

Alamo Colleges Continuing Education Allied Health Requirement Checklist

Student Name	Banner #	Elected CE Program
CE Specialist	Date	CE Program Start Date

	Certified Nurse Aid	Electrocardiography Tech	IV Therapy	Medical Assistant	Medication Aide	Pharmacy Technician	Phlebotomy Technician	Sterile Processing
<input type="checkbox"/> Atleast 18 years oge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> High school diploma / GED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Valid Texas DL or ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Background / precheck.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input type="checkbox"/> Federal Background Check					<input checked="" type="checkbox"/>			
<input type="checkbox"/> Drug screening		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<input type="checkbox"/> Valid Texas HHS license					<input checked="" type="checkbox"/>			
<input type="checkbox"/> Employability Check (HHS)	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input type="checkbox"/> Required Immunizations: Hepatitis B (3 shots)/TITER TDAP (w/in the last 10 years) MMR (2 shots)/TITER Varicella (2 shots)/TITER TB Skin Test Negative (w/in 6 mos)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Externship Required		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
<input type="checkbox"/> Medical Insurance coverage		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
<input type="checkbox"/> Flu shot		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
<input type="checkbox"/> Covid-19 vaccine or religious waiver		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
<input type="checkbox"/> CPR certification card		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>