Please print, type or stamp:

Name of Licensed Provider_____

Address:_____

Phone_____

Signature of Licensed Provider_____   Date_____

CLINICAL REQUIREMENTS

To meet the requirements set forth by NCC, Clinical Sites and OSHA, you will need to obtain and upload to myRecordTracker® documentation for the following immunizations and tests before beginning your experience at Clinical Sites.

IMMUNIZATIONS (Vaccinations)

All students are required to UPLOAD **immunization records** to myRecordTracker® for the following:

- **Hepatitis B** – 3 doses

- **TDAP** – Tetanus Diphtheria Acellular Pertussis *(Dated within 10 years)*

HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE TITER

- **All Students** are required to obtain the **Hepatitis B Surface Antibody, QUANTITATIVE Titer** to determine immunity status and UPLOAD the **lab report** to myRecordTracker®. **Titer results must be dated within the past three years.**

HEPATITIS B REPEAT SERIES OR BOOSTER *(Required if titer shows no or low immunity)*

- If the Hepatitis B Surface Antibody, Quantitative Titer shows no immunity, the repeat series of three doses should be started immediately.
- If the titer shows low immunity, a booster dose should be given immediately. The repeat titer should be given one month after the booster or last dose.
- Any repeat doses, booster, and titer reports must be uploaded to myRecordTracker® each time they are received.

TITERS (Bloodwork)

- **If immunization records are not available,** students are required to obtain titers to determine immunity status for the above listed requirements. **All titer results must be dated within three years.**

SUPPORTING DOCUMENTATION OPTIONS

- Immunization records can include your childhood and/or school immunization records – or a print out from your medical provider.
- Lab reports must contain titer results **dated within the past three years** showing level of immunity.

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

MYRECORDTRACKER
STUDENT GUIDE

- -

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 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 Career 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 Help Desk at 610-861-5413 or helpdesk@northampton.edu.

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.

STEP 1: EMAIL NOTIFICATION

You will receive an email notification from 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.
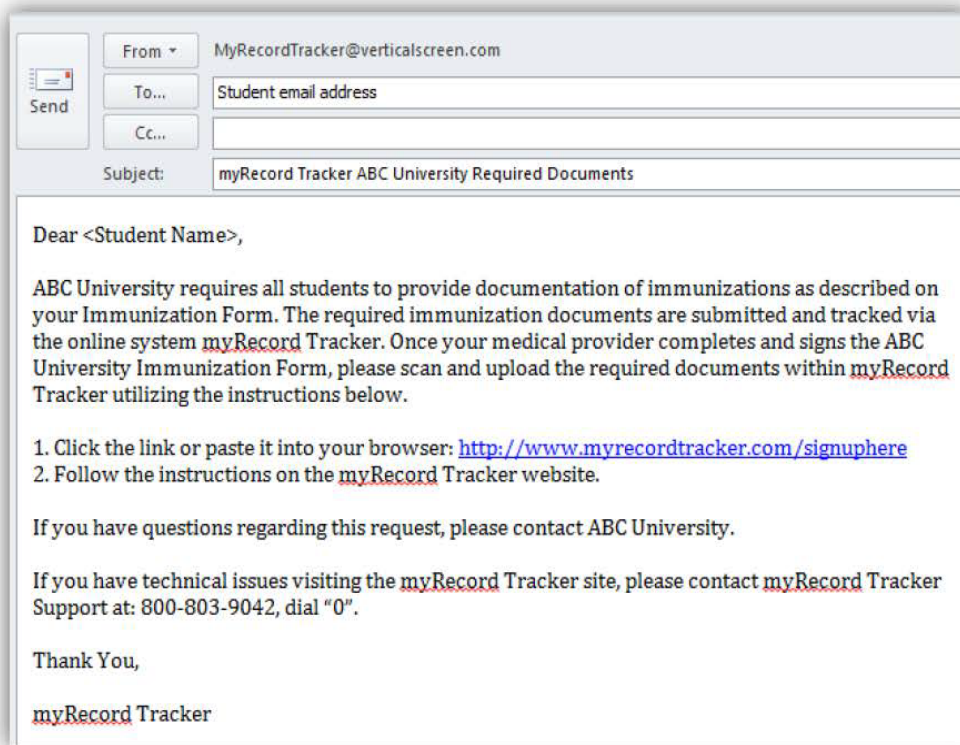
Send	From ▾	MyRecordTracker@verticalscreen.com
	To...	Student email address
	Cc...	
	Subject:	myRecord Tracker ABC University Required Documents

Dear <Student Name>,

ABC University requires all students to provide documentation of immunizations as described on your Immunization Form. The required immunization documents are submitted and tracked via the online system myRecord Tracker. Once your medical provider completes and signs the ABC University Immunization Form, please scan and upload the required documents within myRecord Tracker utilizing the instructions below.

1. Click the link or paste it into your browser: http://www.myrecordtracker.com/signuphere
2. Follow the instructions on the myRecord Tracker website.

If you have questions regarding this request, please contact ABC University.

If you have technical issues visiting the myRecord Tracker site, please contact myRecord Tracker Support at: 800-803-9042, dial "0".

Thank You,

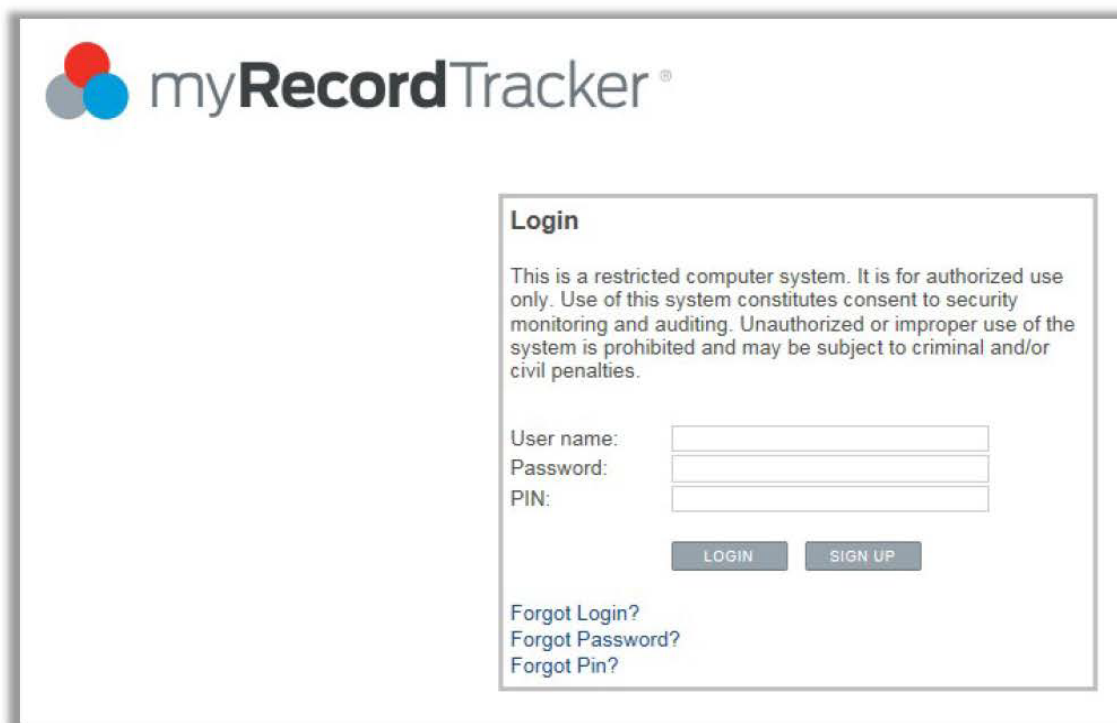myRecord Tracker

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.

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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 and entering your username, password and PIN.

myRecordTracker ®

Login

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.

User name:
Password:
PIN:

LOGIN   SIGN UP

Forgot Login?
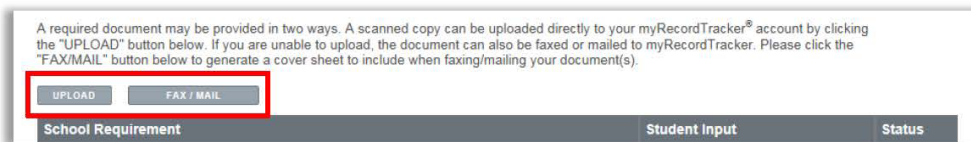Forgot Password?
Forgot Pin?

Figure 2: The myRecordTracker login screen

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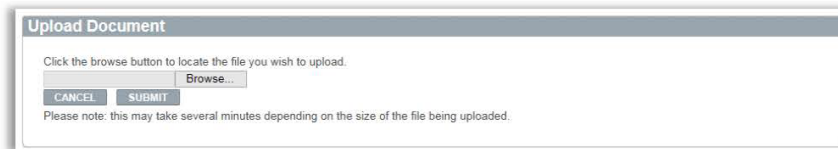# How to Complete Your myRecordTracker Requirements

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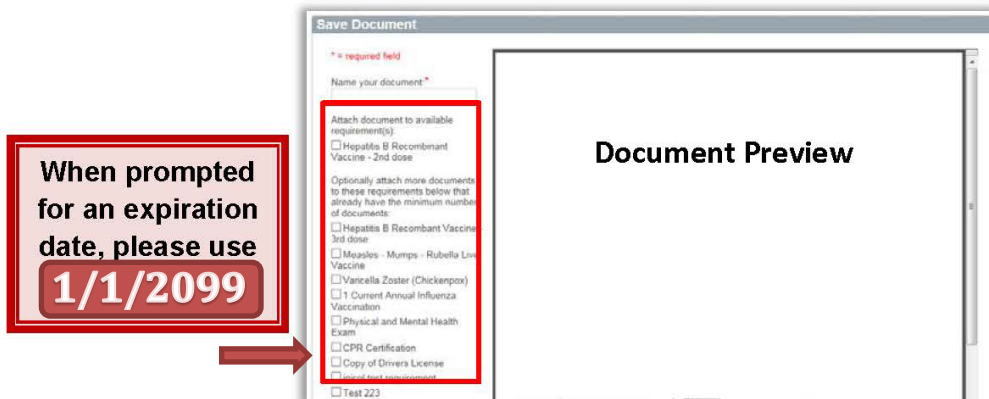
A required document may be provided in two ways. A scanned copy can be uploaded directly to your myRecordTracker® account by clicking the "UPLOAD" button below. If you are unable to upload, the document can also be faxed or mailed to myRecordTracker. Please click the "FAX/MAIL" button below to generate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

UPLOAD	FAX / MAIL

School Requirement	Student Input	Status

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:

Upload Document

Click the browse button to locate the file you wish to upload.

Browse...

CANCEL	SUBMIT

Please note: this may take several minutes depending on the size of the file being uploaded.

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.

Save Document

* = required field

Name your document:*

Attach document to available requirement(s)
- ☐ Hepatitis B Recombnant Vaccine - 2nd dose

Optionally attach more documents to these requirements below that already have the minimum number of documents:
- ☐ Hepatitis B Recombnant Vaccine 3rd dose
- ☐ Measles - Mumps - Rubella Live Vaccine
- ☐ Varicella Zoster (Chickenpox)
- ☐ 1 Current Annual Influenza Vaccination
- ☐ Physical and Mental Health Exam
- ☐ CPR Certification
- ☐ Copy of Drivers License
- ☐ [unclear text requirement]
- ☐ Test 223

Document Preview

When prompted for an expiration date, please use 1/1/2099

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

https://www.northampton.edu/education-and-training/programs/health-science-resources.html