COLLEGE OF TECHNOLOGY
STUDENT HANDBOOK

Medical Assisting

2019-2020
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Dear College of Technology Student,

Congratulations on your decision to pursue your education at the Idaho State University College of Technology. On behalf of all faculty, staff, and administration, I want to take this opportunity to personally extend a warm welcome. The College of Technology is one of seven colleges on the ISU campus designed to meet the needs of students—like you.

I am pleased to see that you made the decision to join the largest, most comprehensive postsecondary technical institution in the state of Idaho. You now belong to a college that boasts an alumni base of more than 25,000. For more than 100 years, students have graduated from Idaho State University with the technical skills necessary to successfully enter the workforce. I am confident that you will also be well prepared by our faculty to pursue your passion and have an enjoyable lifetime career.

Amid the excitement of enrolling at ISU, you probably have many questions. This student handbook has been prepared for your use and contains the answers to many of your questions. If you would like additional information, please contact your faculty or Student Services directly. We are all here to help you succeed in your studies and stand prepared to assist with your concerns.

Once again, welcome to the College of Technology.

Go Bengals!

R. Scott Rasmussen
Dean
II. PROGRAM INTRODUCTION

This handbook is designed to provide information and serve as a resource for most questions and school situations you may encounter as a student in the Medical Assisting program. The information provided in this handbook is meant to supplement that provided in the Idaho State University Bulletin and Official Student Code of Conduct.

All students are directly responsible to the instructors first. Details regarding program procedures will be covered and questions answered during orientation at the beginning of the program or as the need arises. Problems of any nature will first be brought to the attention of the instructors and program coordinator. They will seek assistance for a student problem. If a student feels a need for conference with someone other than an instructor or the program coordinator, a meeting may be arranged with an advisor from the College of Technology Student Services at (208) 282-2622.

INTRODUCTION FROM ROBIN TERRELL

I would like to take this opportunity to welcome you as a new student in the Medical Assisting program and tell you how excited I am that you have chosen this career path. Healthcare is a rewarding and challenging profession that is constantly growing. With the “Baby Boomers” aging population, Medical Assisting has been predicted as one of the top ten fastest growing careers through 2020.

I can promise that you will find this program full of educational opportunities. Medical Assisting students are very active with club activities, community events, and scholastic pursuits. It will be a busy and a very productive time for you as a student.

I ask that you take the time to read this handbook as it has information you will need for your time in the program including policies, procedures, and other valuable information that will make things go more smoothly for you. You should hold onto your student handbook through the program for clarification and situations that may arise in the next five semesters. If you have questions after reading the handbook, please feel free to contact me. I also ask that you print and sign the form below stating you have received and read this handbook and return it to me. Also, please take the opportunity to read the Idaho State University Handbook at:


As a Certified Medical Assistant, I find this field exciting and fun! I hope my enthusiasm for this program will be contagious and you too become infected with this attitude. I anticipate that you will enjoy your experience here at Idaho State University. Please know that my door is always open for all students.

Here’s to the beginning of a great semester and program!

Robin Terrell, BS, CMA (AAMA)
Medical Assisting Program Coordinator
PROGRAM ADMINISTRATION

The Medical Assisting program is operated by the College of Technology, Idaho State University. The program works in cooperation with the Idaho State Board for Professional Technical Education and is approved by the State Board of Education.

COLLEGE OF TECHNOLOGY

Dean: Scott Rasmussen
Associate Dean: Debbie Ronneburg
Health Occupations Chair: Henry Oh
Program Instructor/Coordinator:
Robin Terrell, BS CMA (AAMA)
Program Instructors:
Susan Carter, BS, CMA (AAMA)
Program Advisor: Tiffany Elsberry

ACCREDITATION

Commission on Accreditation of Allied Health Education Programs

25400 US Highway 19 North, Suite 158
Clearwater, FL 33756
727-210-2350
www.caahep.org

The Idaho State University Medical Assisting Program is accredited by the Commission on Accreditation of Allied Health Education Programs.

MEDICAL ASSISTING PROGRAM MISSION STATEMENT

The mission of the Medical Assisting program is to provide comprehensive, quality educational training to enable students in their capabilities as healthcare professionals in the outpatient administrative and clinical settings in the community, state and beyond. This program focuses on students and the training needed to enter the health care setting as entry-level medical assistants. The goals of this program are to involve students in both educational and hands-on skills to ensure their success in the field of medical assisting. Students will receive a broad based knowledge that will support their educational requirements as well as skills testing that will confirm their tactile capabilities.

PROGRAM DESCRIPTION

After completing the Medical Assisting Program, an Associate of Applied Science degree is awarded. This degree will segue nicely from the AAS to a Bachelor in
Health Science, or Bachelors of Applied Science degree. This five semester program provides lab equipment and supplies that are based on industry standards and highly experienced instructors.

FACILITIES

The Medical Assisting program is located in the Owen Complex Room 260. This lab is equipped with an area for students during class and lecture events. It also houses four clinical settings rooms, areas for blood labs, CLIA waived testing, autoclaving and phlebotomy chairs. Examinations and check-offs are performed in this lab. MA 104, Introduction to Medical Assisting and MA 203 will be at the Owen-Redfield Complex or at the RFC building as needed.

MEDICAL ASSISTING PROGRAM GOALS & OUTCOMES

The goals and objectives of the Medical Assisting program support the program’s mission and philosophy and are consistent with the mission and philosophy of the institution.

The core themes of ISU that fulfills its mission are:

- Economic and Social Impact

Idaho State University Medical Assisting Objectives and Expected Outcomes

The program will provide quality comprehensive educational training.

- The curriculum will adhere to the MAERB entry level competencies.
- The program will prepare entry level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains in order to meet or exceed the established outcome assessments required by the MA programs accredited by CAAHEP.
- Students will perform at a “C” (73) or better grade level in all goal classes, and a “B-” (80) or better in all support and Medical Assisting classes within Psychomotor and Cognitive Domains.
- Students will be academically assessed regarding critical thinking, effective communication, and personal responsibility through evaluations, to include written, verbal, and critical thinking skills activities.
- The MA Technical Advisory Committee will meet bi-annually to discuss expectations and achievements of the MA program in regards to the mission statement. This board will be a response to the needs of the community and its members will consist of local medical facility members such as office managers, Certified Medical Assistants, and medical providers.
- The program will maintain quality clinical affiliations.
- The program will encourage faculty development.
- The program will maintain a standard that supports a low faculty/student ratio (1:20)
The program will work to be cognizant of continuous changes in the healthcare field and bring information to the students through assessment and exposure of new concepts and procedures.

The program will diligently work to prepare quality Certified Medical Assistants who will:

- Graduate successfully from the ISU Medical Assisting Program.
- These graduates will pass the National Certification Exam.
- They will perform and demonstrate entry level skills through the supervision of a Certified Medical Assistant instructor and practicum affiliate.
- Graduates will assume the role of Certified Medical Assistants and are encouraged to be involved with the local chapter, state society and national organization, AAMA.
- Graduates will be encouraged to continually improve their knowledge and skills through continuing education opportunities and monitoring advancements in healthcare.

**JOB DESCRIPTION**

Medical Assistants assist physicians in the examination and treatment of patients and perform routine tasks to keep offices running smoothly. Medical assistants should not be confused with physician assistants, who examine, diagnose, and treat patients, under the direct supervision of a physician. Nor should they be confused with a licensed practical nurse or ever be referred to as a nurse.

The duties of medical assistants vary from office to office, depending on the location and size of the practice and the physician’s specialty. In small practices, medical assistants are usually “generalists,” handling both clerical and clinical duties and reporting directly to the office manager or physician. Those in large practices tend to specialize in a particular area under the supervision of department administrators.

Clinical duties vary according to state law and include taking and recording vital signs and medical histories; explaining treatment procedures to patients; preparing patients for examination; and assisting during the examinations and office surgeries. Medical assistants collect and prepare laboratory specimens or perform basic laboratory tests on the premises; dispose of contaminated supplies; and sterilize medical instruments. In the state of Idaho, medical assistants also perform the initiation and discontinuation of intravenous therapy. They instruct patients about medication and special diets, prepare and administer medications as directed by a physician, authorize drug refills as directed, telephone prescriptions to a pharmacy, draw blood, prepare patients for x-rays, take EKG’s, remove sutures, and change dressings.

Medical assistants perform many clerical duties. They answer telephones, greet patients, update and file patient medical records, fill out insurance forms, handle correspondence, schedule appointments, arrange for hospital admission and laboratory services, and handle billing and bookkeeping.

Medical assistants may also arrange examining room instruments and
equipment, purchase and maintain supplies and equipment, and keep waiting and examining rooms neat and clean.

There are many specialty groups that require Medical Assistants to take advanced classes in order to specialize in a specific area. On the job training for these specific duties may also be required by physicians.

## ESSENTIAL FUNCTIONAL REQUIREMENTS FOR MEDICAL ASSISTING STUDENTS

There are essential requirements for students entering the Medical Assisting program including physical, cognitive and behavioral functions that apply to the program. These following abilities are essential to meet classroom, clinical, and administrative objectives as well as those required in the healthcare field.

1. **Physical**
   a. Students must be able to perform physical activities that require them to be able to move the human body up to 50 pounds into specified positions.
   b. Students must have the capability to use dexterity and tactile abilities in performing injections, phlebotomy and laboratory testing as required.
   c. Students must be able to communicate well with instructors, students, and patients in an office setting.
   d. Student must be able to stand, walk, and assume sitting and lying positions as needed during clinical exercises.

2. **Cognition**
   a. Students must be able to focus on tasks at hand as well as learn quickly and multi-task when required.
   b. Students must be able to utilize the knowledge they have gained in class and laboratory work and apply critical thinking skills as needed.
   c. Students must be able to remember tasks, assignments and skills over short and long periods of time.

3. **Behavior**
   a. Students must be able to attend to and understand information and ideas presented through lectures and text.
   b. Students should be able to discern when to communicate and when not to. They should be able to keep the conversation relevant. Students should be able to determine relevant questions and discussions for each class.
   c. Students must be aware of the program’s stance on substance abuse. Substance abuse in any form is not tolerated. If taking medications that may hinder their abilities to perform tasks safely, a student must inform the instructor and the student’s physician may be required to attest that the medication is necessary and will not affect the student’s capacity for performing tasks in the classroom safely.
MEDICAL ASSISTING

Individuals entering the Medical Assisting Associate of Applied Science degree program must complete a background check, have a full physical done and verify that immunizations are up to date as conditions of their acceptance into the first spring semester.

Failure to complete these requirements will prevent the student from progressing to the 2nd fall semester clinical classes.

This handbook is designed to provide information and serve as a resource for most questions and school situations you may encounter as a student in the Medical Assistant program. The information, provided in this handbook, is meant to supplement that provided in the Idaho State University Bulletin and Official Student Code of Conduct.

APPLICATION DATES

Applications are accepted throughout the year with a selection of qualified applicants taking place in November for spring entry.

Registration fees are paid in August, January and May.

Further information may be obtained from the ISU College of Technology, Student Services Office at (208) 282-2622.
III. PROGRAM POLICIES

PRE-ADMISSION REQUIREMENTS

Prior to entering the MA program, students must apply to the University and College of Technology. This can be done at:

https://www.isu.edu/tech/

Applications are accepted throughout the year with a selection of qualified applicants taking place in the late fall for spring entry. Further information regarding the application process through the ISU College of Technology Student Services Office at (208)282-2622.

As a part of the admission process, students must also complete the following:

• **Background Investigation** – All MA students must complete a background check prior to their first semester to be admitted into the clinical classes in the 2nd fall semester. Unsatisfactory background checks are investigated and dependent on the outcome of the investigation, could result in dismissal from the program. Any related costs for these requirements are the student’s responsibility.

• **Student Physical** – First year students must have their physical examination and immunizations prior to the beginning of the 1st spring semester. The completed form must be turned in to the Program Coordinator, without exception before the student begins the Spring semester.

• Students must also ensure the following vaccinations are current:
  o TDaP – student must have proof of vaccine as an adult or get the vaccine.
  o Influenza – student should get this immunization every year.
  o Hepatitis B Vaccine – student must have proof of series, either through getting the vaccine series or through titers
  o MMR – student must do titers or vaccine series.
  o Varicella – student must do titers or vaccine series.
  o PPD – this test for tuberculosis must be done annually. If student’s results are positive, student must have PA Chest X-ray done.

Failure to complete the background check, physical, and vaccines will prevent student from entering and proceeding into the program.

ATTENDANCE POLICY

Employers are very interested in a student’s attendance and study habits because they reflect how he/she will perform on the job. Students are expected to attend every class on time. Positive attendance accounting will be maintained by each instructor. Excessive absences jeopardize your ability to do well in the class and maybe a major contributing factor in your lack of success. For specific attendance rules and policies,
please refer to your individual class syllabi. Students are responsible to find out what they have missed in a class and talk to the instructor about making up what was missed. An excused absence is one in which the student has informed the instructor of not attending class and furnishes a doctor’s note, or other documentation to support the absence. All work due must be completed within 2 class days of returning to class following an absence.

It is the responsibility of the student to monitor their attendance!

In the event an instructor is out due to illness or other unforeseen circumstances, make-up class sessions will be arranged.

In case of inclement weather, information regarding school closures due to weather may be obtained by calling 282-3936.

If the student cannot get ahold of their instructor, they can call the Department administrative assistant at 282-4370 and she will relay a message.

**CHEATING**

Any student who cheats, cheats themselves. Cheating may consist of plagiarism, copying from another student’s work, copying from notes, etc. Students caught cheating will be dismissed from the class, given a grade of “F”, and dismissed from the program.

Dishonesty, stealing and other violations of the student code conduct will be handled on an individual basis. Students should familiarize themselves with the ASISU Student Code, and the ISU Student Handbook.

Using, possessing, or being under the influence of illicit drugs or alcoholic beverages during school hours is prohibited.

**DRESS CODE**

When in clinical classes, students are required to wear clean scrubs or a lab coat to cover street clothes. Closed toed shoes are required and hair must be clean and pulled back. Nametags are provided to each student and must be worn in class. If the student loses their name badge, they can replace this for $5.00 through the College of Technology Dean’s office. All of this is without exception unless otherwise informed by the instructor.

**GENERAL INFORMATION**

1. Exempt Credit: Prerequisites, where applicable, may be satisfied through Tech Prep agreements or transfer course.

2. General Grading Policy: Students will be required to maintain a minimum grade of “B-” in all Medical Assisting and goal coursework. A grade of “C” or better is expected for all pre-requisite courses including English, Biology, Math, and Medical Terminology.

For specific grading policies, check your class syllabus which should be available from each instructor at the beginning of each class. A course maybe repeated only once. Failure to maintain a “B-” the second time will
result in immediate dismissal from the program. All courses must be successfully completed prior to beginning clinical and administrative practicums.

3. Proper Sequencing: The MA Curriculum is sequenced to provide the student with the best possible learning experience. Students who do not complete proper class sequence each semester will not progress to the next semester.

4. Release Form: A student must sign a Release Form if he/she would like to authorize the instructors in the program to release information to prospective employers regarding grades, attendance, or other pertinent information for gaining employment. Students must sign a Release of Liability Form when entering clinical classes.

5. Health Insurance: It is highly recommended that students have and maintain Health Insurance during enrollment in the Medical Assisting Program.

6. Reporting Accidents: Students should promptly report any incident or accident occurring in class or lab setting to Instructor and Program Coordinator.

7. Background Investigation: All Medical Assisting students must complete a Background Check prior to their first spring semester to be admitted into clinical classes in the 2nd Fall semester. Unsatisfactory background checks are investigated and dependent on the outcome of the investigation could result in dismissal from the program. Any related costs for these requirements are the student’s responsibility. This is done through https://mycb.castlebranch.com and the ID# is ID41.

8. Essential Functions of a Medical Assisting student:
   - Students must be able to lift, transfer, ambulate, position and assist patients in all aspects of exams and procedures.
   - Communicate with patients, providers and coworkers effectively.
   - Respond to emergencies by providing CPR and First Aid.
   - Adapt to stressful situations.
   - As stated on the Physical Form, student should not have limitations regarding lifting and moving people and or equipment. A physician must confirm that there are no mental or physical conditions that would prevent the student from participating and successfully completing the Medical Assisting Program to include the practicum.

9. Student Health Immunizations & Physical Exam:
   - 1st year students must have their Physical Exam and Immunizations prior to the beginning of the first spring semester.
   - The completed forms must be turned into the Program Coordinator, without exception, by the beginning of the first spring semester.
   - Failure to return completed forms prior to the beginning of the 1st spring semester classes will prevent students from proceeding to the second year fall clinical classes. Please note that the expenses incurred with blood tests for titers and vaccines will be at the cost of the student.

10. Expenses not covered in tuition:
    - Physical Exam/immunizations (1st year)
INSTRUCTIONAL TECHNOLOGY REQUIREMENTS

Use of computer technology is required by every student. It is necessary to have access to a computer, internet, and an ISU email account. Computer accounts are available when paying tuition fees. When utilizing the HIT Lab computers, students are asked to be respectful of the machines, mindful of food and drink in the lab, and understand these computers are not for games. The work done on these computers must be the assignments for that particular class unless it is an open lab. Abusing the computer lab privileges can result in dismissal from the HIT Lab.

Students will find that email is the best way to contact your instructors and receive quick responses. Students are required to check their email accounts on a regular basis as the instructors will communicate assignments and changes in the class itinerary through email.

The course site for all classes is Moodle. The instructors take a lot of time to work through and ensure course information is available to students. Students are required to use Moodle. It takes the place of syllabi, course handout and documents, and forms. Again, this is a communication resource between students and instructors and changes and reminders are posted here to Moodle.

Class Accountability – the instructors will have the ability to check students’ activity on Moodle. This shows when students are on Moodle, how long they are there, what has been viewed and the location the student was at when they logged into Moodle. That having been said, the instructors will know if the student is actively participating in the class and if not, they may give warnings, especially if the student’s grades are suffering.

MEDICAL ASSISTING CURRICULUM

An Associate of Applied Science Degree is offered through the Medical Assisting program. The length of time to complete the associate’s degree is 5 semesters. This program offers classroom, hands on clinical and laboratory experience as well as administrative and clinical practicums. All of this experience will prepare the student to sit for the American Association of Medical Assistance (AAMA) national certification examination. All of the MA program curriculum is sequenced to ensure the student is provided the best possible learning experience. The program requires that all support and medical assisting classes be finished with a “B-” or better to progress to the next semester. No practicums will be done until all classes are completed satisfactorily.

Students are expected to attend class at the scheduled time and actively participate.
Students are expected to be prepared with the text and any necessary supplies.

Upon completion of all program coursework (no exceptions), students will participate in MA 0206S, Administrative Seminar, MA 206, Administrative Practicum, MA 204S, Clinical Seminar and MA 204 Clinical Practicum in their final semester.

MA 0204 and 0206 provide experience for the student to demonstrate entry level competencies as a Medical Assistant in a live setting, under the supervision of a physician, with actual patients. They are non-paid affiliations. The students will complete 360-368 hours of clinical and administrative practice.

MA 204S and MA 206S are seminar classes held each week to discuss rotations. All students receive direct supervision at the practicum site as well as indirect supervision from the Clinical Coordinator.

**GRADE SCALE**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>100 – 94</td>
</tr>
<tr>
<td>A-</td>
<td>93.9 – 90</td>
</tr>
<tr>
<td>B+</td>
<td>89.9 – 87</td>
</tr>
<tr>
<td>B</td>
<td>86.9 – 83</td>
</tr>
<tr>
<td>B-</td>
<td>82.9 – 80</td>
</tr>
<tr>
<td>C+</td>
<td>79.9 – 77</td>
</tr>
<tr>
<td>C</td>
<td>76.9 – 73</td>
</tr>
<tr>
<td>C-</td>
<td>72.9 – 70</td>
</tr>
<tr>
<td>D+</td>
<td>69.9 – 67</td>
</tr>
<tr>
<td>D</td>
<td>66.9 – 63</td>
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<tr>
<td>D-</td>
<td>62.9 – 60</td>
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<tr>
<td>F</td>
<td>59.9 -0</td>
</tr>
</tbody>
</table>

W = Withdrawal
I = Incomplete

**PROGRAM ACCREDITATION**

The Idaho State University College of Technology Medical Assisting Program is accredited by the Commission on Accreditation of Allied Health Education Programs (https://www.caahep.org/) upon the recommendation of the Curriculum Review Board of the American Association of Medical Assistants Endowment (AAMAE).

Commission on Accreditation of Allied Health Education Programs (CAAHEP)
25400 US Highway 19 North, Suite 158 Clearwater, FL 33763
727-210-2350

**CERTIFICATION EXAM**

Graduates will be eligible to take the National Certification Exam for the Certified Medical Assistant (CMA).

Graduates may not take the exam any earlier than 30 days before graduation. Individuals who have been found guilty of a felony, or pleaded guilty to a felony, are not eligible to take the CMA Exam.

However, the Certifying Board may grant a waiver based upon mitigating circumstances.
Exams are administered via computerized testing centers that graduates must apply for an appointment usually 1 to 3 months after graduation. After successful completion of the national examination, graduates will be awarded national certification with the opportunity to renew their certifications through continuing education credits every 5 years or by retesting.

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS (AAMA) CODE OF ETHICS

The code of Ethics of the AAMA shall set forth principles of ethical and moral conduct as they relate to the medical profession and the particular practice of medical assisting.

Members of AAMA dedicated to the conscientious pursuit of their profession, and thus desiring to merit the high regard of the entire medical profession and the respect of the general public which they do serve, do pledge themselves to strive always to:

- Render service with full respect for the dignity of humanity;
- Respect confidential information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information;
- Uphold the honor and high principles of the profession and accept its disciplines;
- Seek to continually improve the knowledge and skills of medical assistants for the benefit of patients and professional colleagues;
- Participate in additional activities aimed toward improving the health and well-being of the community.

MEDICAL ASSISTING CREED

The creed of the American Association of Medical Assistants reads as follows:

- I believe in the principles and purposes of the professions
- I endeavor to be more effective
- I aspire to render greater service
- I protect the confidence entrusted to me
- I am dedicated to the care and well-being of all patients
- I am loyal to my employer
- I am true to the ethics of my profession
- I am strengthened by compassion, courage, and faith
IV. COLLEGE OF TECHNOLOGY POLICIES

INTOXICANTS POLICY

Any instructor who observes behavior which suggest that a student may be under the influence or detects the odor of an intoxicant on a student will take the following actions:

1. The instructor will notify the student that they will not be allowed in the classroom or lab.

2. Public Safety should be contacted to escort the student to a safe place.

3. The student will meet with the Director of Student Services the following school day to discuss which steps should be taken.

4. The Director will communicate with the Office of Student Affairs regarding the violation.

5. The Director will contact the instructor and Department Chair summarizing any outcomes.

This policy does not supersede other laws or university student conduct policies pertaining to alcohol or drug possession, consumption or delivery.

DISMISSAL POLICY

A student may be dismissed from a College of Technology program if the student fails to meet the academic and/or nonacademic continuation standards of the program/department including unprofessional/unethical behaviors and unsafe practices, or if the student is not making satisfactory progress in the program. Prior to making a decision of dismissing a student, the faculty of the program will meet with the student for a disciplinary review in order to give the student due process which includes a student's right to be adequately notified of charges and the opportunity to be heard.

DISCIPLINARY PROCEDURES

1. The faculty will notify the student privately of the incident(s) that have led to a disciplinary review and schedule a meeting time for the review. The purpose of a disciplinary review is to discuss the facts of the incident(s), to hear the student’s perspective, and if a violation has occurred, to determine an appropriate level of discipline which may lead to dismissal.

2. The meeting should be scheduled as soon as possible after the incident(s) occurred.
3. The student should refrain from attending any clinical, lab, externship, etc. that may threaten or pose a danger to the health, safety or welfare of any individual. After the disciplinary review, the faculty should determine what sanction to impose. In determining what sanction to impose, mitigating and aggravating factors may be considered, such as the individual’s prior disciplinary record, the nature of the offense, the severity of the damage, injury or harm resulting from the violation, and any restitution made.

NOTIFICATION PROCEDURES

1. The student must be notified in writing of the outcome of the disciplinary review and if sanctions will be imposed. If the student is dismissed, the letter must be sent by certified mail, return receipt requested.

2. The letter should indicate the incident(s) that occurred and the decision made regarding the incident(s). The student should be notified in the document that he or she has the right of appeal according to the Idaho State University Student Handbook. The student should be given a copy of the ISU Student Handbook or notified that it is available online.

CHANNELS OF REDRESS

An aggrieved student may:

1. Present any unresolved issues to the Department Chairperson. If the Department Chairperson is named in the complaint, the Dean of the College where the alleged infraction occurred shall appoint another member of the college to act in the Chairperson role for the appeals process.

2. Present any unresolved issues in a formal hearing before the Dean of the College involved. In the case of dismissal from a program, that is the college in which the program resides; for an appeal of a course grade, it is the college in which the course was offered. At this hearing, parties shall submit written charges, answers, and arguments to the Dean. The Dean shall preserve these documents for use in later appeals to a Scholastic Appeals Board, if such an appeal becomes necessary. Only written charges, answers and arguments presented at the Dean’s formal hearing will be subject to review by a Scholastic Appeals Board. The Deans shall be charged with preserving all tangible evidence and all written charges, answers, and arguments submitted at hearing before them. The student must have specifically demonstrated at the formal hearing before the Dean how the alleged infraction led to his or her dismissal from the program or adversely affected his or her final grade in order to pursue an appeal to a Scholastic Appeals Board. The Dean must notify, in writing, the student and faculty member of his or her decision within one week following the formal hearing. The Dean shall have the authority to direct the Registrar to change a student’s grade.

3. Any Department Chairperson or College Dean may elect to utilize an internal committee to assist in making a decision on academic appeals at the departmental and/or college levels. Department Chairs and Deans may interview the student and/or instructor, or conduct an additional investigation deemed appropriate to help in the decision-making process. Nothing
PROCEDURE FOR AN APPEAL TO SCHOLASTIC APPEALS BOARD

1. If the student wants to appeal the decision reached in the formal hearing, he/she must obtain a scholastic appeal petition form from the Office of Student Affairs, and return it there when completed. The completed petition shall include a concise description of the complaint, the signature of the student instituting the petition, and the signatures and comments of the faculty member, Department Chairperson, if any, and the Dean involved, if said persons are still available.

2. Copies of all written charges, answers, and arguments and all tangible evidence presented at the Dean’s formal hearing shall be made available to the student to attach to the original petition submitted to the Office of Student Affairs. The petition and additional materials will be secured in the Office.

3. A scholastic appeal petition must be initiated before the end of the semester following the formal hearing. The petition is initiated when the student formally presents his or her complaint to the Office of Student Affairs and requests a scholastic appeals petition.

4. The Office of Student Affairs will then notify the Chairperson of the Academic Standards Council of the need to consider the petition. The Chairperson will then choose a Chair for the Scholastic Appeals Board, and the rest of the Board will be constituted.
V. IDAHO STATE UNIVERSITY POLICIES

The following policies fall under the guidance of the Idaho State University Student Handbook.

For more information on each topic, please find the policy and descriptions using the handbook link.


1. FERPA (page 5, D Privacy & Educational Records)
2. Smoking (page 19; Smoking Policy ISUPP 2370)
3. Sexual Harassment and Title IX (page 18, Sexual Harassment Policy)
4. Withdrawal (page 6, Withdrawing from Courses)
5. Satisfactory Progress (page 8, Loss of Financial Aid Eligibility)
6. Academic Standing (page 10, Academic Standing)
7. Petitions (page 16, Petition Policies)
VI. COLLEGE OF TECHNOLOGY RESOURCES AND SERVICES

SECTION I
SERVICES FOR STUDENTS

Student Services: This office is located on the main floor of the Roy F. Christensen (RFC) Complex, Room 184 and assists students with specific information about the programs at the College of Technology. Academic advisors are available to give students assistance with admissions, class and schedule advisement, academic resources, and specific information pertaining to a students’ educational goals.

Hours are 7:30 a.m. to 5:00 p.m. Monday through Friday. Appointments can be made by calling (208) 282-2622. Appointments are recommended but not required. Tours of the programs are available by appointment and can be set up by calling (208) 282-2800.

Tutoring Assistance: Students who are experiencing difficulties with their program instruction or classroom assignments may receive assistance. The student’s instructor should be contacted first, as many of the training programs have ‘peer tutors’ available who are familiar with the required curriculum and assignments.

NOTE: It is important to request assistance as EARLY in the semester as possible! At the point a student recognizes he/she is having difficulty, help should be sought immediately! Contact the Resource Center, located on the third floor, Room 262, of the RFC Complex or telephone (208) 282-3208 for an appointment to discuss specific tutoring needs.

The Center for New Directions: Located within the RFC Complex on the third floor, Room 372. The Center’s telephone number is (208) 282-2454. Support programs are available at no cost for men and women who are interested in entering/reentering the job market due to issues which might include: divorce; separation; death; or disability of a spouse. Services are available on job seeking skills, career information, self-esteem, self-confidence building, and personal counseling. The Center also provides a limited number of scholarships for single parents and for women and men interested in pursuing ‘non-traditional’ fields of training.

isu.edu/tech/departments/student-services/
isu.edu/tech/departments/resource-center/
isu.edu/cnd/
SECTION II
REGISTRATION AND FEE COLLECTION POLICY FOR 2019-2020

• All students who are enrolled in semester-based programs must pay their tuition by the Friday before classes begin to avoid a $50 late fee. For tuition payment information, login to the ISU Bengal Web and go to the Finances Tab.
• Students who are enrolled only in the eight-week classes (early and late), must pay tuition by the first day of class.

NOTE: It is the individual student’s responsibility, regardless of funding source, to see that their tuition is paid on time and that they are officially enrolled at ISU. Students who do not pay tuition prior to the deadline may be disenrolled.

SECTION III
FINANCING YOUR EDUCATION

Students attending the ISU College of Technology can apply for federal financial aid by submitting a Free Application for Federal Student Aid (FAFSA) form each year they are enrolled at the University. FAFSA applications are available on the web at: fafsa.gov. It is strongly recommended that students apply early. Keep the Financial Aid office notified of any changes in student status such as address change, marriage, etc.

NOTE: Students who leave school prior to successful completion may have to repay federal financial aid received. Call the ISU Financial Aid office immediately if you plan to withdraw from school, (208) 282-2756. The website for financial aid is: isu.edu/financialaid/

Numerous scholarships are available to College of Technology students. The ISU Scholarship Department website lists those scholarships available to the general university population.

The most common scholarships are the Associated Students of ISU (ASISU) Need and Scholastic awards. Funds for these scholarships come from a portion of the registration fees each student pays. Applications for ASISU scholarships are made available every semester to currently enrolled students. Many scholarships are donated by business/industry, organizations, or individuals and have specific criteria, which must be met. Eligibility requirements are usually listed on the posted announcement. Check with College of Technology Student Services office for a list of current scholarships available or you may access this information on-line.

isu.academicworks.com/

SECTION IV
SHORT-TERM LOANS

The Short-Term loan program is funded by Friends of Idaho State University. It is limited to loans for books and educational expenses. The maximum amount of each loan is $500. The loans are issued for up to 90 days. They must be repaid upon receipt of financial aid, 90 days after issue, or the last day of the semester, whichever arrives first. Your ISU internal credit rating...
will be reviewed prior to loan approval. Failure to pay this loan as agreed will adversely affect the credit rating used internally by ISU.

**HOW TO OBTAIN A SHORT-TERM LOAN**

Complete a loan application and promissory note at the Office of Finance and Administration, Room 124 in the Administration Building or complete online form at: isu.edu/media/libraries/finance-and-business-affairs/sbstlapp1.pdf

**NOTE:** The priority deadline for most types of federal financial aid is March 1 of each year, although students are encouraged to apply anytime between January 1 and June 30 of the following year (example, January 1, 2012 to June 30, 2013).

**SECTION V**

**TRAFFIC AND PARKING**

**NOTE:** Please refer to the ISU parking web address at: isu.edu/parking/

Every motor vehicle on the ISU campus must be registered and display an appropriate ISU decal. Parking permits are available at the ISU Traffic Office located at the corner of South 5th and Humboldt Street, telephone (208) 282-2515 or (208) 282-2625.

**Cost:**
- General Lot: $100
- Reserved Lot: $300
- Reduced Fee: $50 (at Holt Arena only)

Students may park only in the area their parking decal designates. Students at the College of Technology may not park in the Cosmetology Patron parking spaces. The parking meters at the RFC Complex are reserved for visitors and new applicants inquiring about school. Students are NOT PERMITTED to park in metered spaces. Students should be aware of the ISU towing policy. Any vehicle will be towed at owner’s expense when it accumulates in $50 in citations.

Any traffic tickets or resulting fines owed the University must be paid or students’ transcripts, certificates, and/or degrees will not be released upon completion of their training program. In addition, registration for the next term will not be permitted until the fines and other financial obligations are paid or proper arrangements are made by the student.

**SECTION VI**

**TRANSPORTATION**

**ISU Commuter Bus:** The Commuter Bus Service is a system designed to assist commuting students enrolled at ISU with a source of transportation to and from the campus. The Transportation office is located at the corner of South 5th and Humboldt Street. Their number is (208) 282-4660. Busses run on a daily basis (Monday through Friday) and pick up students at various locations in outlying areas of the region including Idaho Falls, Exit 113, and Blackfoot. The bus schedule operates from the first day of each semester and continues until the last day of final examination week. For information on costs and schedule, telephone (208)
282-4460, or go to:
isu.edu/transportation/

Pocatello Regional Transit (PRT) Located at 215 Bonneville (former Greyhound Bus terminal in Old Town Pocatello). Call (208) 232-0111 for information and schedules. Pocatello Regional Transit provides a shuttle bus service on campus from Holt Arena to various drop off points on a 10-minute basis during the school day and is free of charge! PRT provides transportation services with the metropolitan Pocatello vicinity. Student discounts are available.

SECTION VII
GRADUATION

NOTE: Students should refer to the policies in the program section of the handbook to determine eligibility for a Certificate and/or Associate of Applied Science degree.

Students planning to graduate should apply for graduation no less than one semester before all requirements are completed. Students are encouraged to apply the semester before they intend to graduate in order to confirm all requirements are met. Information about applying and costs can be located on the ISU Registrar’s office website:
isu.edu/registrar/graduation/

The College of Technology graduation ceremonies are held in May and December. Students who have applied for graduation will receive information regarding this ceremony. The commencement exercise for the entire University takes place once a year, the

Saturday following the last day of school in May.

ISU College of Technology students are encouraged to take part in the graduation ceremonies. For most people this is a once in a lifetime experience and an opportunity for family and friends to honor all the graduates. Whether or not a student is unable to attend the graduation exercise, the student’s diploma will be mailed at a later date.
VII. COLLEGE OF TECHNOLOGY

HANDBOOK SIGNATURE FORM AND PHOTOGRAPHY CONSENT RELEASE

Idaho State University
College of Technology
921 S 8th Avenue, Stop 8380
Pocatello, Idaho 83209-8380

HANDBOOK SIGNATURE FORM
I acknowledge that I have received, read and understand the PROGRAM Handbook. I have also reviewed the Idaho State University Student Handbook and understand the privileges and responsibilities of attending Idaho State University.

PRINTED NAME ___________________________ DATE __________

_________________________________________ BENGAL ID NUMBER

SIGNATURE ________________________________

INSTRUCTOR SIGNATURE ____________________

CONSENT FOR PHOTOGRAPH RELEASE
I understand that my photograph may be used for educational purposes. I also understand that these photographs may be used in classroom discussions, reproduced to facilitate written and digital formats (including online), and/or be used in marketing promotional materials (brochures, pamphlets, flyers, etc.).

If there are limitations, please check one of the following boxes.

☐ Photographs must be altered to ensure facial identity is hidden.
☐ Do NOT use my photo for promotional or educational use.

PRINTED NAME ___________________________ DATE __________

_________________________________________

SIGNATURE ________________________________
VIII. COMPUTER USAGE POLICY

COMPUTER USAGE POLICY

Person(s) using any of the ISU computing resources for personal gain, violation of security/privacy or who otherwise compromise the integrity of the hardware and/or software shall be prosecuted to the full extent of the law.

Legitimate use of a computer or computer network does not extend to whatever you are capable of doing with it. Although some rules are built into the system itself, these restrictions cannot limit completely what you can do and can see. In any event, you are responsible for your actions whether or not rules are built in, and whether or not you can circumvent them.

Inappropriate use of the computer is considered computer misuse. The supervisor of each lab will determine what is deemed “inappropriate use” for their particular lab. For specific computer lab policies, see individual lab instructors. Inappropriate use may result in denial of computer lab access at the College of Technology.

The misuse of this computing account, or use of an account belonging to another, may result in the loss of your computer privileges. Where computing is required to complete course work this may effectively require transfer to a non-computer related program and/or hinder your pursuit of a degree. Examples of misuse are: sharing your personal account with another individual, using unauthorized passwords, use for financial gain or business purposes, sending offensive electronic mail or internet correspondence, chain letter, or other such correspondence, unauthorized transfer of computer programs or data, attempts to circumvent established procedures, computer security breach or attempts to break security.

I have read the entire student computing contract. I acknowledge and agree to use the ISU computing resources solely for University instructional, administrative, or research activities in accordance with above policy. I further acknowledge that any abuse of the above privilege may result in loss of computing privileges whether or not such privileges are necessary for continued enrollment in my present course of study.

PRINTED NAME

DATE

SIGNATURE

BENGAL ID NUMBER
IX. BACKGROUND CHECK WITH CASTLEBRANCH

Order Instructions for:
Idaho State University College of Technology Health Occupations

1. Go to https://mycb.castlebranch.com/
2. In the upper right hand corner, enter the Package Code that is below.
   Package Code ID41 : Background Check

About

About CastleBranch
Idaho State University College of Technology Health Occupations and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

Order Summary

Payment Information
Your payment options include Visa, Mastercard, Discover, Debit, electronic check, and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account
To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us
For additional assistance, please contact the Service Desk at 888-723-4263 or visit https://mycb.castlebranch.com/help for further information.
X. CONSENT, ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety.

I, the undersigned, am aware that as a student in the MEDICAL ASSISTING PROGRAM (“Program”) at Idaho State University (“ISU”) there are procedures I may be asked to perform as part of my education. These procedures utilize universally recognized precautions and follow the Clinical Laboratory Improvement Amendments of 1988 (CLIA). I will be supervised and observed during the procedures by a member of the teaching staff of ISU.

However, I am fully aware that there may be risks involved. These risks include, but are not limited to, hematoma (bruising), vasovagal syncope (fainting), muscle soreness, needle sticks and other unknown and unanticipated hazards. Furthermore, if I am involved in an accidental needle stick, I acknowledge and understand that I will be asked to take a blood test immediately for my safety and the safety of others.

To the extent permitted by law, and in consideration for being allowed to participate, I hereby assume all risks of such injury and hereby release the State of Idaho, the State Board of Education, Idaho State University and the College of Technology, and their respective agents, employees, officers, and volunteers (collectively the Released Parties) from any and all liability, claims, causes of actions, damages or demands, including costs and expenses, of any kind and nature whatsoever that may arise now or in the future from or in connection with my participation in the Program whether caused by the negligence or carelessness of the Released Parties or otherwise.

I understand I am responsible for my own medical insurance and certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this Agreement. (If under the age of 18, Parent/Guardian must sign this release in front of a notary).

__________________________________________   __________________________
STUDENT SIGNATURE   DATE

__________________________________________   __________________________
PARENT/GUARDIAN SIGNATURE (if under 18)   PARENT/GUARDIAN

PRINTED NAME EMERGENCY CONTACT #: _______________
MUST BE NOTARIZED IF PARTICIPANT IS A MINOR

NOTARY STATEMENT FOR MINOR PARTICIPATION:

State of Idaho )
 )ss
County of Bannock )

On this______ day of___________________, in the year________, before me personally appeared
______________________________________, known or identified to me and whose name is
subscribed to the within instrument, and acknowledge to me that he/she executed the same.

SEAL Notary Public of
Idaho _____________________________ Residing
in: _________________________________

My Commission expires: ________________

_______________________________________   ________________________
XI. INFORMED CONSENT AND RELEASE TO ALLOW ISU TO USE STUDENT’S CRIMINAL BACKGROUND INVESTIGATION, DRUG SCREEN, AND ANY OTHER APPLICABLE REPORTS

*Instructions:* This form is to be used when a student is: 1) applying for admission to a program, 2) applying for field-based experience, or 3) requesting to complete a health care program’s clinical requirement. Questions may be directed to the Office of General Counsel at 282-2683.

I am submitting this form in conjunction with my: (check one applicable item and fill in the blank)

___ 1. Application for admission to the ISU College of _________________________(Program).

___ 2. Application for field-based experience with the ISU College of _________________________
____________________________(Program).

___ 3. Request to participate in health care clinical education for the ISU College of
____________________________(Program).

I hereby authorize the University, any qualified agent, and/or clinical affiliate/agency to receive and use in connection with the program checked above any of the following information including, but not limited to: criminal background information, including copies of my past and present nationwide law enforcement records; drug screen reports; insurance; Social Security number trace for previous residencies, employment checks, Office of Inspector General (OIG) Sanctions List, General Services Administration’s Excluded Parties Listing System (GSA/EPLS), violent sex offender and predator registry search, applicable state exclusion list, US Treasury Office of Foreign Assets Control (OFAC), and the list of specifically designated nationals. I will purchase an ISU approved criminal background investigation from the designated third party vendor for the purpose of assisting the Program and/or the clinical affiliate/agency in evaluating my suitability for admission to a program, field-based experience, or participation in a clinical internship experience. The release of information pertaining to a background investigation is expressly authorized.

I understand that information contained in the criminal background report or any additional reports may result in: 1) my being denied full admission to the Program and, consequently, dismissal from the Program; or 2) my being denied or dismissed from the field-based experience and, consequently, denied admission to or dismissal from the Program; or 3) my being denied a clinical assignment and, consequently, dismissal from the program. I also understand that I will be afforded the opportunity to be heard before any such withdrawal from the Program.

I understand that I have online access to the vendor’s results to review the same information that the Program receives in a criminal background investigation. I understand that reasonable efforts will be made by ISU to protect the confidentiality of the information it receives. I further understand that the results of the criminal background check and other reports may be reviewed by the following individuals and entities when evaluating my suitability, including but not limited to: the applicable dean, chair, program, department, the Office of General Counsel, and clinical affiliates or agencies.

If adverse information is contained in my report(s), I understand that I can view my own results and may be asked to provide more information in writing to the Program. I understand that admission decisions made by the Program are not subject to appeal.
I hereby give the Program permission to release my criminal background report and any other reports to affiliates and/or agencies to which I am assigned for clinical or educational experience prior to beginning the assignment and regardless of whether such affiliates and/or agencies have required the background check or other reports. I understand the affiliates or agencies may refuse me access to their clients/patients based on information contained in the criminal background check or other reports and that the affiliates’/agencies’ criteria may differ from that of the Program.

I hereby release and hold harmless the State of Idaho, the University, its agents, officers, governing board, employees and/or the affiliates and agencies from any liability or damage in providing and disclosing such background information or any other reports. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

I understand the University is not responsible for the accuracy and content of the background information provided by the third party vendor or any other reports and I hereby further release and hold harmless the State of Idaho, the University, its agents, officers, governing board, and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection of background information.

Additionally, I understand that the background check, drug screen, additional reports, program admission, field experience, and placement are subject to the requirements of the ISUPP Student Affairs.

Criminal Background Checks policy available at: http://www.isu.edu/policy/fs_handbook/part6/6_4/6_4o.html. I also understand that I am responsible for all costs associated with this process.
My signature below shows that I have carefully read this document and understand and agree to its contents:

Signature: ________________________________

(Student or Parent/Legal Guardian if under 18)

Date: ________________________________

Print Student Name: ________________________________

Please print or type all names you have used in the past (use other side of page if necessary):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Student Date of Birth: ________________________________

____________________________________________________________________

ISU Witness ________________________________ Date ________________________________

Print Name ________________________________

Department ________________________________
XII. Medical History and Physical Examination

College: ___________________________ Department: ___________________________

921 South 8th Avenue, MS ________,
Pocatello, Idaho 83209-8380

Program of Study: ___________________________
Fax Number: ___________________________ ATT: ___________________________

STUDENTS PLEASE COMPLETE
BEFORE GOING TO YOUR PHYSICIAN FOR EXAMINATION

REPORT OF MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Sex: M/F</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Number &amp; Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

PERSONAL HISTORY
Please check those which you have had or now have

<table>
<thead>
<tr>
<th>Have You Had</th>
<th>Yes</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Injury with Unconsciousness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High or Low-Blood Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach, Intestinal, Gallbladder Trouble</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List All Operations:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List Current Medications</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have You Had</th>
<th>Yes</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jaundice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease or Injury of Joints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy: Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hay fever</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby declare that I have no illnesses or emotional problems not discussed with my physician that will interfere with my enrollment in the program. I hereby grant permission for the information requested on this form to be released to the

Of ____________________________.

Applicant’s Signature ____________________________ Date _____________
**PHYSICIAN PLEASE COMPLETE**

**REPORT OF HEALTH EVALUATION**

<table>
<thead>
<tr>
<th>BP</th>
<th>Height</th>
<th>Vision - Right 20/</th>
<th>Left 20/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse</td>
<td>Weight</td>
<td>Corrected - R 20/</td>
<td>Left 20/</td>
</tr>
</tbody>
</table>

**ARE THERE ANY ABNORMALITIES?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head, Ears, Nose or Throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Respiratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Cardiovascular</td>
<td></td>
<td></td>
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<tr>
<td>4. Gastrointestinal</td>
<td></td>
<td></td>
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<tr>
<td>5. Hernia</td>
<td></td>
<td></td>
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<tr>
<td>6. Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Genitourinary</td>
<td></td>
<td></td>
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<tr>
<td>8. Musculoskeletal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Metabolic/Endocrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Neuropsychiatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Skin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEPATITIS B**

+ Positive Titer
- Negative Titer

Attach lab result

Negative titer requires further evaluation

**INFLUENZA**

Yearly vaccine
August – March

**MMR**

2 documented doses
OR
proven serologic immunity to all three

Attach copy of vaccine administration record
OR
attach lab result

**Tdap**

Booster as an adult within the last 10 years

Attach copy of vaccine administration record

**VARICELLA**

2 documented doses
OR
proven serologic immunity

Attach copy of vaccine administration record
OR
attach lab result

**TB**

Skin Test (PPD)
mm induration (>10 mm is +)
OR
IGRA + or –

Attach copy of document
PPD mm reading
OR
IGRA lab result

If positive*
CXR
attach report from radiology

**Please refer to ISU screening recommendations for details about serologic immunity, vaccines, and *TB screening**

Is the patient now under treatment for any medical or emotional condition? Yes _______ No _______

Does this person have any limitations regarding lifting and moving of people and or equipment? Yes _______ No _______

In your opinion, does this applicant have the mental and physical health to meet the requirements of being an active and successful student in the __________________________ Department as well as for being employed professionally following graduation? Yes _______ No _______

Comments:

__________________________
Physician’s Signature

__________________________
Date

__________________________
Address

__________________________
Print Name

__________________________
Phone