

Program/Course Name	BLS (CPR)	Tetanus	PPD-TB	MMR	Hepatitis B	Varicella	Medical Insurance	EMT Certification	Background check	Submit Documentation to:
Certified Nursing Assistant Course	Card (signed)	N/A	2 Step TB skin test	If born after	1st dose of 3 may be in progress	N/A	Letter of coverage (with expiry dates)	N/A	May be required	Immunization
Carson/Fallon	Note 1		within the last year	Jan 1 1957	or Titer		or card		for Fallon	Office of Nursing Ced 101
			then yearly	2 doses or titer for measles/mumps/rubella	Note 2		Note 3			Background
			or Quantiferon blood test. See Note 7	Note 4						www.precheck.com
										Note 6
EMS 108 - EMT Basic (Fall/Spring)	Card (signed)	Tetanus TD or TDAP	2 Step TB skin test	If born after Jan 1 1957	1st dose of 3 may be in progress	N/A	Letter of coverage (with expiry dates)	N/A		Immunization
Carson	Note 1	every 10 years	within the last year	2 doses or titer for measles/mumps/rubella)	or Titer		or card			Office of Nursing Ced 101
			then yearly	Note 4	Note 2		Note 3			
			or Quantiferon blood test. See Note 7							
EMS 109 - EMT Basic Refresher (Fall)	Card (signed)	N/A	N/A	N/A	N/A	N/A	N/A	Current Basic	N/A	N/A
Carson	Note 1							EMT Certification		
EMS 113 - EMT First Responder (Spring)	Card (signed)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Note 1									
EMS 112 - EMT Enhanced (Spring)	Card (signed)	Tetanus TD or TDAP	2 Step TB skin test	If born after Jan 1 1957	1st dose of 3 may be in progress	N/A	Letter of coverage (with expiry dates)	Current Basic	N/A	Immunization
Carson	Note 1	every 10 years	within the last year	2 doses or titer for measles/mumps/rubella)	or Titer		or card	EMT Certification		Office of Nursing Ced 101
			then yearly	Note 4	Note 2		Note 3			Note 6
			or Quantiferon blood test. See Note 7							
Laboratory Technician(LTE)	N/A	N/A	2 Step TB skin test	If born after Jan 1 1957	1st dose of 3 may be in progress	N/A	Letter of coverage (with expiry dates)	N/A	N/A	Immunization
Carson			within the last year	2 doses or titer for measles/mumps/rubella)	or Titer		or card			Office of Nursing Ced 101
			then yearly	Note 4	Note 2		Note 3			Note 6
			or Quantiferon blood test. See Note 7							
Associate Degree Nursing (ADN) Program	Card (signed)	Tetanus - TDAP	2 Step TB skin test	If born after Jan 1 1957	1st 2 doses of 3 or Titer	2 doses 4 weeks	Letter of coverage (with expiry dates)	N/A	Mandatory	Immunization
Carson	Note 1	every 10 years	within the last year	2 doses or titer for measles/mumps/rubella)	Note 2	apart if over 13 or	or card		Carson and Fallon	Office of Nursing Ced 101
			then yearly	Note 4		titer/Physicians	Note 3			Background
			or Quantiferon blood test. See Note 7			verification				www.precheck.com
						Note 5				Note 6

NOTES:

1. CPR card must be American Heart Association Healthcare Provider or American Red Cross Professional Rescuer
 2. Hepatitis B - #1Baseline, #2 1 month after #1, #3 4 months after #1. Titer(blood draw) accepted
 3. Major medical must include coverage for hospitalization
 4. Measles/Mumps/Rubella required if born after Jan 1 1957 2 doses at least 4 weeks apart. Titer (blood draw) for Measles/Mumps/Rubella accepted
 5. Varacella Titer (blood draw) or physician verification accepted otherwise 2 doses at least 4 weeks apart if over 13.
 6. Precheck.com is for background checks only.
 7. If you have a positive TB Skin test you will need a clean chest X-ray within the last year
- For Questions please call the Nursing and Allied Health Office at (775) 445-3294.