It is the policy of the Alabama Community College System Board of Trustees and Shelton State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, national origin, religion, marital status, disability, gender, age, or any other protected class as defined by federal and state law, be excluded from participation, denied benefits, or subjected to discrimination under any program, activity, or employment.
# TABLE OF CONTENTS

Accreditation Page .................................................................................................................. 5  
Introduction and Non-Discrimination Statement .................................................................... 6  
Welcome from the MLT Program Director .............................................................................. 7  
MLT Student Handbook Acknowledgement Form .................................................................... 8  
MLT Faculty and Support Staff Contact Information ............................................................... 19  

I. PROGRAM INFORMATION .................................................................................................... 10-14  
   Program Mission .................................................................................................................. 10  
   Program Goals .................................................................................................................... 10  
   Educational Outcomes ........................................................................................................ 10  
   Measurable Program Outcomes .......................................................................................... 11  
   Program Minimum Admission Requirements ..................................................................... 11  
   Curriculum Sequences for MLT AAS Degree ..................................................................... 12  
   Program Expenses ............................................................................................................. 14  

II. GENERAL INFORMATION/POLICIES ............................................................................... 15-16  
    Financial Obligations ......................................................................................................... 15  
    Late Registration ............................................................................................................... 15  
    Drop/Add Policy ............................................................................................................... 15  
    MLT Program Withdrawal Policy .................................................................................... 15  
    Noncompliance with Program Policies ............................................................................. 15  
    MLT Student Self-Reporting Policy .................................................................................. 16  
    Student Records Policy ..................................................................................................... 16  
    Academic Misconduct ....................................................................................................... 16  

III. ETHICS .............................................................................................................................. 16-18  
    Professional Ethics and Confidentiality ............................................................................. 16  
    Professional Code of Ethics Preamble ............................................................................... 17  
    Duty to the Patient ............................................................................................................. 17  
    Duty to Colleagues and the Profession .............................................................................. 17  
    Duty to Society .................................................................................................................. 18  

IV. STUDENT SERVICES AND GENERAL INFORMATION .................................................. 18  
    Scholarships ....................................................................................................................... 18  
    Advising/Educational Planning .......................................................................................... 18  

V. MLT PROGRAM INFORMATION ......................................................................................... 19-21  
    Lines of Communication ..................................................................................................... 19  
    Student Concerns/Feedback .............................................................................................. 19  
    Bulletin Boards ................................................................................................................... 19  
    Electronic Communication ................................................................................................ 19  
    Social Networking Policy for Health Programs ................................................................. 19
VI. ACADEMIC AND CLASSROOM INFORMATION ................................................................. 21-25
Textbooks and Required Course Materials .................................................................. 21
Class Attendance Policy ................................................................................................. 21
Classroom Behavior ......................................................................................................... 22
Classroom Restrictions ..................................................................................................... 22
Examination Attendance ................................................................................................ 22
Examination Policy .......................................................................................................... 23
Grading Policy .................................................................................................................. 23
Course Grades that Do Not Affect Academic GPA ....................................................... 24
Progression Policy ........................................................................................................... 24
Reinstatement Policy ........................................................................................................ 25
Transfer Policy .................................................................................................................. 25

VII. HEALTH AND SAFETY POLICIES ............................................................................ 26-28
Student Health and Health Related Policies .................................................................. 26
Vaccination Exemption Policy ......................................................................................... 26
Drug Screen Policy ........................................................................................................... 26
Background Check Policy ................................................................................................. 27
Change of Health Status ................................................................................................... 27
Health Insurance .............................................................................................................. 27
Accident and Injury Policy ............................................................................................... 27
HIV/HBV Reporting Policy ............................................................................................. 27
Claims of Harassment at Clinical Agency .......................................................................... 28

VIII. LABORATORY/CLINICAL INFORMATION AND POLICIES .................................. 28-34
Laboratory/Clinical Appearance Policy .......................................................................... 28
Uniform .............................................................................................................................. 28
Student Eligibility ............................................................................................................. 28
Transfusion Service Rotation ........................................................................................... 29
Scheduling Process .......................................................................................................... 29
Students Employed in a Laboratory ................................................................................ 29
Emergency Scheduling Conflicts ..................................................................................... 29
Clinical/Lab Attendance and Tardiness .......................................................................... 30
Travel Expenses Clinical/Lab .......................................................................................... 30
Clinical Evaluation .......................................................................................................... 31
Student Conduct .............................................................................................................. 31
Clinical Misconduct ......................................................................................................... 31
Clinical Misconduct Procedure ....................................................................................... 31
Laboratory Safety Policy .................................................................................................. 32
Potential Risk for Students .............................................................................................. 32
Bloodborne Pathogen Exposure Policy ................................................................. 33
Standard Precautions Policy ............................................................................. 33
Regulated Medical Waste Management ............................................................ 33
Chemical Agents ............................................................................................... 33
Pregnancy ........................................................................................................ 34
Radiation ......................................................................................................... 34
Student Laboratory Attendance ...................................................................... 34

IX. PROGRAM CLOSURE/TEACH OUT PLAN ....................................................... 34

X. HONORS AND AWARDS ............................................................................. 34-35
President’s List .................................................................................................. 34
Dean’s List ....................................................................................................... 34
Phi Theta Kappa ............................................................................................... 34
MLT Program Awards ..................................................................................... 35
Academic Excellence Award ............................................................................. 35
Clinical Excellence Award ............................................................................... 35

XI. GRADUATION INFORMATION .................................................................. 35-36
Requirements for Graduation .......................................................................... 35
Graduation Ceremonies ................................................................................... 35
Participation in the Pinning Ceremony ............................................................. 36
BOC Examination by ASCP ............................................................................ 36
Certification Examination Policy and Procedure for BOC Examination by ASCP ................................................................. 36

Appendices ..................................................................................................... 37-73
Appendix 1. Concern/Feedback Form ............................................................... 37
Appendix 2.a. Student Drug Screening Policy ................................................... 38
Appendix 2.b. Student Drug Screening Participation Form ............................... 42
Appendix 3.a. Background Screening Policy .................................................... 43
Appendix 3.b. Background Screening Participation Form .................................. 45
Appendix 4. Readmission/Reinstatement Policy ............................................... 46
Appendix 5. Request for Reinstatement Form ................................................... 49
Appendix 6.a. Hepatitis Information Sheet ......................................................... 51
Appendix 6.b. Hepatitis B Vaccination Policy .................................................. 53
Appendix 6.c. Verification of #1- #3 HBV Vaccination ...................................... 55
Appendix 7. Change of Health Status Form ...................................................... 57
Appendix 8. Tuberculosis Test Verification Form ............................................. 59
Appendix 9. Essential Functions ..................................................................... 60
Appendix 10. Student Exposure Incident Report ............................................ 63
Appendix 11. Medical Form ............................................................................ 66
Appendix 12. Student Behavior Contract ......................................................... 69
Appendix 13. Social Networking Policy ............................................................ 71
Appendix 14. Health Requirements Declination Form ...................................... 73
Accreditation Information

Shelton State Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award the Associate in Arts, Associate in Science, and Associate in Applied Science degrees. Please contact SACSCOC at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call 404.679.4500 for questions about the accreditation of Shelton State Community College.

Please do not contact the Commission with other questions unless there is evidence that appears to support Shelton State Community College's significant non-compliance with the Commission's accreditation requirements or standards. Check the College website, sheltonstate.edu, for addenda.

Program Accreditation Statement

The MLT program at Shelton State Community College is seeking accreditation from the National Accrediting Agency for Clinical Laboratory Science (NAACLS). NAACLS 5600 N. River Rd, Suite 720 Rosemont IL 60018-5119; phone: 773.714.8880; fax: 773.714.8886;
Introduction

The Medical Laboratory Technician (MLT) Program operates within the policies of Shelton State Community College (SSCC). All policies and services common to students enrolled in the College are in effect for MLT students, as well. The purpose of this handbook is to provide additional information regarding specific policies and procedures unique to the performance of responsibilities as a MLT student. Failure to read the MLT Program Handbook does not excuse students from the rules and procedures described herein. Personal factors, illness or contradictory advice from any source are not acceptable grounds for seeking exemption from these rules and procedures.

The MLT Program Handbook is developed by the faculty, staff, and students and is reviewed and/or updated at least once every two years.

MLT students are required to obtain and/or have access to a copy of the MLT Program Handbook upon admission to the MLT Program. Students are responsible for knowing and abiding by the information presented in the MLT Program Handbook as well as the SSCC Catalog and SSCC Student Handbook. Any changes in policy will be disseminated. In addition, by following the provisions of the handbook, students will be assisted in their overall educational process and program progression.

To access the SSCC College Catalog and Student Handbook, please visit the following link:

https://www.sheltonstate.edu/admissions-financial-aid/becoming-a-student/college-catalog/

Non-Discrimination Statement

It is the policy of the Alabama Community College System Board of Trustees and Shelton State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, national origin, religion, marital status, disability, gender, age, or any other protected class as defined by federal and state law, be excluded from participation, denied benefits, or subjected to discrimination under any program, activity, or employment.
Dear MLT Students,

Congratulations and welcome to the Medical Laboratory Technician Program (MLT) at Shelton State Community College (SSCC)! You have been selected as part of the next Medical Laboratory Technician Program (MLT) cohort class. Each one of you is unique and embarking on a life changing journey of learning and growth, both personally and professionally. The MLT Program Handbook will provide you with policies and procedures that will guide you as you matriculate through the program.

The faculty and staff will provide you with available tools necessary for your success. However, YOU, as the MLT student, oversee the results of your educational outcomes. You must remain focused and dedicated to your studies to reach your chosen career goal of becoming a MLT. The MLT Program is one of excitement and intrigue, but also a very demanding healthcare science profession. Remaining active and engaged during your program of study will increase your completion and success. I strongly encourage you to bring your curiosity, enthusiasm, and passion for lifelong learning. The faculty and staff of the MLT Program at SSCC wish you the best academic achievements in the program.

Again, welcome again to the MLT Program at SSCC. Have fun, and we will work to provide a challenging and rewarding high quality learning experience!

Best regards,

Haji

Dr. Mwafaq Haji, D.V.M., MSc.
Director of MLT Program Shelton State Community College
MLT Program 2021-2022

Student Handbook Acknowledgment Form

I, __________________________ have received and/or have access to a copy of the Shelton State Community College MLT Program Handbook, and I accept accountability for being knowledgeable of its content. I understand that the policies, procedures, and information apply to me, and I agree to be governed by the policies and procedures described within the handbook throughout my enrollment in the MLT Program.

My signature below constitutes my acceptance of the policies and procedures in the Shelton State Community College MLT Program Handbook.

Student Signature: ____________________________________________

myShelton Username (A#): __________________

Date: ________________________________

Note – Please submit this form to the MLT Program Clerk by the end of the second week of classes.

Disclaimer Clause
The MLT Program at Shelton State Community College reserves the right to make changes in the policies and procedures in this handbook. If changes are made, the student will be given notice of those changes.
Medical Laboratory Technician Program

Faculty and Support Staff

Dr. Mwafaq Haji, DVM, MSc
Program Director
Email: mhazi@sheltonstate.edu
Office phone: 205.391.2677
C. A. Fredd Campus, Office #505
3401 Martin Luther King, Jr. Blvd
Tuscaloosa, AL 35401

Beth Appling
Health Services Clerk
Email: bappling@sheltonstate.edu
Phone: 205.391.2654
Office: C.A. Fredd Campus, #520
3401 Martin Luther King, Jr. Blvd.
Tuscaloosa, AL 35401

Classroom/Laboratory
MLT Building #500/Classroom #507
C.A. Fredd Campus
3401 Martin Luther King, Jr. Blvd.
Tuscaloosa, AL 35401
I. Program Information

Program Mission

The Medical Laboratory Technician Program’s mission and goals are consistent with the College’s mission and goals. The MLT faculty and staff also endorse the following:

The Shelton State Medical Laboratory Technician Program (MLT) will prepare its graduates to be successful, confident, and competent medical laboratory technicians who demonstrate professionalism and moral judgement. The program will respond to the workforce needs of the West Alabama community by educating and training skilled laboratory professionals.

Program Goals

Based on NAACLS Standards, upon successful completion of the MLT program, the MLT program graduate will have basic knowledge and skills to:

1. Exhibit compliance in the application of safety and governmental regulations in handling chemical and biological materials.


3. Demonstrate entry-level competency for patient specimen analysis in hematology, coagulation, clinical chemistry, immunology, immunohematology, microbiology, urine/body fluid analysis, and laboratory operations according to established protocols and procedures.

4. Exhibit legal and ethical behavior which adheres to the professional conduct standards for clinical laboratories.

5. Communicate effectively with patients, the public, and the healthcare team members regarding laboratory practice.

Educational Outcomes

Upon completion of the MLT program, all graduates will demonstrate competency in the cognitive, psychomotor, and affective domains in the field of Medical Laboratory Technician. The goals of the Medical Laboratory Technician Program include the following:

1. Prepare graduates for entry level routine clinical laboratory tests. The level of analysis ranges from waived and point of care testing to complex testing encompassing all major areas of the clinical laboratory.

2. Prepare graduates to perform entry level diverse functions in areas of pre-analytical, analytical, and post-analytical processes.

3. Prepare graduates for laboratory information processing, training, and quality control monitoring wherever clinical laboratory testing is performed.

4. Prepare graduates to have entry level knowledge and skills in application of safety and governmental regulations as it relates to clinical laboratory testing.

5. Prepare graduates to have entry level knowledge and skills in principles and practices of professional conduct and continuing professional development.
6. Prepare graduates to have entry level knowledge and skills in communications to meet the needs of patients, the public, and members of the health care team.

**Measurable Program Outcomes**

1. **Completion Rates:** 70 percent or higher of the students entering the program will graduate within two years.
2. **Employment Rates:** 70 percent or higher of the MLT graduates will be employed within one year of graduation.
3. **Certification Exam Rates:** 75 percent or higher of MLT graduates will pass the National Board of Certification Exam within one year after graduation.
4. **Employer Satisfaction:** 70 percent or higher MLT employers will report/agree the graduates possess entry-level competencies necessary to perform routing medical laboratory testing.
5. **Graduate Satisfaction:** 70 percent or higher of MLT graduates will report/agree satisfaction that they possess entry-level competencies necessary to perform routing medical laboratory testing.

**Program Minimum Admission Requirements**

1. Applicants must have unconditional admission to the College.
2. Applicants must complete and **submit an application** for the MLT program.
3. Applicants must meet certain essential functions as recommended by National Accredited Agency for Clinical Laboratory Sciences (NAACLS’s Standard). Essential functions are the abilities and tasks that a student must be able to perform to be successful in the learning experiences and completion of the Program. (Click the MLT Essential Functions for more details.)
4. Applicants must submit a copy of a minimum score of one of the following: ACT reading score of 17, Next Generation ACCUPLACER reading score of 244 or higher, or ACCUPLACER reading score of 70 or higher. The exam must have been taken within the last three years.
5. Applicants must have a minimum of 2.5 GPA on 4.0 scale in general education courses required for the MLT Program.
6. Applicants must have a minimum of 2.0 GPA on 4.0 scale on all completed college coursework.
7. Applicants must have completed prerequisite courses with a grade of C (70) or above: BIO 103 - Principles of Biology I, CHM 104 - Introduction to Inorganic Chemistry, ENG 101 - English Composition I, and MTH 100 - Intermediate College Algebra or higher-level math course.
8. Applicants must attend or view a Health Services Program Information Session within the last year before applying to the Program.

**Note:** Meeting minimum requirements does not guarantee acceptance. The number of students selected each year is limited, and the application process is competitive.
# CURRICULUM SEQUENCE FOR MEDICAL LABORATORY TECHNICIAN PROGRAM (A.A.S.) DEGREE

## Semester I

### PREREQUISITE COURSES (ACADEMIC/GENERAL EDUCATION)

<table>
<thead>
<tr>
<th>Course</th>
<th>Total Credits</th>
<th>Theory/Lecture Hours</th>
<th>Lab Hours</th>
<th>Clinical Hours</th>
<th>Total Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORI 101 Orientation to College</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>BIO 103 Principles of Biology I</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>CHM 104 Introduction to Inorganic Chemistry</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>ENG 101 English Composition I</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>MTH 100 Intermediate College Algebra or higher-level math course</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

**Semester Total** 16 14 4 0 18

## Semester II

<table>
<thead>
<tr>
<th>Course</th>
<th>Total Credits</th>
<th>Theory/Lecture Hours</th>
<th>Lab Hours</th>
<th>Clinical Hours</th>
<th>Total Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLT 111 Urinalysis</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>MLT 131 Laboratory Techniques</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>MLT 181 MLT Immunology</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>PSY 200 General Psychology</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>SPH 106 Fundamentals of Oral Communication or SPH 107 Fundamentals of Public Speaking</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

**Semester Total** 15 12 9 0 21

## Semester III

<table>
<thead>
<tr>
<th>Course</th>
<th>Total Credits</th>
<th>Theory/Lecture Hours</th>
<th>Lab Hours</th>
<th>Clinical Hours</th>
<th>Total Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Humanities Elective</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>MLT 121 MLT Hematology and Body Fluids</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>MLT 151 MLT Medical Chemistry</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

**Semester Total** 14 10 12 0 22

*Choose from: ENG 251, ENG 252, ENG 261, ENG 262, ENG 271, ENG 272, HUM 299, PHL 206, REL 100 REL 151, REL 152, SPA 101, SPA 102
### Semester IV

<table>
<thead>
<tr>
<th>Course</th>
<th>Total Credits</th>
<th>Theory/Lecture Hours</th>
<th>Lab Hours</th>
<th>Clinical Hours</th>
<th>Total Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLT 141 MLT Microbiology I</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>MLT 142 MLT Microbiology II</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>MLT 161 Integrated Laboratory Simulation</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>MLT 191 MLT Immunohematology</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td><strong>Semester Total</strong></td>
<td><strong>15</strong></td>
<td><strong>8</strong></td>
<td><strong>21</strong></td>
<td><strong>0</strong></td>
<td><strong>29</strong></td>
</tr>
</tbody>
</table>

### Semester V

<table>
<thead>
<tr>
<th>Course</th>
<th>Total Credits</th>
<th>Theory/Lecture Hours</th>
<th>Lab Hours</th>
<th>Clinical Hours</th>
<th>Total Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLT 293 MLT Seminar</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>MLT 294 Medical Lab Practicum-Hematology and Urinalysis</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>MLT 295 Medical Lab Practicum-Microbiology</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>MLT 296 Medical Lab Practicum-Immunohematology</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>MLT 297 Medical Lab Practicum-Chemistry and Immunology</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td><strong>Semester Total</strong></td>
<td><strong>10</strong></td>
<td><strong>2</strong></td>
<td><strong>0</strong></td>
<td><strong>24</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>

**Program Totals:**
- Credit Hours: 70
- Total Contact Hours: 1740 (116 x 15)
- General Education Hours: 25
- MLT Hours: 45
## Estimated Tuition, Fees, and Expenses for the MLT Program

Listed below are the estimated costs for the Associate in Applied Science Degree in the MLT Program. The prices listed below are subject to change.

<table>
<thead>
<tr>
<th>Uniforms</th>
<th>Two-Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 pair of closed-toe shoes</td>
<td>$100.00</td>
</tr>
<tr>
<td>Lab coat (SSCC monogrammed)</td>
<td>$32.00</td>
</tr>
<tr>
<td>2 Uniforms (SSCC monogrammed scrubs)</td>
<td>$100.00</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$232.00</strong></td>
</tr>
<tr>
<td>Tuition, instruction fees (70 Credit Hours)</td>
<td></td>
</tr>
<tr>
<td>Resident</td>
<td>$10,640.00</td>
</tr>
<tr>
<td>Non-resident</td>
<td>$19,950.00</td>
</tr>
<tr>
<td>Textbooks (estimate) for required textbook only.</td>
<td>$1000.00</td>
</tr>
<tr>
<td>The recommended textbooks are NOT included.</td>
<td></td>
</tr>
<tr>
<td>BOC Interactive Practice Exam</td>
<td>$150.00</td>
</tr>
<tr>
<td>Interactive study for the MLS &amp; MLT Certification Exams (Bundle)</td>
<td></td>
</tr>
<tr>
<td>Med training subscription</td>
<td>$50.00</td>
</tr>
<tr>
<td>Media lab subscription</td>
<td>$150.00</td>
</tr>
<tr>
<td>Trajecsys Online Tracking Reporting System</td>
<td>$100.00</td>
</tr>
<tr>
<td>Accident and Liability Insurance</td>
<td>$40.00</td>
</tr>
<tr>
<td>Preclinical Screening/Background Check/Compliance</td>
<td>$66.00</td>
</tr>
<tr>
<td>BOC certification fees*</td>
<td>$215.00</td>
</tr>
<tr>
<td>*National certification subject to change, please check appropriate certification body.</td>
<td></td>
</tr>
<tr>
<td>Student Membership (Optional) American Society for Clinical Pathology American (ASCP), American Society for Clinical Laboratory Science (ASCLS), and Medical Laboratory Observer (MLO)</td>
<td>Free</td>
</tr>
<tr>
<td>Cap and Gown for Graduation (Optional)</td>
<td>$40.00</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>Resident $12,451.00</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Non-Resident $21,761.00</strong></td>
</tr>
<tr>
<td><strong>Total Approximate Cost for SSCC MLT Program</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Resident $12,683.00</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Non-Resident $21,993.00</strong></td>
</tr>
</tbody>
</table>
II. GENERAL INFORMATION/POLICIES

Financial Obligations

Tuition/fees are due the day of registration. If a portion of the registration expenses is to be paid by some type of financial aid or by a sponsoring agency, it is the responsibility of the student to provide written evidence of such arrangements to the Cashier’s Office at or before registration. Students who do not complete financial obligations are not issued transcripts, and they are not allowed to register again until all financial obligations are satisfied.

Late Registration

There is no late registration for MLT courses. Late registration is allowed for the academic co-requisite courses (dependent on space availability) until the end of the Schedule Change/Late Registration period. Space in courses is not guaranteed. Specific dates are published each semester on the College website, sheltonstate.edu.

Drop/Add Policy

MLT courses cannot be added after the registration period. MLT courses must be taken in sequence; therefore, students who drop or withdraw from a MLT course cannot progress in the program until all required courses are complete.

MLT Program Withdrawal Policy

In addition to the College policies, withdrawal from the SSCC MLT Program requires the following:

1. Completion of a withdrawal form
2. A scheduled student exit interview with the Director of the SSCC MLT Program
3. Return of all equipment, books, etc., belonging to the department

A student who wishes to withdraw from a MLT course must do so officially on or before the last day designated to withdraw. A withdrawal from a MLT course for ANY reason or at ANY time during the semester is counted as one attempt at trying to complete the course. The student will have only one additional opportunity to be successful in the course. Failure to complete the course successfully after two attempts will require the student to reapply to the program as a new student, and the student must take or retake all SSCC MLT Program courses. (See additional information regarding progression and reinstatement.)

NOTE: Students who fail to follow these procedures may be denied reinstatement to the Program. Leaving the College or the SSCC MLT Program without filing formal withdrawal notices and following the appropriate procedures will result in a failing grade in all courses in which the student is enrolled.

Noncompliance with Program Policies

Noncompliance with the policies and procedures of the MLT Program or clinical affiliates may be grounds for dismissal from the program.
MLT Student Self Reporting Policy

All MLT students must keep the MLT Program Director informed about anything that might have a bearing on their continued eligibility in the MLT program.

Student Records Policy

Students who are seeking admission and/or are enrolled in a health services program at Shelton State Community College are required to submit an application; academic information; and health, medical, and related information to the Program’s office. All information submitted to the Program/division office becomes the property of that office and is held confidentially.

Students and graduates of the Program are encouraged to obtain and maintain copies of the health, medical, or related information submitted for future reference (i.e., medical exam record, TB skin test results, immunization record, etc.). NO HEALTH, MEDICAL, OR RELATED INFORMATION THAT MAY BE IN THE PROGRAM’S OFFICE FILE WILL BE RELEASED TO PERSONS OR AGENCIES FOR EMPLOYMENT OR PERSONAL REASONS. Student health, medical, and related information will be managed through a third-party screening and compliance tracking company.

Academic Misconduct

This policy applies only to those violations of the Shelton State student conduct regulations relating to academic dishonesty. Academic misconduct includes all acts of dishonesty in any academically related matter and any knowledge of helping, intentionally helping, attempt at helping, or conspiracy in helping another student commit an act of academic dishonesty. Academic misconduct includes, but is not limited to, each of the following acts when performed in any type of academic or academically related matter, exercise, or activity:

- Cheating: the use or attempted use of unauthorized materials, information, study aids, answers of others, or electronic information.
- Plagiarism: claiming as one’s own work (i.e., ideas, words, data, computer programs, creative compositions, artwork, etc.) what was done by someone else, improperly citing referenced works, using commercially available scholarly papers, failing to cite sources, or copying another’s ideas.
- Misrepresentation: the falsifying, altering, or misstating the contents of documents or other materials related to academic matters, including schedules, prerequisites, transcripts, and medical or military excuses.

Whether or not academic misconduct has occurred and what classroom sanctions, if any, are to be applied are matters to be determined by the respective instructor. A student who opposes the sanction imposed by an instructor may appeal the matter to the appropriate Associate Dean.

III. ETHICS

Professional Ethics and Confidentiality

MLT students must always remember that the information in a medical laboratory is confidential. This means that all lab results are to be directed only to physicians, nurses, and other health professionals for
diagnosis and treatment. Students shall not tell patients, parents, friends, relatives, or non-laboratory hospital employees the results of tests or the nature of any illness. This information is given only by the physician to the patient.

It is expected that laboratory professionals may encounter very ill or possibly contagious patients in routine practice. As a MLT student, you should expect occasions when you will be working with these patients or their specimens as part of your clinical experience. It would be considered unprofessional and unethical to refuse to treat these patients and their samples respectfully and appropriately. Failure to comply with the above is cause for immediate dismissal from the Program.

**Professional Code of Ethics**

**Preamble**
The Code of Ethics of the American Society for Clinical Laboratory Science (ASCLS) sets forth the principles and standards by which clinical laboratory professionals practice their profession.

**Duty to the Patient**
Medical Laboratory Professionals’ primary duty is to the patient, placing the welfare of the patient above their own needs and desires and ensuring that each patient receives the highest quality of care according to current standards of practice. High quality laboratory services are safe, effective, efficient, timely, equitable, and patient-centered. Medical Laboratory Professionals work with all patients and all patient samples without regard to disease state, ethnicity, race, religion, or sexual orientation. Medical Laboratory Professionals prevent and avoid conflicts of interest that undermine the best interests of patients.

Medical Laboratory Professionals are accountable for the quality and integrity of the laboratory services they provide. This obligation includes maintaining the highest level of individual competence as patient needs change yet practicing within the limits of their level of practice. Medical Laboratory Professionals exercise sound judgment in all aspects of laboratory services they provide. Furthermore, Medical Laboratory Professionals safeguard patients from others’ incompetent or illegal practice through identification and appropriate reporting of instances where the integrity and high quality of laboratory services have been breached.

Medical Laboratory Professionals maintain strict confidentiality of patient information and test results. They safeguard the dignity and privacy of patients and provide accurate information to patients and other health care professionals. Medical Laboratory Professionals respect patients’ rights to make decisions regarding their own medical care.

**Duty to Colleagues and the Profession**
Medical Laboratory Professionals uphold the dignity and respect of the profession and maintain a reputation of honesty, integrity, competence, and reliability. Medical Laboratory Professionals contribute to the advancement of the profession by improving and disseminating the body of knowledge, adopting scientific advances that benefit the patient, maintaining high standards of practice and education, and seeking fair socioeconomic working conditions for members of the profession.
Medical Laboratory Professionals accept the responsibility to establish the qualifications for entry to the profession, to implement those qualifications through participation in licensing and certification programs, to uphold those qualifications in hiring practices, and to recruit and educate students in accredited programs to achieve those qualifications.

Medical Laboratory Professionals establish cooperative, honest, and respectful working relationships within the clinical laboratory and with all members of the healthcare team with the primary objective of ensuring a high standard of care for the patients they serve.

*Duty to Society*

As practitioners of an autonomous profession, Medical Laboratory Professionals have the responsibility to contribute from their sphere of professional competence to the general well-being of society. Medical Laboratory Professionals serve as patient advocates. They apply their expertise to improve patient healthcare outcomes by eliminating barriers to access to laboratory services and promoting equitable distribution of healthcare resources.

Medical Laboratory Professionals comply with relevant laws and regulations pertaining to the practice of Clinical Laboratory Science and actively seek, to change those laws and regulations that do not meet the high standards of care and practice.

**IV. STUDENT SERVICES AND GENERAL INFORMATION**

*Scholarships*

Applications and information regarding scholarships for MLT students will be made available by the Director of the SSCC MLT Program, posted in the course management system, and included on the SSCC MLT Program’s webpage. Scholarships specific to Health Services students are offered through the SSCC Foundation each year. Students should contact the SSCC Scholarship office for these scholarship opportunities and/or review the SSCC Scholarship webpage.

*Advising/Educational Planning*

The College Educational Planning staff serve as pre-admission academic advisors for prospective MLT students. The MLT faculty serve as academic advisors to students currently enrolled in the SSCC MLT Program. The Health Services Clerk develops a record of all applicants for admission to the SSCC MLT Program and maintains record information. After admission, student records are maintained by the Health Services Clerks office.

Office hours are posted on each faculty member’s door. Additional hours may be provided by appointment. All faculty members have voicemail for telephone messages and email. Students are encouraged to contact faculty members directly. In the event of an emergency, the student may contact the Health Services Clerk at 205.391.2654 for assistance.
V. **MLT Program Information**

**Lines of Communication**

Students are encouraged to seek guidance when a classroom, clinical rotation, general problem, or concern arises. If the concern is directly related to MLT courses, resolution should be sought through conference with the course faculty member. If the concern is not resolved at that level, subsequent steps include a conference with the MLT Program Director with documentation of the complaint or concern in writing and then a conference with the Associate Dean of Health Services. If the student, the instructor, MLT Program Director, or Associate Dean of Health Services cannot successfully resolve the issue, students should follow the appropriate Academic Grievance Policy or Grade Appeals Policy found in the SSCC Catalog and SSCC Student Handbook.

**Student Concern/Feedback**

The MLT faculty and staff are open to student feedback regarding educational and College experiences. Students are encouraged to use the Student Concern/Feedback Form. (Appendix 1) This form serves as a communication tool for constructive input in the following areas: curriculum, teaching, methodologies, resources, services, and miscellaneous items. The student should complete the form and place it in the designated receptacle. The receptacle will be checked at least once weekly and directed to the appropriate individual or group.

**Bulletin Boards**

Designated bulletin boards are located near the MLT classroom. These bulletin boards and the learning management system (currently Canvas) are used to post general Health Information Program information and notices, as well as relevant information specific to MLT courses. Students should check student email and Canvas notifications daily for Program information and announcements. Students are responsible for reading information and notices as posted. When possible, students are notified about forthcoming events or changes in schedule, etc. Students should verify their mailing address, email address, and phone number each time they register and at other times as changes occur. Commercial notices are not permitted on the bulletin boards.

**Electronic Communications**

Information specific to the SSCC MLT Program is posted on the nursing web page, which can be accessed from the College website or by visiting sheltonstate.edu/mlt. The course management system (currently Canvas) is used to post general SSCC MLT Program information and notices, as well as relevant information specific to MLT courses. Students should check Canvas daily for program information and announcements. Students are responsible for reading information and notices as posted.

Students are required to use their SSCC email account to communicate with faculty and staff. It is the policy of the College and of the SSCC MLT Program that grades will not be emailed.

**Social Networking Policy for Health Programs**

As non-limiting examples of social networking sites, this policy is intended to cover Facebook, LinkedIn, Twitter, Instagram, Snapchat, and/or any other site normally considered under social networking.
Students are advised to use social media cautiously and to avoid disclosing any information that could be considered confidential patient information. Any disclosure, intentional or unintentional, of information that could lead to the identification of a patient will result in appropriate disciplinary actions up to and including dismissal from the SSCC MLT Program. Removal of an individual’s name, face, or image is insufficient to protect identity or confidential information. The use of privacy settings that are available on many social networking sites does not guarantee that information will not appear in public and is deemed insufficient to protect confidential patient information.

Students are not to make negative, disparaging, or unprofessional remarks about fellow students, instructors, patients, patients’ visitors, clinical sites, or other healthcare professionals through social media. Any negative or disparaging remarks, intentional or unintentional, through social media will be considered unprofessional and will be considered a form of misconduct. This type of misconduct will be subject to appropriate disciplinary actions.

The following guidelines are to be followed:

- Do not save confidential or sensitive patient information, or information of any sort that could serve as identifying information, on any personal computer or other electronic device.
- Treat as confidential any email or texting correspondence with faculty; do not include patient identifying information.
- Do not transmit any patient-related information or images through social media. Do not take pictures or videos of patients or record discussions with cell phones or other personal devices.
- Do not rely solely on limiting access through privacy settings because these settings are not deemed sufficient to protect privacy and confidentiality of information. There is no such thing as a “private” social media site.
- Comply with clinical agency regulations regarding use of computers, cameras, electronic devices, and cell phones while present in the clinical agency.
- Always maintain patient privacy and confidentiality.
- Report breaches of confidentiality or privacy to the SSCC MLT Program instructor promptly.

A violation of this policy will result in appropriate disciplinary action up to and including dismissal from the SSCC Medical Laboratory Technician Program.

**Liability Insurance /Accident Insurance**

All students enrolled in clinical rotation courses are required to have liability insurance. SSCC will enroll students in a blanket insurance policy for liability and accidents. Insurance fees are attached to specific MLT courses to facilitate the process. The policy insures students while they are participating in clinical activities that are a requirement of the curriculum. Eligibility for insurance coverage is made through annual and/or interval premiums to the insurance companies. Students are encouraged to obtain personal medical and hospital insurance while enrolled in the MLT Program as healthcare will be provided if needed while in the clinical laboratory setting. The student will be charged for the medical care.

In addition to liability insurance, SSCC requires students to purchase and participate in Student Accident Insurance which also covers the student for activities while under the care and direction of the College.
Fees are assessed at registration each semester. For further information or to file a claim, the student may contact the Office of the Dean of Students.

**Identification Cards**

All students enrolled at SSCC are required to have an official student identification (ID) card. MLT photo ID badges are issued to MLT students prior to their first clinical lab assignment. MLT photo ID badges are worn as a part of the MLT uniform and are used for identification as a SSCC MLT Program student to the clinical agency. The cost of the MLT ID badge is $5.00. The student must pay the $5.00 to the Cashier’s Office and show the receipt prior to getting the photo ID badge made.

**Cell Phones**

Unauthorized use of cell phones is prohibited during class, lab, or clinical. Students are permitted to bring approved handheld devices that support the required software to class, lab, and clinical, but these devices must be used in accordance with MLT Program’s guidelines and the clinical agency’s guidelines. Use of a cell phone or other portable electronic device is not permitted during any assessment or test time. Students found using these devices will be sanctioned according to instructor and/or course policies. The student will be reported to the Associate Dean of Health Services and academic misconduct procedures may be instituted. Penalty may range from a reprimand to expulsion from the College.

**VI. ACADEMIC AND CLASSROOM INFORMATION**

**Textbooks and Required Course Materials**

Each MLT course has one or more required textbooks. The course materials contain pertinent information related to that course, including, but not limited to, course syllabus, course objectives, topical outline, method of instruction, class schedule, grade determination, clinical rotation/lab objectives, clinical rotation/lab evaluation form, student learning outcomes, and criteria for written assignments. Course materials will be available through the learning management system. Textbooks and/or eBooks and other course materials must be purchased to increase student success. Students must have access to course documents prior to the first day of class as they are used in orientation to the course. The class instructor will review the course material and students will use it as a resource for the remainder of the semester. Students are encouraged to retain textbooks purchased for MLT courses to be used as references and in preparation for the Registered MLT Board of Certification Examination by American Society for Clinical Pathology. These books are also often listed as required or recommended texts in subsequent courses. Students will also be required to use virtual lab software (subscription will be provided for the student). Students entering the MLT Program are encouraged to have a personal device capable of running software used in their coursework and clinical experience throughout the program.

**Class Attendance Policy**

Registration for a class makes the student accountable for attending the class as scheduled until completed or officially withdrawn. Excessive absences and/or tardiness may interfere with the students’
ability to complete the course successfully. In an online course, attendance is demonstrated by a student’s participation in an academic-related activity, such as submission of an academic assignment or exam or contributing to an online discussion forum.

The manner in which make-up work, tests, or assignments are given for excused absences is determined by the instructor. Possible excused absences include, but not limited to, representing the College in official and approved activities, military service, accidents, court appearances, illness of student or an immediate family member, or the death of an immediate family member. The student must submit appropriate documentation of extenuating circumstances for an excused absence to the instructor and make arrangements for any make-up work within seven days of the last day of the excused absence. It is the student’s responsibility to make arrangements with the instructor to make up missed course work. Work-related excuses, childcare issues, and/or travel are not considered excused absences. Instructors are not required to provide make-up opportunities for unexcused absences or to give additional time to students who are tardy for tests or quizzes.

**Classroom Behavior**

Students are expected to be alert, attentive, and courteous to others while in class; show a willingness to respond to questions and participate in class discussions; and have a lively interest in the subject matter, as evidenced by attention to/participation in classroom activities. The MLT Program has zero tolerance for disruptive class behavior. Students are expected to demonstrate common courtesy and cooperation in the classroom. Disruptive behavior will be reported to the Associate Dean of Health Services, and appropriate steps will be taken on all such violations. Unauthorized use of cell phones, unsanctioned talking, eating, sleeping, arriving late, leaving early, argumentative discourse, and reading of unrelated materials during a class will be considered rude or disruptive to the learning environment. Students will be asked to leave the classroom if rude or disruptive behavior occurs. Students who are asked to leave must meet with the faculty member, Director of the MLT Program, and/or the Associate Dean of Health Services before the student will be allowed to return to class.

**Classroom Restrictions**

Food and drink are not permitted in the laboratory classroom. Special health problems will be considered on an individual basis. Visitors (including children) are not allowed in the class or lab. All phones or other electronic devices must be set to silent or vibrate while in the classroom. The instructor may establish guidelines and restrictions for electronic device use in the lab classroom. Students found using these devices outside of established lab classroom guidelines will be reported to the Director of the MLT Program and the Associate Dean of Health Services. Academic misconduct procedures may be instituted. Penalties may range from a reprimand to expulsion from the College.

**Examination Attendance**

Students are expected to make every effort to be present for all examinations. Students are expected to notify the class instructor prior to an expected absence on examination day.
With documented extenuating circumstances and the instructor’s permission, students arriving late to written examinations are expected to complete the examination within the same specified time frame as other students who arrived on time. Make-up work, tests, or assignments given for excused absences, as allowed by the Standard College Policies, shall be left solely to the discretion of the instructor. (See the specific course syllabus for further information.) The student must arrange with the instructor to make-up missed exams. Make-up exams can be of any format (i.e., essays, multiple choice, etc.).

**Examination Policy**

**Face-to-Face Classes**

To ensure equal opportunity and prevent distractions during examination writing, the following policies will apply:

1. Instructors reserve the right to control seating arrangements, departures from the room, and communication among students.
2. Books, notebooks, cell phones, and personal property may be required to be placed in a designated area or collected as directed by the instructor before writing an examination.
3. Students may not leave during the exam testing period without prior permission from the instructor.
4. Caps and sunglasses are prohibited during the exam testing period.
5. Cell phones of any type are prohibited during the exam testing period.
6. Other electronic devices are prohibited unless permission is given by the instructor.

Note: The electronic method of administering course assessments and examinations is the preferred method used by the MLT Program. Students who have an excused absence from an exam will be given an opportunity to write the exam during the week of finals. (See “Examination Attendance” for further information.)

**Online Classes**

Students must abide by the guidelines given by the course instructor. Online assessments are administered via the College course management system and are given in several formats such as discussion boards, open book exams/quizzes, and proctored exams, etc. Student assessments which are proctored will be monitored by the College approved proctoring service, and students must follow the policies and procedures available through that service. Any identified questionable behavior during an assessment may result in loss of points and or zero on that assessment.

**Grading Policy**

The MLT Program records student achievement by means of a letter grade system. To facilitate the completion of grade averages, a grade point value is placed on the letter grade. The following table gives the letters used, the meaning, and the corresponding grade-point values. See the individual course syllabus for further specific grading information.
A. Clinical Rotation/Laboratory: A student who fails to meet a grade/evaluation of satisfactory in the Clinical Rotation and Laboratory component of a MLT course will receive an “F” for that course regardless of the grade in the theory component.

B. Theory: No rounding of test scores will be done. (Example: 78.6 is 78.6.) Only the final grade is rounded. For example, 0.5 or higher will be raised to the next whole number.

C. Grade Scale for All MLT Courses
   A = 90 – 100 = Excellent
   B = 80 – 89 = Good
   C = 75* – 79 = Average
   D = 60 – 74 = Poor Failure in MLT Program
   F = 59 and below Failure in MLT Program

* A minimum letter grade of C (75) is required in all health information courses to pass the course and progress in the MLT Program.

Course Grades that Do Not Affect Academic GPA

W = Withdrawal
AU = Audit
I = Incomplete

The grade point average (GPA) is determined by multiplying the number of grade points for each grade received by the number of semester hours for the course; then, the total number of grade points is divided by the total number of semester hours attempted. A grade of Incomplete (I) indicates that the student, for reasons satisfactory to the instructor, has been unable to complete the requirements of the course by the end of the semester. For credit in the course, the work must be completed within the following semester; otherwise, the grade (I) is automatically calculated as a failure.

Progression Policy

1. A student must achieve a minimum grade of C (75) or above in every MLT course.
2. MLT courses are designed to be taught sequentially. A student must have a minimum final grade of 75 in every course in each term of work to proceed to the courses taught in the next term.
3. Students will be tracked and advised related to academic progress. A plan for success will be developed when deficiencies are noted. The plan will be placed in the student’s file.
4. In the event a student makes a final grade below 75 in any MLT course in each term, the student cannot proceed to the courses taught in the next term and will be withdrawn from the Program.
5. The student may apply for readmission to the Program; acceptance is conditional upon the following:
   a. completion of admission application
   b. fulfillment of readmission criteria
   c. space availability in the next class
   d. one prior admission only
6. After readmission, if the student does not achieve the minimum 75 final grade in the second attempt of the same MLT course or fails to achieve the minimum 75 in any other MLT course,
the student will be withdrawn from the Program. The student may seek admission as a new student after a period of one year.

7. A student absents from the MLT course sequence for more than three semesters must apply as a new student.
8. A student will not be readmitted to the MLT Program more than once.

**Reinstatement Policy**

Reinstatement to the MLT Program is not guaranteed. Students must adhere to the following guidelines:

1. Provide completed reinstatement forms (Appendix 5) no less than six (6) weeks prior to the beginning of the semester to reinstate.
2. Request reinstatement within one year (less than twelve months) from the term of withdrawal or failure.
3. Adhere to the current MLT curriculum, program policies, and procedures in effect in the SSCC Catalog/Student Handbook at the point of reinstatement.
4. Meet academic eligibility, which includes a grade point average of 2.0 in MLT courses completed at SSCC and a cumulative grade point average of 2.0 or higher at SSCC.
5. Submit to clinical facility/laboratory space availability.
6. Meet acceptable criteria for placement at clinical facilities for experiences.
7. Have not been reinstated to a MLT program prior to present request
8. Have not been dismissed from a previous MLT program for disciplinary reasons and confidential breeches of management of MLT program at a facility.

**Definitions:**

**Reinstatement** - Students who have a withdrawal, failure in a MLT course, or an interruption in the Program and are eligible to return to that course may be considered for reinstatement to the Program.

**Readmission** - Students ineligible for Program reinstatement may apply for Program admission as a new student. If accepted as a new student, the failed MLT course(s) must be retaken and all labs before taking the remainder of MLT courses to complete the MLT Program.

**Transfer Policy**

Students wishing to transfer into the SSCC MLT Program from another MLT program must fulfill the following:

1. Meet the entry and admission standards for SSCC and the SSCC MLT Program.
2. Provide evidence that all required general education and MLT courses taken at another institution were completed with a grade of “C” or better.
3. Maintain a 2.0 cumulative GPA in all previous college work at the time of transfer.
4. Complete at least 25% of the total program at SSCC, which would be 19 credit hours for AAS and 13 credit hours for the certificate.
VII. HEALTH AND SAFETY POLICIES

Student Health and Health Related Policies

Because participation in clinical rotation/laboratory instruction is an integral part of the MLT curriculum, each student is required to comply with all policies and procedures of the contracted agencies and the MLT Program. Therefore, each student is expected to uphold the contractual terms upon being admitted to the MLT Program. All costs/expenses associated with meeting the health and general policy requirements of the MLT Program are the responsibility of the student. All students upon acceptance to the MLT Program are required to follow the policies and procedures:

1. Submit a completed health form from a certified medical health care provider
2. Submit proof of vaccinations, including the following:
   a. Hepatitis B series or evidence of immunity;
   b. MMR (German Measles, Mumps, Rubella) if born after 1957 or evidence of immunity;
   c. Varicella immunity (immunization record or titer);
   d. Tetanus vaccination; TB skin test or QuantiFERON Gold TB Blood Test;
   e. Flu vaccine or declination form
3. Purchase liability and accident insurance through the College
4. Complete a pre-clinical drug screen (The student must have a negative screen before a clinical rotation agency assignment.)
5. Complete a background check before assignment to clinical facility rotations (All students must sign a release form for permission to perform a background check as required by federal law. The student must abide by the MLT Program’s Background Check Policy and clinical facility agency policy for which the student is assigned. Every effort is made to provide students with the required clinical rotation to meet program goals and outcomes. Any student denied access by an affiliate is subject to dismissal from the Program.)

Vaccination Exemption Policy

Students must submit a letter written to the Program Director requesting to be exempt from vaccination requirements due to religious preferences or medical reasons. Students who are unable to receive vaccinations due to medical reasons must provide medical documentation from their physician stating that they are exempt from receiving vaccinations.

Drug Screen Policy

Any student who enrolls in the Shelton State Community College MLT Program and desires to participate in courses that have a clinical rotation component is required to submit to an initial pre-clinical drug screening. The initial pre-clinical drug screening will be conducted prior to entering the MLT Program. The student must abide by the MLT Program drug screening policy and clinical agency policy for which the student is assigned clinical rotation. This policy includes pre-clinical and random drug screening should the student exhibit behaviors indicative of substance abuse at any time while enrolled in the MLT Program. (Appendixes 2.a. and 2.b)


**Background Check Policy**

All students who enroll in the MLT Program are required to submit to a background check. Students may also be required to have a background check if requested by the clinical facility agency for which the student is assigned for clinical rotations. All students must give permission to perform a background check as required by federal law pursuant to the Fair Credit Reporting Act. The student must abide by the MLT Program background check policy and the policy at the agency to which the student is assigned for clinical facility. (Appendixes 3.a. and 3.b.) Every effort will be made to provide students with the required clinical rotation to meet Program goals and outcomes. Any student denied access by a clinical affiliate will be subject to dismissal from the Program.

**Change of Health Status**

The SSCC MLT Program requires students to submit a “Change of Health Status” form if severe illness, surgery, hospitalization, or pregnancy occurs after entry into the MLT Program. (Appendix 7) The form must be submitted to the MLT Office.

**Health Insurance**

All students enrolled in the MLT Program are responsible for health care costs sustained while enrolled in MLT courses. Contracted clinical facility agencies and the MLT Program require all students carry personal health insurance coverage.

**Accident and Injury Policy**

Clinical facility agencies by contractual agreement must provide access to emergency care in the event of injury to a student. Students who are injured should immediately notify the clinical facility preceptor and/or MLT Clinical Education Coordinator (CEC) who will initiate the action for treatment.

Emergency care will be handled according to clinical facility agency policy. A written summary of the occurrence and care rendered will be submitted by the CEC to the MLT Program Director. Specified forms will be completed and submitted. (Appendix 10) Follow-up medical reports will also be submitted to the MLT Program Director. Expenses for emergency treatment and/or medical intervention are the responsibility of the student. Neither the College nor the clinical facility agencies are responsible for any claims or expenses that result from an action of a student in the clinical agency. Students are required to purchase personal health insurance. The College requires students to purchase and participate in Student Accident Insurance, which also covers the students for activities while under the care and direction of the College. Fees are assessed at registration each semester. For further information or to file a claim, the student may contact the Office of the Dean of Students.

**HIV/HBV Reporting Policy**

Per Chapter 420-4-3 of the Alabama Administrative Code and “The Alabama Infected Healthcare Worker Management Act,” healthcare workers, including students, who become infected with HIV or HBV are required to report to the State Health Officer their condition within thirty days of the time they are aware of the infection. The infected healthcare worker must realize that any physician providing care to
any infected healthcare worker must notify the State Health Officer of the infected status within seven days of the time he or she is diagnosed. All students must comply with this law.

**Claims of Harassment at Clinical Agency**

Complaints of harassment of any type by a student in the clinical agency should be reported to the preceptor. The preceptor will make complete written documentation of the incident and submit it to the Director of the SSCC MLT Program and the Dean of Students.

**VIII. LABORATORY/CLINICAL INFORMATION AND POLICIES**

**Laboratory/ Clinical Appearance Policy**

Students in the Shelton State Community College MLT Program represent the College, the MLT profession, as well as the clinical facility. Professional attire and appearance of all MLT students are vitally important in interaction with patients, visitors, and other employees of clinical affiliates. By the very nature of the work of the medical lab technician, student uniforms and attire are designed with health and safety in mind. A professional personal appearance assures poise and self-confidence; thus, the policies below have been established for clinical setting.

**Uniform**

The designated SSCC MLT Program uniform for students consists of the following:

1. Closed toe shoes
2. Disposable lab coat (provided to student)
3. MLT scrub top
4. Scrub pants or slacks
5. Shelton State picture I.D. badge

Students who do not arrive to the clinical area in the designated uniform will be dismissed from the clinical site and will not be allowed to return until the required uniform is complete. All clinical time missed as a result will be considered unexcused.

Students must adhere to the following guidelines:

1. Students are required to purchase the designated school uniform. (See required uniform above.)
2. The uniform should be clean, ironed, and in good condition.
3. Hair must be clean, neat, and pulled away from face. Facial hair must also be kept trimmed and neat.
4. When indoors, head coverings are prohibited, except when associated with professional, medical, or religious rationales or required for Center for Disease Control recommendations.
5. Jewelry should be kept to a minimum. Stud or small loop earrings (less than ½ inch in diameter) and wedding bands are acceptable. Jewelry should not interfere or distract from work being performed.
6. Please note that working in certain areas and facilities may require that jewelry is removed. Other body piercings/ornaments are prohibited.
7. Tattoos are not to be visible when in the clinical/laboratory setting.
8. Fingernails should be kept short, clean, and neatly groomed as not to interfere with work. Pastel or clear polish may be worn. Acrylic nails are prohibited.

9. Excessive or strong-smelling perfume, aftershave, lotion, and/or makeup must not be worn. The patients with whom you will be working have MLT difficulties. Fragrances may contribute to their problems.

10. Eating and drinking is not permitted in patient areas.

11. Smoking is not permitted in any of the clinical sites.

12. Gum chewing is not permitted.

13. When full uniform is not required (i.e., field trips, seminars), remember it is imperative to dress in a professional manner. Students must adhere to the following:
   a. Khaki or dress slacks
   b. Collar shirts or blouses
   c. Dresses, skirts, or shorts (short length no more than four inches above the knee)
   d. Socks or hosiery
   e. Lab coats
   f. Denim jeans, t-shirts, mini-skirts, and shorts (shorter than four inches) are prohibited.

**Student Eligibility**

The student will be eligible to participate in 16 consecutive weeks of the clinical rotation during the spring semester of last year of the program if all academic requirements have been successfully met. If a student failed any MLT course during the previous semester, the student will not be eligible for clinical rotations until after the failed MLT course (s) are completed and successfully passed with a grade 75% or higher.

**Transfusion Service Rotation**

The students are also required to attend an additional transfusion services rotation. This is a one-day rotation at a local blood donation center introducing the student to the entire blood donation process from donor interview through unit preparation and shipment.

**Scheduling Process**

The clinical rotation coordinator/Program Director contacts the clinical facility sites to obtain availability of the site. Then with the information collected from the students during the orientation session, the coordinator matches the student with a clinical site. The coordinator will present the students with the suggested schedule. If changes are needed, the coordinator will make efforts to develop a schedule acceptable to all parties if possible.

**Students Employed in a Laboratory**

If a student is employed in a laboratory as a phlebotomist, clerk, specimen processor, etc., the student may be allowed to be assigned at that laboratory as part of their clinical rotation. However, the student must be off the clock while completing clinical hours. There will be no exceptions. (See Policy on Service Work.)

**Emergency Scheduling Conflicts**
If an emergency arises and/or the student is unable to attend a scheduled laboratory rotation, the student should contact the clinical rotation coordinator immediately so arrangements can be made. Students must not attempt to make scheduling arrangements with a facility unless instructed to do so and/or approved by the clinical rotation coordinator.

**Clinical/Lab Attendance and Tardiness**

Due to limited time in the clinical area, students must attend and perform at an acceptable level in the clinical area. Absences will deter the student opportunities needed to acquire skills necessary to meet minimum entry level skill competencies. Therefore, clinical assignments require 100% attendance. If a student finds it unavoidable to be tardy or absent from any assigned clinical experience, then the student must call the scheduled clinical site and the CEC’s office with an explanation prior to the start of the assigned clinical shift.

It is the responsibility of the student to keep up with clinical attendance. The CEC is not required to notify a student if they are in danger of being excessively absent. The only absences that will be excused are the following:

1. The student or immediate family member is ill, and the student has called the facility and coordinator prior to the start of clinical assignment.
2. The student is hospitalized or very sick (acutely ill and under a doctor’s care). A routine (non-emergency) office visit is not a valid excuse.
3. The student is in court or jail.
4. The death of an immediate family member occurs.

In each instance, the excuse must be verified by documentation from a physician, judge, law enforcement official, member of the clergy, or an obituary as is appropriate for the occasion. In addition to the above valid excuses, if there are hazardous road or weather conditions that might prohibit or delay attendance at clinical, call the CEC and the clinical site before the shift starts. Two instances of failure to notify the CEC and clinical site will result in a letter grade being deducted from the final clinical grade. (See the course syllabi for more information.) More than two instances of failure to call the CEC and/or the clinical site about being absent or tardy from clinical will result in the student being removed from clinical, and the matter will be referred to the Associate Dean of Health Services.

**If the student has missed three or more consecutive days due to illness, then the student must obtain a physician's full written release to return to school/clinical.**

**Travel Expenses Clinical/Lab**

MLT students are responsible for their transportation and any expenses incurred related to traveling to and from clinical agencies. The amount of travel varies with each clinical course. Students are encouraged to form carpool when possible. Clinical rotations are performed at various hospitals and clinics across Alabama.

**Clinical Evaluation**
Specific grade criteria will be given during each clinical course orientation each semester. Students are assigned a letter grade in Trajecsys for all clinical course work based on clearly defined objectives and completed requirements. Please refer to the syllabus for assignments and the competency requirements for each clinical course.

**Student Conduct**

Policies regarding standards of conduct are published in the **SSCC Catalog** and **Student Handbook** along with unacceptable behaviors for which disciplinary action is warranted. In addition to those behaviors, a student may be subject to disciplinary action for failure to exhibit the attitudes and skills deemed necessary to function as a MLT professional student. The faculty of the MLT Program recognizes its responsibility to the health information profession and to health care consumers.

**Clinical Misconduct**

Guidelines used for evaluating clinical misconduct include:

1. American Society of Clinical Pathology (ASCP) guidelines of Ethical Behavior
2. Policies of the College, SSCC MLT Program, and of the clinical agency

Behaviors considered as professional misconduct include, but are not limited to, the following:

1. Breach of confidentiality, legality, or accountability
2. Violation of HIPAA policy
3. Non-adherence to policies of the clinical agency and/or SSCC MLT Program
4. Any act in violation of safety practices
5. Falsifying records or failure to document or report accurate patient information
6. Unprofessional attitudes and/or behaviors, such as disrespect for the dignity, rights, and individuality of the patient and others
7. Lack of personal and professional integrity
8. Demonstrating behavior that reflects impairment of judgment and/or the inability to provide safe and competent laboratory services care (such as, but not limited to, being under the influence of alcohol or drugs)

A student whose conduct is judged to be clinically unsafe will be dismissed at any time from the clinical lab. Unsafe clinical performance is defined as that behavior that is actually or potentially injurious to patients, staff, or the reputation of the clinical agency. Any student who unduly compromises the safety of a patient and/or displays behaviors of clinical misconduct may receive a clinical grade of unsatisfactory for the semester and cannot return to a clinical site.

**Clinical Misconduct Procedure**

1. The preceptor observes the behavior or verifies the report of another who was present.
2. The preceptor determines that the behavior was unsafe or injurious. The judgment is based on the professional knowledge of the preceptor and does not require further confirmation.
3. The preceptor informs the student and dismisses the student from the clinical area.
4. The preceptor seeks consultation with the Director of the SSCC MLT Program, describes the situation in writing, and gives a copy to the Director of the SSCC MLT Program, the student, and the Associate Dean of Health Services.

5. The Director of the SSCC MLT Program and the Associate Dean of Health Services will then make a final decision regarding the appropriate course of action.

The student will be prohibited from further clinical laboratory attendance pending any appeal. The student has the right to file a grievance/appeal of all penalties imposed for clinical misconduct and is assured a fair and impartial hearing and due process. Grievance/appeal procedures are published in the SSCC Catalog/Student Handbook.

**Laboratory Safety Policy**

It is the responsibility of the student to prepare for each lecture and laboratory session. Laboratory exercises must be read before attending the laboratory session to provide the student with a basic understanding of what will be expected of him/her during the laboratory session. Each student is responsible for his/her work and the cleaning up of their workstation.

Blood, urine, and other biological specimens, possibly containing pathogenic organisms will be collected and used in the Program.

**Potential Risk for Students**

Students entering the MLT Program are informed that certain risks are involved in medical laboratory. These risks include but are not limited to exposure and contact with infectious/communicable diseases (Tuberculosis; Hepatitis A, B or C; HIV/AIDS), radiation or chemical hazardous material, and physical injury. Should pregnancy occur during the study, the unborn child will also be exposed to these risks. Each student must complete and submit to the program director the Disclosure of Exposure to Potential Health Risks and Waiver of Liability form.

**Students must adhere to the following safety precautions while in student laboratory:**

1. No eating or drinking is allowed while performing lab procedures.
2. Fluid resistant lab coats must be worn while performing lab procedures.
3. Disposable gloves must be worn when handling biological specimens.
4. Lab coats/gloves are not to be worn outside of the student laboratory.
5. Eyes must be protected with safety glasses or face shields when splashing is anticipated.
6. All chemical spills must be cleaned up immediately using the spill-kit.
7. All body fluid spills must be decontaminated immediately using a 10% bleach solution.
8. Any accidents (broken glassware, body fluid splashes, puncture wounds, etc.) must be reported to the instructor immediately and follow-up action initiated as directed (see Bloodborne Pathogen Exposure Policy).

The program director may dismiss a student from the program at any time if unsafe behavior is observed. If a student is exposed to blood or body fluids while participating in student labs on campus or training at affiliated clinical sites, the policy outlined below will be followed.
**Bloodborne Pathogen Exposure Policy**

1. Immediately report exposure to the instructor.
2. Thoroughly clean area with copious amounts of water and antibacterial soap. In case of splashes to the eyes, flush with water for 10-15 minutes using an eyewash.
3. Report to the nearest emergency room/occupational health department for first aid and baseline testing. Note: The student is responsible for any treatment expenses, baseline testing, and damage or loss associated with such injury that is not covered under the College’s accident policy.
5. Return to educational activities following illness or injury.
6. Based on the nature of the illness or injury, the program may require medical clearance before the student may participate in clinical, laboratory, or classroom activities.

**Standard Precautions Policy**

The concept of standard precautions must be followed in all clinical and laboratory settings when there is a potential for exposure to bloodborne pathogens. To reduce the potential for transmission of infectious diseases, every student will treat all body fluids, with or without visible blood (excluding sweat) as potentially infectious regardless of the perceived health status of the source individual. Appropriate personal protective equipment, such as gloves, mask, eye protection, and protective gowns, must be worn when there is potential for exposure to bloodborne pathogens. Failure to follow standard precautions is considered an act of professional misconduct.

**Regulated Medical Waste Management**

The regulated medical waste generated in clinical/laboratory/classroom settings must be handled and disposed of according to the Regulated Medical Waste Management Program. All sharps, contaminated or not, must be disposed in rigid containers appropriately labeled and designed for this purpose. Non-sharp medical waste must be collected in appropriately labeled bags or receptacles for proper disposal. Students will receive appropriate instruction in handling and disposal of medical waste.

**Chemical Agents**

Working with chemicals requires extra precautions. Students will receive appropriate instruction in dealing with chemical agents. All chemicals must be handled, disposed, and transported according to their SDS specific information guidelines.
Pregnancy

A student who is pregnant or who may become pregnant while enrolled in the MLT Program must notify his/her Program Director. Instructors will attempt to accommodate the student with alternate clinical assignments whenever possible. Areas of particular concern are infectious/communicable diseases and noxious fumes such as nitrous oxide, radiation, and antineoplastic agents.

Radiation

The student may be required to enter areas where access is restricted due to the storage, transfer, or use of radiation sources. Before extensive work in these areas, students will be given appropriate instruction in precautions, protective devices, and problems which may be encountered in these areas. Students who have potential exposure to radiation shall be provided with appropriate monitoring devices and periodic exposure reports.

Student Laboratory Attendance

Absences from student laboratory sessions are unacceptable. Laboratory schedules require a “building block” approach in which skills learned in one lab is utilized as the “building block” of another. The skills learned in student laboratory are essential for entry into the rotations in a clinical laboratory to develop competency. Missed laboratory sessions are challenging to make up. Make-up labs to assess critical lab skills will be arranged at the discretion of the instructor. The amount of credit achieved for the activity will vary according to each course’s syllabus.

IX. PROGRAM CLOSURE/TEACH OUT PLAN

In the event of a temporary or permanent closure of the MLT Program, a teach-out plan will be implemented to ensure the continuity of instruction for active and enrolled students in the MLT Program allowing students to reach the intended goal of successful acquisition of the degree and subsequent gaining of the required credential. The College will continue to offer core MLT courses until such time as all enrolled students have met the degree requirements or a period not to exceed three years.

X. HONORS AND AWARDS

Recognition for outstanding academic performance is granted to full-time students each semester. Medical Laboratory Technician students may qualify for, but are not limited to, the following honors:

President’s List: The President’s List is comprised of students who have maintained a semester grade point average of 4.0 and have completed a minimum of twelve hours of college-level work.

Dean’s List: The Dean’s List is comprised of students who have maintained a semester grade point average of 3.5 or above and have completed a minimum of twelve hours of college-level work.

Phi Theta Kappa: Phi Theta Kappa is the international two-year college honorary society for students who have a grade point average of 3.5 or above and have completed a minimum of twelve hours of
college-level work. Information regarding the Alpha Epsilon Iota Chapter at SSCC is available at 205.391.2469.

**MLT PROGRAM AWARDS**

The MLT Program honors and awards its students by recognizing outstanding achievement in academics, clinical excellence, leadership, personal qualities, and classmate support are recognized and honored during the MLT Pinning Ceremony.

**Academic Excellence Award:** This award recognizes the student with the highest cumulative GPA upon completion of the MLT Program. The award recipient must meet the following criteria:
- Must exhibit academic excellence in the classroom and laboratory
- Must have successfully completed four consecutive semesters in the SSCC MLT Program
- Must possess the highest cumulative grade point average as calculated by the Office of Admissions and Records
- Must be selected by the MLT faculty and staff

**Clinical Excellence Award:** This award recognizes the student showing superior performance throughout the clinical phase of the MLT Program. The award recipient must meet the following criteria:
- Demonstrate the ability to work collaboratively with other health care team disciplines
- Model the exemplary practice of Medical Laboratory Technician through critical thinking, inquiry, and evaluation
- Model respiratory care practice and team behaviors that acknowledge and respect the diversity of others
- Demonstrate strong professionalism and values with patients and families
- Be selected by clinical preceptors and the Program Director

**XI. GRADUATION INFORMATION**

**Requirements for Graduation**

Requirements for graduation in AAS degree programs are listed in the [SSCC College Catalog](#). In addition, all MLT students are required to pass a simulated MLT exam or other appropriate mock exam during the last semester of the Program. If a student does not pass the mock exam, he or she will be required to participate in remedial activities as determined by the course instructor and then repeat the mock exam.

**Graduation Ceremonies**

Shelton State Community College conducts formal graduation exercises at the end of each semester (fall, spring, and summer). The application for graduation is to be completed during the last semester of the Program. The College reserves the right to withhold diplomas, certificates, or transcripts from students who do not satisfy their financial obligations to the College.
Participation in the Pinning Ceremony

MLT students who complete the Associate in Applied Science degree in MLT Program have the option of participating in a pinning ceremony. The pinning ceremony is a symbolic event serving as a transitional step signaling the end of the training period as a student and the beginning of a career as a professional. Each graduating student will be awarded the SSCC-designated MLT pin for hard work and dedication. The ceremony is held at the end of the spring semester each year and will be under the auspices of Shelton State Community College and thus under the general control of the MLT Program administration and faculty.

BOC Examination by ASCP

Once MLT Program at Shelton State Community College is awarded initial accreditation by National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), students will be eligible to sit for the Board of Certification for the MLT by the American Society for Clinical Pathology (ASCP). Applicants must have successfully completed the academic requirements at an associate degree level of a MLT Program accredited by NAACLS. The academic qualifications of each candidate will be verified by ASCP and MLT Program Director at SSCC before a candidate is deemed eligible to take the ASCP-BOC examination.

Certification Examination Policy and Procedure for BOC Examination by ASCP

Students are expected to make application for certification by ASCP to take the BOC examination within three (3) months after Program completion dates. MLT faculty and staff will provide the necessary forms and/or assist all students with the application process. Graduates from SSCC are expected to sit for the MLT examination. Graduates who fail to take the exam within the three-month completion period are asked to refresh their knowledge base.
What are you thinking? This form serves as a communication tool for constructive input in the following areas for the health programs: curriculum, teaching methodologies, resources, services, and miscellaneous items. You are encouraged to share your ideas and place the completed form in the designated receptacle or submit it to a MLT Program Staff member, and it will be forwarded to the appropriate individual.

Date: ______________________________________

Concern/Feedback(s):____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Suggestion(s):____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Comment(s):____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

____________________________

Signature
SHELTON STATE COMMUNITY COLLEGE
MEDICAL LABORATORY TECHNICIAN PROGRAM
STUDENT DRUG SCREEN POLICY

Any student who enrolls in the Shelton State Community College health programs and desires to participate in courses that have a clinical component is required to have an initial pre-clinical drug screening. The initial pre-clinical drug screen will be conducted prior to entering the Medical Laboratory Technician Program (MLT). The student must abide by the College’s Drug Screen Policy and any agency policy for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicion screening.

I. PRE-CLINICAL SCREENING

1. All students will receive notice of drug screening guidelines prior to admission to the MLT Program.
2. The MLT Program will maintain on file a signed consent to drug screening from each student. Students have the right to refuse to consent to drug testing under this Program; however, students who decline participation in the drug-screening program will not be permitted to participate in courses with a clinical lab component.
3. Drug screening will be scheduled and conducted by an Employment Screening Company at the cost of $28.60 per student. The fee for testing is to be paid by the student prior to time of specimen collections.
4. Any student failing to report for screening at the designated time and place (Laboratory Corporation of America) must complete testing within 24 hours of that date and/or provide documentation of extenuating circumstances.
5. Failure to complete drug screening with a negative test result on the ten classes of drugs as required by the College and/or clinical agency will prohibit the student from completing the clinical component of required MLT courses.
6. The Medical Review Officer will confirm positive drug screens. No sample is reported as positive before it has been tested at least three times.
7. Results will be sent to the MLT Program Director at Shelton State Community College.
8. A student who is unable to complete the clinical component of required courses due to a positive drug screen may apply for readmission to the MLT Program. The student will be considered for readmission according to the criteria in Section VI of this document.

II. RANDOM DRUG SCREENING

At any point or time in a student’s enrollment, a student may be subject to a random drug screen. The MLT Director will establish the number of the random screening sample. The selection will be made from all currently enrolled MLT students using a statistically random procedure. After being notified of their selection, students will report to Laboratory Corporation of America at the designated time and place. The same procedural steps (2-13) outlined in Section IV of the Student Drug Screen Procedure will be used except that there is no cost to the student for a random screen (step 1; Section IV).
III. REASONABLE SUSPICION SCREENING

Students may also be required to submit to reasonable suspicion testing as stipulated in the drug screen policy of the College and/or clinical agency while participating in clinical experiences. Reasonable suspicion is defined as but not limited to the following behaviors:

1. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug
2. Abnormal conduct or erratic behavior while on the clinical unit, absenteeism, tardiness, or deterioration in performance
3. Evidence of tampering with a drug test
4. Information that the individual has caused or contributed to an incident in the clinical agency
5. Evidence of involvement in the use, possession, sale, solicitation, or transfer of drugs while enrolled in the MLT Program

At any point or time in a student’s enrollment, the student may be subject to a reasonable suspicion drug screen. After a student’s behavior is noted as suspicious, the student will report to Laboratory Corporation of America at the designated time and place. The same procedural steps (1-13) outlined in Section IV Student Drug Screen Procedure will be used.

IV. STUDENT DRUG SCREEN PROCEDURE

1. Students must pay the $28.60 screening fee prior to the time of specimen collection to Employment Screening Services.
2. Students must submit a photo ID and social security number at the time of specimen collection.
3. The collector will be a licensed medical professional or technician who has been trained for collection in accordance with Chain of Custody and Control procedures. The collector will explain the collection procedure and Chain of Custody form to the student and provide a sealed collection container.
4. Students must remove unnecessary outer garments, such as coats, sweaters, and bags and remove items from pockets when entering the collection site.
5. The collector will ask the student if he or she is currently taking any medications. It is important that the student bring all prescription medication at the time of testing.
6. The collector will collect a monitored urine specimen.
7. In the presence of the student, the collector will seal the urine specimen with a tamper proof security seal and affix an identification label with code number.
8. The student will verify the information on the identification label, initial the security seal, and read and sign the Chain of Custody Form.
9. The collector will sign the Chain of Custody Form and give the student the appropriate copy.
10. The collector will forward the sealed urine specimen and Chain of Custody Form to the designated certified testing center/laboratory for testing.
11. Specimens will be screened for ten (10) classes of drugs.
   a. Amphetamines
   b. Barbiturates
   c. Benzodizepines
d. THC
e. Cocaine
f. Methaqualone
g. Methadone
h. Opiates
i. Phencyclidine
j. Propoxyphene

12. Positive screens will be confirmed by the Medical Review Officer.
13. Students will be informed of the screening results by the MLT Program’s screening services company within seven working days of testing.

V. CONFIDENTIALITY

The MLT Program Director will receive all test results. Confidentiality of the test results will be maintained. Only the Program Director and the student will have access to the results; exceptions may be made if any legal action occurs that requires external access to test results.

VI. APPEALS PROCESS FOR POSITIVE SCREENS

1. If a student’s drug screen is positive for drugs, the student will contact the Program Director and/or Chair.
2. The student will then contact the Medical Review Officer and follow the procedure for split specimen testing as stipulated by the lab.
3. The student is responsible for any costs associated with the split specimen testing procedure.
4. Once the student obtains the results of the split specimen testing, the student should contact the Program Director and/or Chair. If the student remains unsatisfied, the student should explain in writing his or her complaint. The Program Director and/or Chair will have seven working days to respond.
5. If the student cannot reach an agreement with the Program Director and/or Chair, then the student’s next step is to present documentation to the Associate Dean of Health Services. The Associate Dean will have seven working days to respond.
6. If the student does not reach a satisfactory conclusion with the Associate Dean, then the student should make an appointment with the Dean of Students.

VII. READMISSION

To be considered for readmission, students who withdraw from the MLT Program due to positive drug screen must complete the following:

1. Submit a letter from a treatment agency verifying completion of a substance abuse treatment program approved by the MLT Program and Regulatory Board of the Program
2. Submit to an unannounced drug screen at the student’s expense prior to readmission; A positive screen will result in ineligibility for readmission.

Drug screening policies/programs suggested or required by the Regulatory Board of Medical Lab Technicians, Shelton State Community College, and/or various institutions with which the College
contracts may vary from time to time in any or all their aspects. Students will be required to comply with the screening that satisfies the Program or requirement established by the College and/or any clinical agency with whom the College contracts for clinical experience, whether it is pre-clinical drug screening, random drug screening, or reasonable suspicion screening.

Some of the ten classes of drugs for which screening will be conducted are available by prescription from health care practitioners. Prescription drugs prescribed to a student by an appropriate health care practitioner may nevertheless be subject to abuse and may give rise to reasonable suspicion testing. The fact that a student has a prescription for one or more of the nine classes of drugs, which are legally prescribed by a health care practitioner, does not necessarily, in and of itself, excuse the student from the effect of this policy. The Medical Review Officer will follow up and give recommendation(s).

By signing below, the student acknowledges agreement to the following statements:

1. I have read, understand, and agree to the above drug screen guidelines.
2. I hereby release Employment Screening Company, Laboratory Corporation of America, the Medical Review Officer, Shelton State Community College, and the MLT faculty from any claim in connection with the Drug Screen Policy.
3. I understand that should any legal action be taken as a result of the Drug Screen Policy; confidentiality can no longer be maintained.

____________________________________   ______________________________________
Student’s Printed Name   Date

____________________________________   ______________________________________
Student’s Signature   Date

____________________________________   ______________________________________
Witness Signature   Date
SHELTON STATE COMMUNITY COLLEGE
HEALTH PROGRAMS
Student Drug Screen Policy Participation Form

I understand that any student who enrolls in the Shelton State Community College Health Programs and desires to participate in courses which have a clinical component, is required to have an initial pre-clinical drug screening. I certify that I have received a copy of the Shelton State Community College Drug Screen Policy, have read, and understand the requirement of the policy and guidelines. I further understand that if I fail to provide a certified negative drug screen result that I will be unable to participate in the clinical component of the Program.

BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE REQUIREMENT TO HAVE A DRUG SCREEN AND TO PROVIDE A CERTIFIED NEGATIVE DRUG RESULT PRIOR TO PARTICIPATION IN THE CLINICAL COMPONENT OF THE MLT PROGRAM.

A COPY OF THIS SIGNED AND DATED DOCUMENT WILL CONSTITUTE MY CONSENT FOR THE CERTIFIED LABORATORY PERFORMING THE DRUG SCREEN TO RELEASE THE ORIGINAL RESULTS OF ANY DRUG SCREEN TO THE SHELTON STATE COMMUNITY COLLEGE MLT PROGRAM.

I further understand that my continued participation in the Shelton State Community College MLT Program is conditional upon satisfactory completion of the requirements of the clinical agencies providing clinical rotations for the MLT Program.

____________________________________  ______________________________________
Student Printed Name                      Witness Printed Name

____________________________________  ______________________________________
Student Signature                          Witness Signature

____________________________________  ______________________________________
Date                                      Date

It is the official policy of the Alabama Department of Postsecondary institutions under the control of the State Board of Education, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or shall be subject to discrimination under any program, activity, or employment.
Reviewed 2020
SHELTON STATE COMMUNITY COLLEGE
HEALTH RELATED PROGRAMS
Background Screening Policy

Students must abide by the policies established by the health care (clinical) agencies with which Shelton State Community College Health Programs (Medical Lab Technician) contracts for clinical experiences. This may include a pre-clinical background screening. The student must pay fees for all background screening.

1. All students will receive notice of the background screening requirement prior to admission and will receive a copy of the policy upon admission to the Program.

2. Background screening will be scheduled and conducted by the assigned clinical agency and/or by Screening Service Company.

3. Failure to pay appropriate fees or to consent to the background screening by the published deadline will prohibit the student from completing the clinical component of the required MLT courses.

4. A student who is denied acceptance at a clinical facility due to a questionable/suspect background screen may be assigned to an alternative clinical facility for the required clinical experience. If the alternative-clinical facility denies acceptance due to the questionable/suspect background screen, the student will not be able to complete the required course(s) to complete the Program. (See Progression and Readmission criteria for further information.)

Procedure:

1. Students must pay $17.50 (or fee in effect at the time of screening) to cover the cost for the background screening to Employment Screening Services.

2. Students must sign appropriate consents prior to the screening. Consent will be kept on file in the office of the program clerk.

3. Background screening may include the following:

   **Skip Trace:** Checks for other names used, other states lived in, or addresses used by the individual for linking of cases

   **Criminal History:** Reveals felony and misdemeanor convictions, and pending cases usually include date, nature of offense, sentencing date, disposition, and current status.
Nurse Aide Registry: Reports whether a Certified Nurse Aide is in good standing or if the individual has been involved in an abuse case

Social Security Number Trace: Verification that the number provided by the individual was issued by the Social Security Administration and is not listed in the files of the deceased

Office of Inspector General: Identifies those individuals who may no longer be capable of being provided with Medicare benefits

The Program Director will notify the student of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.

Questionable/suspect findings on the background screening will be reported to the Director of Human Resources or other designated person at the appropriate clinical facility. The clinical facility will determine if the student will be accepted for clinical experience. If a clinical facility denies a student’s placement, the Clinical Education Coordinator will seek placement in a similar clinical facility for which the program has a contract using the same procedure of notification as described above. If a student is unable to meet the student learning outcomes of the MLT Program with a limited number of clinical facilities willing to accept them, they will not be able to successfully complete the program.

Background screens rendering a student ineligible for placement include, but are not limited to, certain convictions or criminal charges that could jeopardize the health and safety of patients and sanctions or debarment.

Confidentiality:

1. The Program Director will receive all screening results through the Employment Screening Services website. Follow a security plan to protect the confidentiality and integrity of users’ information. Confidentiality of test results will be maintained with the program staff and the student having access to the results except for legal actions that require access to test results.

2. Students must sign consent prior to disclosure of the screening results to the Director of Human Resources or other designated person at the clinical facility.

I acknowledge and have read and understand the policies and procedures set forth above.

______________________________________________________________  
Student Signature  
Witness Signature

______________________________________________________________  
Date
(Appendix 3.b.)

SHELTON STATE COMMUNITY COLLEGE
HEALTH PROGRAMS
Student Background Screening Policy Participation Form

I understand that as part of clinical agency requirements any student who enrolls in the Shelton State Community College Health Programs and desires to participate in courses that have a clinical component is required to have a pre-clinical background screen. I certify that I have received a copy of the Shelton State Community College Background Screen Policy, read, and understand the requirement of the policy and guidelines.

I further understand that the information contained in these reports may be used to deny placement in clinical agencies. Questionable/suspect findings on the background screening will be reported to the Director of Human Resources or other designated person at the appropriate clinical facility. I understand that the Program Director will notify me of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.

By signing this document, I am indicating that I have read, understand, and voluntarily agree to the required background screen to participate in the clinical component of the health program. I further hereby authorize Shelton State Community College, by and through an independent contractor, to complete a background screen prior to clinical assignments and to release the original results of the screen to Shelton State Community College.

I further give my permission for Shelton State Community College to release, if deemed necessary, the results of the background screen to other authorized agents. I understand that these results are confidential and will not be otherwise released without my authorization. I hereby release Shelton State Community College and its affiliates from all liability, claims, and/or demands of whatever kind related to my completed background screen.

_______________________________  ________________________________
Student Signature                  Witness Signature

_______________________________  ________________________________
Date                               Date

Reviewed 2020
The very nature of the profession requires that the Medical Laboratory Technician (MLT) Program student must have a firm grasp of previously learned and updated materials. This includes both theory and skills for safe and competent MLT practice and successful course completion. The College acknowledges that there are academic and personal reasons why a student may not be able to complete the MLT Program within the scheduled sequence of time.

Therefore, the guidelines below have been established to meet the needs/desires of the returning student and to enhance the student’s opportunity to succeed in the MLT courses.

I. Any student who has been absent from the MLT Program for more than three semesters must apply for readmission/reinstatement to the MLT Program as a new student.

II. For any student who has failed to make passing scores for a class, the following guidelines will apply:
   A. The student must participate in an exit interview with the Program Director.
   B. No MLT class can be repeated more than one time.
   C. Readmission will be at the discretion of the MLT Program Director and the Associate Dean of Health Services.
   D. A student desiring to be readmitted to a course or courses in the MLT Program must register the intent with the MLT department by submitting a Request for Readmission Form (Appendix 5) and complete the appropriate readmission checklist. This checklist must be completed prior to registration. Failure to follow this procedure may result in denial of readmission to the Program.
   E. Students dismissed from the previous program for disciplinary reasons, academic dishonesty, and/or unsafe/unsatisfactory performances in the laboratory will not be allowed readmission/reinstatement to the MLT Program.
   F. All students readmitted under this policy are required to conform to the current MLT department requirements and are subject to all rules and regulations regarding attendance, grades, discipline, health status, physical limitations, etc.
   G. All students readmitted to the MLT Program must register for the required courses scheduled during the semester of the student’s return.
   H. Selection of students requesting readmission to the Program will be based on, but not limited to, the following:
      1. Fulfillment of admission criteria (academic and laboratory)
      2. Student/teacher ratio (class and clinical)
      3. One prior admission
      4. Space availability of course(s) and clinical(s). (Students in regular progression have enrollment priorities.)
      5. Minimum overall grade point average of 2.0 from courses completed
      6. Successful completion of any laboratory validation requirements for previously completed courses
7. No more than three semesters lapsing since the student was enrolled in the MLT Program

III. Validation (Cognitive/Knowledge/Academic Content)

Cognitive/knowledge/academic content validation must be successfully validated. A student must achieve a minimum grade of C (75) or above in a comprehensive examination in the first attempt in the MLT 131 Laboratory Techniques course.

IV. The student will be informed in writing of the decision.
## MLT READMISSION CHECKLIST

<table>
<thead>
<tr>
<th>Things to be done</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Faculty/Staff Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student has repeated and passed previously failed courses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student has completed individual plan for success.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student has current required health documents on file with MLT Program. (i.e., physical, CPR certification, Hepatitis B vaccine or current Hepatitis Titer, evidence of drug screen, Vocational/Tech form)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student has paid premium for liability and accident insurance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student has validated psychomotor skills. (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student has validated cognitive content. (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student has received and/or has access to current MLT Program Handbook/Policies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student has signed readmission contract/conditions of readmission. (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Official Use Only:**

**Readmission Granted:**

Yes_______ No: _____
SHELTON STATE COMMUNITY COLLEGE
MEDICAL LABORATORY TECHNICIAN PROGRAM
REQUEST FOR READMISSION/REINSTATEMENT

Date: _________________________________

Name: _________________________________________   Student A# (User ID) ____________________

Address: ______________________________________________________________________________
(Route, House Number, Box Number)                  City                    State                 Zip

Email Address: __________________________________________ Telephone: (___) _____________

Work Phone: (___) ________________________________ Cell Phone: (___) ______________

I, __________________________________________, hereby apply to re-enter the MLT Program at
Shelton State Community College for the) ________________________________
(Semester)       (Year)

I understand this form and a copy of my current transcript(s) must be received in the MLT Director’s
office at least six (6) weeks prior to the semester in which I plan to seek readmission. I further
understand a current medical exam/physical, TB Skin test, Hepatitis B Vaccine series or titer, Influenza
vaccine, and CPR training for health care providers must be completed (within the last six months of
admission date). Failure to follow this procedure may result in being denied readmission/clearance to
re-enter the MLT Program. (Please see readmission policies in the MLT Student Handbook for details.)

If I am accepted for readmission and decline or fail to return, then I realize that I must complete another
application for readmission or seek application as a new student.

I was enrolled last in the MLT Program during______________________________
(Semester)       (Year)

My reason(s) for leaving the MLT Therapy Program included the following:
____________________________________________________________________________________
____________________________________________________________________________________

I request readmission for the following reason(s):
____________________________________________________________________________________
____________________________________________________________________________________
By signing this document, I am indicating the following:

I understand that this form and a copy of my current transcript(s) must be received in the Office of the Director of MLT at least six weeks prior to the semester in which I plan to seek readmission/reinstatement.

I understand that a current medical exam/physical, TB skin test, Hepatitis B Vaccine series or titer, and CPR training for healthcare providers must be completed (within the last six months of reinstatement date).

I understand that failure to follow this procedure may result in being denied reinstatement/clearance to re-enter the MLT Program.

Student Signature

Date

Student Printed Name

Return form to the following:
MLT Program Director
Shelton State Community College
3401 Martin Luther King, Jr. Blvd
Tuscaloosa, AL 35401

Comments (Office Use Only)

It is the policy of the Alabama Community College System, including all postsecondary institutions under the control of the Alabama Community College Board of Trustees, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.
HEPATITIS B INFORMATION SHEET

Hepatitis B is a serious infection producing not only a short-term illness but also the probability of chronic active hepatitis. It is an inflammation of the liver, viral in origin, usually transmitted by blood or blood products, through an exchange of bodily fluids (usually through sexual contact), through the sharing of IV drug needles, or from birthing mother to child.

Hepatitis B is caused by a virus (HBV) and is an unpredictable disease with a variety of presentations and outcomes. Approximately 60-70% of the people who are infected do not become ill. In this circumstance, prior infection can only be detected by the presence of an antibody in the blood. On the other hand, acute symptomatic Hepatitis B infection may result in serious liver injury incapacitating a person for weeks to months with approximately 5-10% of the people with hepatitis becoming chronic carriers of the virus. Death occurs in 1-2% of the infected patients either as a result of acute liver failure or chronic liver disease (cirrhosis). There is no effective treatment for individuals who have contracted the Hepatitis B disease.

**Hepatitis B Vaccine**

The Hepatitis B vaccine is a non-infectious, inactivated vaccine that affords good protection against symptomatic infection, acute Hepatitis B, and chronic active hepatitis, cirrhosis, and some forms of liver cancer. This vaccine will not prevent Hepatitis caused by other agents, such as Hepatitis A, non-A, non-B Hepatitis viruses or other viruses known to infect the liver. Full immunization requires three doses of vaccination over a six-month period although 4-15% of those immunized may not develop protective immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. The duration of immunity is unknown at this time, and booster doses may be necessary at intervals of five or more years.

**Who is required to take the vaccine?**

Students in health care professions where there is some risk of becoming exposed accidentally to the disease and to the subsequent potential liability of spreading the disease are required to take the vaccine.

**Who could probably NOT take the vaccine?**

The Hepatitis B vaccine is contraindicated for pregnant or MLT mothers, children below the age of three months, and individuals with severely compromised cardiopulmonary status (because of risk of immediate hypersensitivity reaction).

**What are possible vaccine side effects?**

Side effects of the Hepatitis B vaccine have been rare. Mild temporary soreness at the injection site occurs in about 10-15% of those vaccinated. No serious immediate long-term adverse reactions have been reported.

**NOTE:** Please make sure you have read and understand the information on Hepatitis B and the benefits and risks of the Hepatitis B vaccine. As a condition of enrollment in MLT-210 and attendance in clinical rotations in the
MLT Program, you must upload proof into your Student Employment Screening Services account no later than October 15, proof that the vaccination series is in progress (i.e., the second dose has been administered). You must submit further proof of the third dose when it is completed. As with any medical treatment, there is no guarantee you will acquire immunity or not experience side effects from the vaccine.

Reviewed May 2020
SHELTON STATE COMMUNITY COLLEGE
MEDICAL LABORATORY TECHNICIAN PROGRAM
HEPATITIS B VACCINATION POLICY

The Centers for Disease Control (CDC) recommend that students in health professions be vaccinated with the Hepatitis-B vaccine. MLT students at the College should be aware of the risks involved in exposure to Hepatitis-B and the benefits of the Hepatitis-B vaccine. The following consent to receive the Hepatitis-B vaccine must be submitted within two weeks after enrollment in the MLT Program. You must complete and submit the attached validation forms at the appropriate times and within six months following enrollment in the first MLT class. Vaccination can be arranged through your personal physician or the County Health Department at an approximate cost of $150.

The following information on Hepatitis-B is extracted from the “Morbidity and Mortality Weekly Report,” June 23, 1992, published by the U.S. Department of Health and Human Services/Public Health Service.

- Hepatitis-B virus (HBV) infection is a major cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma in the U.S. and worldwide. Hepatitis-B is the most reported type of hepatitis in the U.S.
- A safe and effective vaccine for prevention of Hepatitis-B is available. It is given in a series of three doses over a six-month period or the equivalent.
- Health care workers having blood and/or blood products contact (such as accidental needle-stick exposures) are identified as persons for whom the Hepatitis-B vaccine is recommended.
- In vaccinated persons who experience percutaneous or needle exposure, serologic testing to assess immune status is recommended unless testing within the previous twelve months has indicated adequate levels of antibody. In other words, once you have developed antibodies, no further action is required for approximately seven years.

Please keep in mind the following items:

1. When an incident occurs involving accidental exposure to blood or blood products, the situation demands immediate attention because of the potential effects it can have on the health of the student.
2. Students are responsible for reporting immediately to their preceptor (and family members) any incident that involves accidental exposure to blood or blood products.
3. Students assume responsibility for adhering to established policies and procedures of the clinical agency when situations of accidental exposure to blood or blood products occur.

4. Students have an accident policy through Shelton State to cover the cost of emergency room fees and laboratory tests should an accidental exposure to blood or blood products occur. However, the cost of prophylaxis will be the student's financial responsibility.

Your signature below indicates that you have read and understand the information printed in this policy. Please note you have two copies of these forms. One is for you to keep; the other is to be signed and returned to the school.

I consent to receive the Hepatitis-B vaccine and understand it is my responsibility to arrange and pay for vaccinations. I agree to receive the complete series of immunizations according to the following schedule:

1st dose of vaccine during the last week in August at the latest
2nd dose of vaccine one month later and before October 1
3rd dose of vaccine six months after the initial dose

**Failure to complete the vaccine series will result in dismissal from the MLT Program.** I agree to hold SSCC and all its agents, officials, or employees harmless for injury, complication, or side effect(s) caused to me by the administration of said vaccine.

_____________________________________                                    __________________________________
Student Printed Name                                                                      Witness Printed Name

_______________________________________                                    ______________________________
Student Signature                                                                      Witness Signature

_______________________________________                                    ______________________________
A# (myShelton User ID)                                                                   Date

Student must provide proof of 3 Hepatitis B vaccines or a positive titer.
Student must provide proof of a Hepatitis B Booster if titer is negative.
### Verification of HBV Vaccination #1

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student A#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First in series of three (3) vaccinations for hepatitis B on this date:</td>
<td>The next vaccination in the series is due on:</td>
</tr>
<tr>
<td>Healthcare Provider Printed Name:</td>
<td></td>
</tr>
<tr>
<td>Healthcare Provider Signature &amp; Credentials:</td>
<td></td>
</tr>
<tr>
<td>Office Street Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
</tbody>
</table>

### Verification of HBV Vaccination #2

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student A#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second in series of three (3) vaccinations for hepatitis B on this date:</td>
<td>The next vaccination in the series is due on:</td>
</tr>
<tr>
<td>Healthcare Provider Printed Name:</td>
<td></td>
</tr>
<tr>
<td>Healthcare Provider Signature &amp; Credentials:</td>
<td></td>
</tr>
<tr>
<td>Office Street Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
</tbody>
</table>

### Verification of HBV Vaccination #3

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student A#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third in series of three (3) vaccinations for hepatitis B on this date:</td>
<td></td>
</tr>
<tr>
<td>Healthcare Provider Printed Name:</td>
<td></td>
</tr>
<tr>
<td>Healthcare Provider Signature &amp; Credentials:</td>
<td></td>
</tr>
<tr>
<td>Office Street Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>Verification of TITER</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Student Name:</strong></td>
<td>Student A#</td>
</tr>
<tr>
<td><strong>Hepatitis B Titer Results:</strong></td>
<td>Titer Date:</td>
</tr>
<tr>
<td><strong>Hepatitis B Booster (if Titer is Negative) Date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Healthcare Provider Printed Name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Healthcare Provider Signature &amp; Credentials:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Office Street Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City, State, Zip:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** If the Titer is “positive” at time of admission into the MLT Program, verification of Hep B #1, #2, and #3 is NOT required.
SHELTON STATE COMMUNITY COLLEGE  
MEDICAL LABORATORY TECHNICIAN PROGRAM  
Change of Health Status Form

Any change in health status while enrolled in the SSCC Medical Laboratory Technician (MLT) Program must be reported to the course coordinator, clinical instructor, and the Director of the SSCC MLT Program. Medical clearance from the healthcare provider that is treating the condition that caused the change in health status is required for the student to continue class and clinical coursework. Students will need to have their physician complete the bottom portion of this form as well as a reevaluation of the Essential Functions. (See Appendix A in the SSCC MLT Program Student Handbook.) It is the right of the course coordinator, clinical instructor, and/or Director of the SSCC MLT Program to determine if a student demonstrates the ability to achieve course and clinical objectives.

TO BE COMPLETED BY STUDENT:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>myShelton A#:</th>
<th>Date of Birth:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>City, State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Home Phone:</th>
<th>Cell Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe change in health status.

<table>
<thead>
<tr>
<th>Are you taking any medications?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ]  No [ ]</td>
</tr>
</tbody>
</table>

I understand it is my responsibility throughout the program of study to inform my course coordinator, the Director of the SSCC MLT Program, and clinical instructor(s) of any change in my health status. I understand that this disclosure is necessary to protect my health and well-being as well as the health and well-being of patients for whom I may provide care. I acknowledge the information contained in this form is accurate, current, and complete. I am aware that falsification of any health information is sufficient cause for dismissal from the SSCC MLT Program.

Student Signature: ___________________________ Date: _______________
To be completed by physician:

Please indicate below if the student who is currently under your care can participate in the SSCC MLT Program at this time considering his or her current medical state and ability to perform the required Essential Functions.

Yes____________________  No____________________

Please list any restrictions or comments.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Physician Signature: ____________________________ Date: __________________________
## Tuberculosis Test Verification Form

### A. PPD Skin (Mantoux) Tests

<table>
<thead>
<tr>
<th>Step</th>
<th>Date Administered</th>
<th>Date Read</th>
<th>Reading</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test #1</td>
<td></td>
<td></td>
<td>mm</td>
<td></td>
</tr>
<tr>
<td>Test #2</td>
<td></td>
<td></td>
<td>mm</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Tests #1 and #2 must be performed within 6 months of the Health Services Program Orientation date. Tests #1 and #2 must be performed between 7 to 21 days apart.

If reading is positive, student must complete a chest x-ray and provide documentation of treatment. Complete Box C.

**Physician/Physician Assistant/Nurse Practitioner’s Name (print):**

**Physician/Physician Assistant/Nurse Practitioner’s Signature:**

**Street Address:**

**City, State, Zip:**

### B. IGRA Blood Test

<table>
<thead>
<tr>
<th>T-Spot Date</th>
<th>Quantiferon Gold Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abnormal</td>
</tr>
</tbody>
</table>

**Must provide copy of lab report.**

**NOTE:** Required if student has a positive reading in Box A or a history of a positive TB Skin Test. IGRA blood test must be performed within 6 months of the Health Services Program Orientation date.

**Physician/Physician Assistant/Nurse Practitioner’s Name (print):**

**Physician/Physician Assistant/Nurse Practitioner’s Signature:**

**Street Address:**

**City, State, Zip:**

### C. Chest X-ray

<table>
<thead>
<tr>
<th>Chest X-ray Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td>Abnormal</td>
</tr>
</tbody>
</table>

**Must provide chest x-ray report and documentation of treatment.**

**NOTE:** Required if student has a positive reading in Box A, or a history of latent or active TB disease. Chest x-ray must be performed within 6 months of the Health Services Program Orientation date.

**Physician/Physician Assistant/Nurse Practitioner’s Name (print):**

**Physician/Physician Assistant/Nurse Practitioner’s Signature:**

**Street Address:**

**City, State, Zip:**
The Alabama College System and Shelton State endorse the Americans with Disabilities Act. In accordance with College policy when requested, reasonable accommodations may be provided for individuals with disabilities.

In order to be admitted and to progress in the MLT Program, one must possess a functional level of ability to perform the duties required of a Medical Lab Technician. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations. The MLT Program reserves the right to amend the essential functions as deemed necessary. The MLT staff reserves the right at any time to require an additional medical examination at the student’s expense in order to assist with the evaluation of the student’s ability to perform the essential functions.

The essential functions delineated below are necessary for MLT Program admission, progression, and graduation as well as for the provisions of safe and effective MLT care. These technical standards are based upon the minimum tasks performed by students in a Medical Laboratory Technician Program as recommended by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). The Council recognizes NAACLS for Higher Education Accreditation (CHEA). These Essential Functions are reviewed annually by the SSCC Medical Laboratory Technician Advisory Committee.

The essential functions include but are not limited to the ability to perform the following:

Essential Function I: Observation
- Distinguish red, yellow, and blue colors; distinguish clear from cloudy; distinguish and discriminate objects in the range of 1 micron through the microscope.
- Observe demonstrations and exercises in which biological fluids are tested.
- Perceive pertinent detail in objects or in pictorial or graphic material; make visual comparisons and discriminations and see slight differences in shapes and shadings of figures and widths and lengths of lines; comprehend forms in space and understand relationships of the plane and solid objects; visualize objects of two or three dimensions.

Essential Function II: Communication
- Communicate effectively with patients from different social and cultural backgrounds and develop an effective professional rapport with patients and co-workers.
- Record diagnostic results clearly, accurately, and efficiently.
- Communicate effectively with patients, family, and other health care professionals in various settings.
- Communicate effectively in person or via the telephone.

Essential Function III: Motor
- Maneuver in the laboratory, around instruments, in confined spaces, and in patient rooms. Movement utilizing shoulders, arms, and neck; bending; twisting the body; standing; reaching
and grasping overhead, in front of the body, and down.
  o Manipulate small objects and control adaptive devices with gloved hands.
  o Manipulate instruments, perform manual procedures, and have sufficient eye/hand and eye/hand/foot coordination to perform required duties in a laboratory.

Essential Function IV: Intellectual-Conceptual, Integrative and Quantitative Abilities
  o Demonstrate through various modalities, including, but not limited to, classroom instruction; small group, team, and collaborative activities; individual study; preparation and presentation of reports; and use of computer technology.
  o Assimilate a large amount of complex, technical, and detailed information.
  o Discern abstract and concrete variables, define problems, collect data, establish facts, and draw valid conclusions.
  o Interpret instructions furnished in oral, written, diagrammatic, or schedule form.
  o Perceive pertinent detail in verbal or tabular material; observe differences in copy, proofread words and numbers, and avoid perceptual errors in arithmetic computation.
  o Synthesize, coordinate, analyze, compile, compute, copy, and compare data.

Essential Function V: Behavioral and Social Attributes
  o Function effectively under stress and adapt to an environment that may change rapidly, without warning, and/or in unpredictable ways.
  o Accept responsibility, exercise good judgment, and promptly complete all duties attendant to the diagnosis and care of patients.
  o Work effectively, respectfully, and professionally as part of the healthcare team and interact with their families, and health care personnel.
  o Contribute to collaborative, constructive learning environments; accept constructive feedback and take personal responsibility for making appropriate positive changes.
  o Interact with individuals and/or groups from various social, cultural, emotional, and intellectual backgrounds.
  o Comprehend and follow instructions; perform simple and repetitive tasks; maintain a work pace appropriate to a given workload; relate to other people beyond giving and receiving instructions, perform complex or varied tasks, make generalizations, evaluations, or decisions without immediate supervision, accept and carry out responsibility for directions, control, and planning, maintain own health and safety and present a professional appearance.

Essential Function VI: Ethical and Legal Standards
  o Comprehend and comply with the legal and ethical standards of the medical profession.
  o Possess attributes that include compassion, empathy, altruism, integrity, responsibility, and tolerance.
  o Recognize limitations in knowledge, skills, and abilities and seek appropriate assistance when needed.

Other Essential Function:
  o Possess olfactory (smell) sense to maintain patients’ and environment safety.
  o Ability to work indoors, be around moving machinery; fumes, gases, odors, irritating particles, possibly be exposed to toxic or caustic chemicals, blood and body fluids, noise, radiation or electrical energy, vibration; work in confined spaces, use a computer monitor; work alone, with
others, and/or around others.

- Ability to wear safety glasses, face mask/shield, protective clothing, and gloves in the laboratory.

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the Program or reasonable accommodations inflicting an undue burden on the College. In order to be admitted, one must be able to perform all the essential functions with or without reasonable accommodations. If an individual’s health changes during the program of learning so that the essential functions cannot be met with or without reasonable accommodations, then the student will be withdrawn from the MLT Program. The MLT staff reserves the right at any time to require an additional medical examination at the student’s expense in order to assist with the evaluation of the student’s ability to perform the essential functions.

Requests for reasonable accommodations should be directed to the Office of Disability Services.

Student Name: _____________________________________

(Check One)

_______ I have read and understand these essential functions, and I certify, to the best of my knowledge, that I can perform these functions.

_______ I have read and understand these essential functions, and, to the best of my knowledge, I will be unable to perform function # ______ due to a disability. I understand that I need to provide documentation of my disability and recommendations for accommodations of my disability from my physician. I am requesting the following reasonable accommodation(s):

________________________________________________________________________

Student Signature _____________________ Date __________

(To be completed by a MD, DO, CRNP, or PA only)

(Check One)

_______ I believe the student is physically able to perform the functions that have been listed on the previous page.

_______ I believe the student is not physically able to perform the functions that have been listed on the previous page.

MD, DO, CRNP, PA Printed Name & Credential _____________________ Date __________

MD, DO, CRNP, PA Signature _____________________ Date __________
SHELTON STATE COMMUNITY COLLEGE
Medical Laboratory Technician Program
Student Exposure Incident Report

(Please print.)

Name: _________________________________    Student A# (User ID): ___________________

Course Name & Number: ________________________________________________________________

Location of Incident (Specify clinical agency and area.):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Potentially Infectious Materials Involved: BLOOD: ___________      OTHER: _______________

Type of Exposure: Needle Stick: ______________    To Which Body Part: ___________________

Contact of Bare Skin with Blood/Other (Describe the part of the body exposed, the condition of
the skin, and amount of potentially infectious material.):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Contact of Mucous Membranes, Eyes, and/or Mouth with Blood/Other (Describe the part of the
body exposed, the condition of the skin, and amount of potentially infectious material.):

Describe any Injuries Suffered in the Event:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Name Other Persons Exposed or Injured:
______________________________________________________________________________
______________________________________________________________________________

Personal Protective Equipment Being Used at the Time of the Exposure:
______________________________________________________________________________
______________________________________________________________________________

Witnesses to Exposure Incident:
______________________________________________________________________________

BRIEFLY DESCRIBE EXPOSURE INCIDENT (work being performed, how incident was caused, estimation of duration of exposure):
______________________________________________________________________________
______________________________________________________________________________

ACTIONS TAKEN (persons involved, decontamination, clean-up, reporting, etc.):
______________________________________________________________________________
______________________________________________________________________________

RECOMMENDATIONS FOR AVOIDING REPETITION:
______________________________________________________________________________
______________________________________________________________________________

SOURCE OF EXPOSURE KNOWN: YES________________    NO_________________

WAS BLOOD TESTING DONE ON EXPOSURE SOURCE: YES_______________   NO______________
IF NO, THEN WHY NOT?
______________________________________________________________________________
______________________________________________________________________________

NAME AND ADDRESS OF PHYSICIAN I PLAN TO SEE FOR FOLLOW-UP:
______________________________________________________________________________
______________________________________________________________________________
WERE YOU TOLD TO KEEP THE NAME OF THE SOURCE CONFIDENTIAL BY YOUR CLINICAL LAB INSTRUCTOR:
YES_______  NO_______

___________________________________________________
Student’s Signature

___________________________________________________
Signature of Clinical Lab Instructor

Follow-up care of the above incident:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

____________________________________________
Signature of person completing report

Date
Medical Form

Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

Address

<table>
<thead>
<tr>
<th>Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Date of Birth _______________________   A# __________________________ Phone ____________

Age ___________     Weight ____________     Height ___________     Sex __________ B/P _______

**Physical Examination**

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head and Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose and Throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs and Chest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breasts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological System</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Laboratory Findings: These tests and immunizations are required prior to participation in the required clinical courses.

Tdap Date: _________________________  Influenza Date: _________________________
(Must be Tdap within last 10 years. No other forms accepted.)  (most current)

MMR Vaccine #1 Date: _________________________

MMR Vaccine #2 Date: _________________________
(Measles, mumps, rubella immunization required for any student born after 1957.)

Has student had Chicken Pox? _________________________ Date _________________________

If not sure, student must have titer drawn. Titer results _________________________

If no, student must have 2 varicella vaccines.

Varicella Vaccinations Date #1 _________________________ Date #2 _________________________

In case of emergency, please notify __________________________________ Phone # _________________________

List serious illnesses, operations, or injuries. __________________________________

_________________________________________________________________________________

History

Does the student have or has the student had any of the following conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma/Emphysema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy/seizures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes or Hypoglycemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug/Food/Latex Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynecological or Urological Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant? If “Yes,” Due Date ________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ulcers or Gastrointestinal Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional or Nervous Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student have any chronic or medical condition requiring continuing treatment and/or alteration of lifestyle?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If the answer is “Yes” to any of the above, then please attach an explanation to this form.

Do you believe this person is physically/emotionally fit for a career as a Medical Lab Technician? _____ Yes____ No

If “No,” then why not?
_____________________________________________________________________________________

There are no contraindications for this student to enter clinical rotation courses for any health facility (e.g., the applicant meets the "Essential Function Standards" listed on subsequent pages and is also free of communicable diseases.)

___________________________________________  ____________________________
MD, DO, NP, or PA Signature                  Date

___________________________________________  ____________________________________
MD, DO, NP, or PA Printed Name & Credentials  Office Phone #

___________________________________________  ____________________________
Office Street Address                  City                   State          Zip
(Appendix 12)

Shelton State Community College
Medical Laboratory Technician Program
Student Behavior Contract

As a student enrolled in the MLT Program at Shelton State Community College, I am entitled to receive the best clinical experience possible. In order to attain this goal and privilege, I am to comply with the guidelines and policies stated in the MLT Handbook. Failure to adhere to these guidelines and policies will result in dismissal from the MLT Program despite academic standing. I understand that I must comply with the following guidelines/policies and expectations:

- I will be responsible for doing all things required by my clinical preceptors, host clinical sites, and the Shelton State Community College MLT Program. This includes adhering to all policies and procedures of host clinical sites. I will always do my best to do this task without being asked or reminded. Failure to do so will result in my dismissal from the Shelton State Community College MLT Program.

- I will present myself in a professional manner as required by my clinical preceptors, host clinical sites, and the Shelton State Community College MLT Program. I also must respect patients’ and families’ rights under the guidelines stated by HIPPA. Failure to do so will result in my dismissal from the Shelton State Community College MLT Program.

- I will communicate effectively with all members of the clinical agency staff as required by my clinical preceptors, host clinical sites, and the Shelton State Community College MLT Program. I will accept all instruction and advice given to me by the clinical preceptors, and I will not display a negative response towards my preceptors or other clinical agency staff member.

I understand that failure to abide by behaviors listed above and by Program policies will result in my dismissal from the MLT Program. I further understand that this contract is based on my prior clinical experiences as well as evaluations submitted to the Clinical Education Coordinator.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clinical Coordinator Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
# Student Behavior Contract

<table>
<thead>
<tr>
<th>Infraction</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Description</th>
<th>Disciplinary Action Taken</th>
</tr>
</thead>
</table>

Student Name: ________________________  A# (User ID): ________________________

Student Date: ________________________  Instructor Date: ________________________

70
Social Networking Policy for Health Programs

As non-limiting examples of social networking sites, this policy is intended to cover Facebook, Linked-In, Twitter, and any other site normally considered under social networking.

Students are advised to use social media cautiously and to avoid disclosing any information that could be considered confidential patient information. Any disclosure, intentional or unintentional, of information that could lead to the identification of a patient will result in appropriate disciplinary actions up to and including dismissal from the health program. Removal of an individual’s name, face, or image is not sufficient to protect identity or confidential information. The use of privacy settings that are available on many social networking sites does not guarantee that information will not appear in public and is thus deemed insufficient to protect confidential patient information.

Students are not to make negative, disparaging, or unprofessional remarks about fellow students, instructors, patients, patient visitors, clinical sites, or other health care professionals through social media. Any negative or disparaging remarks, intentional or unintentional, through social media will be considered unprofessional and will be considered a form of misconduct. This type of misconduct will be subject to appropriate disciplinary actions.

The following guidelines are to be followed:

- Do not save confidential or sensitive patient information, or information of any sort which could serve as identifying information, on any personal computer or other electronic device.
- Email or texting correspondence with faculty should be treated confidentially and should not include patient identifying information.
- Do not transmit any patient-related information or images through social media. Do not take pictures or videos of patients or record discussions with cell phones or other personal devices.
- Limiting access through privacy settings is not deemed sufficient to protect privacy and confidentiality of information. There’s no such thing as a “private” social media site.
- Comply with clinical agency regulations regarding use of computers, cameras, electronic devices, and cell phones while present in the clinical agency.
- Always maintain patient privacy and confidentiality.
- Report breaches of confidentiality or privacy to the health program instructor promptly.
A violation of this policy will result in appropriate disciplinary action up to and including dismissal from the health program.

Printed Name:__________________________________________________________

Signature:________________________________________________________________

Date:___________________________________________________________________
HEALTH REQUIREMENTS DECLINATION FORM

I am unable to comply with the Health Services medical documentation requirements. I understand that my declination may put patients, visitors, family, and myself at risk. I am unable to comply with the following health requirement(s):

- [ ] Hepatitis B
- [ ] Measles Mumps Rubella (MMR)
- [ ] Tetanus Diphtheria and Pertussis (TDAP)
- [ ] Tuberculosis
- [ ] Varicella

I cannot comply due to:
- Medical contraindication
- Religious exemption based on sincere religious belief that prohibits all vaccines
- Other (must specify):
  __________________________________________________________
  __________________________________________________________

STUDENT NAME (Print): _____________________________ DATE: _________________

STUDENT SIGNATURE: ________________________________________________

PROGRAM DIRECTOR: ______________________________ DATE: _________________

Revised November 1, 2021