DEL MAR COLLEGE

Fall 2024- Spring 2025 Academic School Year

INFORMATION AND APPLICATION PACKET

ELECTROCARDIOGRAPHY (EKG) TECHNICIAN TRAINING HIGH SCHOOL PROGRAM

What is an Electrocardiography/EKG Technician?

A basic EKG traces electrical impulses transmitted by the heart. The Technician attaches electrodes to the patient's chest, arms, and legs and manipulates switches on an EKG monitor to obtain a reading. An EKG strip is printed out for interpretation by the physician. This test is done before most kinds of surgery or as part of a routine physical examination, especially on persons who have reached middle age or who have a history of cardiovascular problems. EKG Technicians must be reliable, have mechanical aptitude and be able to follow detailed instructions. The EKG Technician must be articulate and professional in their technical communication with the health care team. Additionally, the EKG Technician must also demonstrate professionalism and compassion in their communications with patients and families.

Application

Interested students must apply to the Electrocardiography (EKG) Technician Training Program by submitting all required application documents to the Del Mar College Continuing Education department or high school counselor. Incomplete applications may delay enrollment into the program. No late registrations will be accepted due to state mandated attendance requirements. Tuition and fees are non-reimbursable for students who exit the program after the designated billing deadline, the student/school districts will be billed.

Program Description

Electrocardiography Technician: Fundamentals of cardiovascular and physiology. Includes basic electrocardiography procedures, interpretation of basic dysrhythmias, and appropriate treatment modalities. Students will be able to describe the anatomy and physiology of the cardiovascular system; perform basic electrocardiography procedures; interpret basic dysrhythmias; and demonstrate appropriate treatments. **Students will be required to perform EKGs on each other during lab sessions.**

Methods of Presentation

- Lecture
- Group discussion
- Demonstration and role play
- Laboratory practice with active student participation

Textbooks Required

- *Hartmans' Complete Guide for the EKG Technician, Wilma Lynn Clarke EdD RN*
  ISBN: 10:1604251077 and ISBN: 13:9781604251074

Dress Code Requirements and Use of Electronics

- Students are expected to attend classroom and lab sessions clean and neatly dressed in required scrubs that present a professional appearance. Students not conforming to the dress code may be asked to sit out or sent back to the high school at the instructor's discretion.

- Your Photo ID is an integral part of your uniform and must be worn in class. Placement is on the left upper chest with photo visible.
- Hair must be clean, neat and pulled back away from the face. Male students must either shave regularly or keep a clean and well-groomed mustache and/or beard. Non-natural hair colors are not allowed.
- Students should bathe every day and are expected to refrain from excessive use of perfume, cologne, or aftershave lotion due to the close proximity in the lab environment with other students.
- Fingernails must be kept clean and short (1/8" above the fingertips). Artificial nails are NOT permitted due to infection control issues. Only clear nail polish will be allowed on fingernails.
- Jewelry should be conservative and limited to only a waterproof wrist watch, necklace kept close to skin and not dangling, and one pair of earlobe earrings not extending ½ inch below the earlobe. No smartwatches allowed.
- No visible tattoos, body or face piercings or gauges are allowed. Other articles of clothing such as hats, hair accessories, etc. that may present a safety issue or be disruptive to the learning process or cause distractions will not be allowed.
- An undershirt discreetly hidden underneath the scrub top may have to be worn to avoid revealing undergarments or skin exposure. Scrub pants should be the right length and hems should not be dragging or touching the floor.
- Please ensure scrub top and pants fit comfortably and provide appropriate cover during any type of physical movement such as bending down, bending over, kneeling, lifting, reaching, etc.
- All electronic devices, including cell phones must be turned off or muted. Absolutely no use of cell phones, including text messaging, during class room or lab time is allowed.

Supplies Required by the First day of Class

- Students must wear a set of scrubs, which include top and pants (scrub top with front pockets is preferred). Uniforms may be purchased at any uniform store. A lab coat may be worn and is required to be the same color as the scrub bottom and top.
- Comfortable, closed-toe, white shoes. (Shoes with some color, for example on the brand logos, are acceptable but shoes should be predominantly white in color.) No Crocs™ or sandals allowed.
- Ticking second hand wrist watch.

Classroom/Lab Conduct Expectations

Students who do not adhere to the classroom and laboratory site requirements may be dismissed from the program in accordance with College policy. This includes the following, but not limited to:

- Uncooperative behavior or attitude
- Excessive tardiness
- Excessive absences
- Malpractice
- Smoking, vaping, Juuling, or illegal drug use

Please refer to the Del Mar College Student Handbook for additional student information https://www.delmar.edu/catalog/

Electrocardiography Certification Exam

After successfully completing the Del Mar College Electrocardiography Technician program, students will have the opportunity to test for a National Certification Exam. This certification denotes the student has received formal education and skill mastery in Electrocardiography training. Students will be assisted with the registration and exam process.

Class Attendance

Regular and punctual attendance is critical and required at all classroom and lab sessions. Students arriving late to class will be considered tardy. Three (3) tardies will constitute one absence. Student cannot be absent more than 10 hours per semester. School sponsored or UIL events will be considered excused absences; however, it will be counted towards the 10 hours allowed per semester. Any additional absences after the allowable absences will NOT be eligible to take the National Certification, it is advised students

use absences for emergency situations only.

Services for Students with Disabilities

Del Mar College and the Center for Access and Advocacy are committed to ensuring equal access to College services, programs, and activities for qualified students with disabilities in accordance with The Americans with Disabilities Act (ADA) of 1990, The ADA Amendments Act of 2008, Section 504 of the Rehabilitation Act of 1973, and applicable Texas state laws. As such, students shall not be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity of the College. Please contact the Center at 361-698-1292 or access@delmar.edu.

Required Immunizations

Past immunization records may be retrieved from your health care provider, the county health department, or your high school registrar. Immunizations may be updated with your health care provider, the county health department, Concentra or any other medical facility that administers vaccines.

Only copies of immunization records will be accepted. All records submitted with the application will no longer be released back to the student. Therefore, it is imperative students hold on to their original immunization documentation. Do not turn in your application if you do not have documentation of PPD test/CXR/TB health questionnaire within the last year. Consult your health care provider or the county health department to verify what immunizations you are missing.

Provide your health care provider with the list of ALL immunizations required below. Applicants must provide a copy of official documented proof of ALL immunizations.

- **VARICELLA (CHICKEN POX)** immunity as shown by ONE of the following:
  - Physician/parent/guardian documented history of the disease (form attached)
  - Immunization record from physician documenting (One dose on or after the student's first birthday or, if the first dose was administered on or after the student's thirteenth birthday)
  - Two doses of varicella (chickenpox) vaccine are required or serum titer confirming immunity
- **COMPLETE HEPATITIS B VACCINATION SERIES**
  - Three doses administered over a 6-month period or a serum titer confirming immunity
- **MEASLES, MUMPS AND RUBELLA VACCINATION (MMR)** or a serum titer confirming immunity to each disease
  - Second measles vaccination (may be a part of a second MMR) or a serum titer confirming immunity
- **PPD T.B. TEST WITH A NEGATIVE READING**
  - PPD skin test within the last year or chest x-ray or Tuberculosis Health Questionnaire within the last year
- **ONE DOSE OF A TETANUS-DIPHTHERIA TOXOID (TD)** IS REQUIRED WITHIN THE LAST TEN YEARS
  - The booster dose may be in the form of a tetanus-diphtheria- pertussis Tdap

Drug Screen

Enrolled students must submit a drug screen through Concentra or other Del Mar College approved provider. Drug Screen cost is approximately $51.00, payable by the student. Failure to receive the drug screen receipt/custody control form may result in dismissal from the Electrocardiography Training Program. Students will receive a Custody Control Form and receipt from Concentra or other approved provider, at the time of specimen collection and this form must be submitted with the Electrocardiography application.

DEL MAR COLLEGE

HEALTH CARE PROGRAMS
ELECTROCARDIOGRAPHY (EKG) TECHNICIAN TRAINING PROGRAM
Fall 2024 - Spring 2025 School Year

High School: _____ Semester: Fall Year: 2024

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone number: _____ Alternate phone number: _____

Social Security #: _____ Date of birth: _____

Student Email: _____

Please use the checklist below to ensure all required documents are attached to your application before submitting. Students are unable to proceed with the program if paperwork has not been submitted.

- ❒ **Completed EKG Technician Training Program Application with Parent/Guardian Signature**
- ❒ **Completed Health History Form**
- ❒ **Human Subjects Document – Assumption of Risk and Consent for EKG**
- ❒ **Signed HIPAA Waiver**
- ❒ **Signed Student Attendance Acknowledgment**
- ❒ **PPD T.B. Test with a negative reading (PPD skin test within the last year)**
- ❒ **American Heart Association CPR/First Aide Certification**
- ❒ **Copies of Required Immunizations Records including tuberculosis Test (TB) within the last year**
- ❒ **Drug Screen must be completed 2 weeks prior or after the first day of class. Student must provide Drug Screen Custody Control Form.**

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature (*required if student is under 18)* Date

HEALTH HISTORY FORM
(Please fill out completely)

Name_____ Date of Birth_____

Address_____ City_____ Zip _____

SS# **or** DMC ID#_____ E-mail _____

Phone (Home)_____ (Cell)_____ (Other) _____

Person to be contacted in the event of an emergency:

Name_____ Relationship to you _____

Address_____ City _____

Phone (Home)_____ (Cell)_____ (Other) _____

Doctor_____ Doctor's Phone _____

Hospital Preference_____ Medical Insurance_____

Any medications you are currently taking (prescribed and over the counter)

_____

Check the following as it applies to your health history:

_____High blood pressure
_____Elevated blood cholesterol
_____Previous or current hernia
_____Family history of heart disease
_____Sedentary lifestyle (inactivity)
_____Diabetes
_____Autism/Asperger Spectrum
_____ADD/ADHD
_____Allergies
_____Respiratory problems
_____Cancer
_____Muscle, joint or back disorder
_____Seizures
_____Currently pregnant
_____Mental Health

Explanation of the above items (continue on back if needed): _____

_____

I understand there are risks inherent in participating in any physical activity and will seek the advice of my physician, if appropriate. Del Mar College assumes no liability for any injury or illness I may sustain while participating in classroom, lab, or clinical activities. I will inform my instructor of any health changes. I understand that I am participating at my own risk.

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature (*required if student is under 18)* Date

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ELECTROCARDIOGRAPHY PROGRAM
HUMAN SUBJECTS DOCUMENT
ASSUMPTION OF RISK AND CONSENT TO PROCEDURES

General Information:
During this course you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training. As a part of these learning activities you will be asked to perform specific skills as well as be the subject of specific skills practiced by students. These learning activities will be conducted under the supervision of the course instructor.

Benefits:
The activities listed have been selected because they are skills essential to the learning process and the faculty believes that realistic practice is essential for optimum learning.

Risks/Discomforts
Participation may create some anxiety or embarrassment for you. Students will be required to wear form fitting tops such as sports bras (with no underwire) and/or tank tops during electrode placement procedures in the ECG clinicals. Additional procedures may create minor physical or psychological discomfort. Specific risks are listed below.

Your Rights
You have the right to withhold consent and to withdraw consent after it has been given. You may ask questions and expect explanation of any point that is unclear.

Learning Activity	**Specific Benefit**	**Risks/Discomfort**
Performance of ECG's	Student gains experience needed prior to performing procedures on actual patients	Possibility of minor skin discomfort and irritation from electrodes.

I have read the above Human Subjects Document. I acknowledge my understanding of the risks and benefits described. I acknowledge my understanding of the risks and benefits described. I release Del Mar College, including its facilities and staff, from any liability for any injury or complication that may result from any and/or all activity occurring during the clinical practice sessions. All my questions have been answered and I agree to participate as a subject in the learning activities listed above.

_____ _____ _____ _____
Signature of student Date of Birth Student Age Date

_____ _____
Parent/Guardian Signature (*required if student is under 18)* Date

DEL MAR COLLEGE

Del Mar College Health Science Student
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Waiver

I, _____, understand that my participation as a/an EKG _____
(Please print) *(Please print)*

ISD Health Science student, participating in a DMC Health Science course(s), presents an opportunity for the collection and reporting of my confidential information in the practice of preparing, triaging, and providing simulated submissions as the Health Science course requires of the students/class participants.

I further understand that I also have an obligation to keep information confidential and private that I may collect for reporting in the practice of preparing, triaging, and providing simulated submissions as the Health Science course requires.

_____ _____
Student Printed Name Student Signature

_____ _____
Parent/Guardian Printed Name (*required if student is under 18* Parent/Guardian Signature (*required if student is under 18)*

_____ _____
Date Witness

DEL MAR COLLEGE

Del Mar College Health Science Student - Attendance Acknowledgement Agreement

I, _____, understand that my participation as a/an EKG _____
(Please print) *(Please print)*

ISD Health Science student, participating in a DMC Health Science course(s), requires full participation and presence in class. Regular and punctual attendance is critical and required at all classroom and lab sessions. If I arrive late to class, I will be considered tardy and I understand that three (3) tardies will constitute one absence.

I further understand that school sponsored and/or UIL events will be considered excused absences; however, the time away will be counted towards the 10 hours allowed per semester. Additionally, I understand, it is advised that I use absences for emergency situations only.

I do understand, that while enrolled in the DMC Health Science course(s), it is my obligation to be in class as scheduled and to arrive to class on-time.

_____ _____
Student Printed Name Student Signature

_____ _____
Parent/Guardian Printed Name (*required if student is under 18* Parent/Guardian Signature (*required if student is under 18)*

_____
Date

Complete Drug Screen 2 weeks prior to or 2 weeks after the first day of class.

Concentra™

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

(Take this form to Concentra for Drug Screen. Patient Must Present Photo ID at Time of Service)

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

Work Related

❑ Injury ❑ Illness

Date of Injury _____

Substance Abuse Testing★ (check all that apply)

❑ Regulated drug screen ❑ Breath alcohol

❑ Collection only ❑ Hair collect

☑ Non-regulated drug screen ❑ Rapid drug screen

❑ Other _____

Type of Substance Abuse Testing

☑ Preplacement ❑ Reasonable cause

❑ Post-accident ❑ Random

❑ Follow-up

Physical Examination

❑ Preplacement ❑ Baseline ❑ Annual ❑ Exit

DOT Physical Examination

❑ Preplacement ❑ Recertification

Special Examination

❑ Asbestos ❑ Respirator ❑ Audiogram

❑ Human Performance Evaluation★

❑ HAZMAT ❑ Medical Surveillance

❑ Other _____

Billing (check if applicable)

❑ Employee to pay charges

Special instructions/comments: Student is enrolled in Continuing Education Health Care Training Program. Drug Screen is required. Student is Self-Pay.

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: Yvette Fitzgerald, RN (Please print) Title: Program Manager, Del Mar College

Phone: (361) 698-2417 yfitzger@delmar.edu _____ Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)

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DEL MAR COLLEGE

PRINT, COMPLETE and RETURN in person, by mail or by fax to:
Del Mar College Center for Economic Development
Business and Registration Services Office
3209 S. Staples St., Corpus Christi, TX 78411
Phone: 361-698-1328 **Fax:** 361-698-1513

CONTINUING EDUCATION REGISTRATION FORM – HIGH SCHOOL

Last Name:_____ First Name:_____ Middle Name:_____

Address: _____ Cell Phone: _____

Home Phone: _____ City: _____ State: _____ Zip Code: _____

Current High School:_____ Grade Level: _____ Social Security Number:_____

Date of Birth:_____ Gender: *Please circle* Male Female

Primary Email:_____ Secondary Email:_____

How did you hear about Del Mar College Continuing Education courses? ☐ Newspaper ☐ Brochure ☐ Email ☐ Class Schedule ☐ Direct Mail ☐ Website ☐ DMC-TV ☐ Other

Del Mar College will use the following data for federal and/or state law reporting purposes. Your completed responses are voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

1. Are you Hispanic or Latino? ☐ Yes ☐ No
2. Select the racial category with which you most closely identify (check as many as apply): ☐ White ☐ Black or African-American ☐ Asian ☐ American Indian or Alaskan Native ☐ International ☐ Unknown ☐ Native Hawaiian or Other Pacific Islander
3. Are you a single parent? ☐ Yes ☐ No
4. Do you speak and understand English well? Answer "No" if English is not your primary language or you consider yourself somewhat limited in the use of English. ☐ Yes ☐ No
5. Are you a displaced homemaker? Example: You have worked without pay to care for the home and family, and for that reason have few marketable skills and are experiencing difficulty in obtaining employment. ☐ Yes ☐ No
6. Are you a resident of Texas? ☐ Yes ☐ No If no, what state? _____

Please enter your selected Continuing Education course information below.

Course Title	**Class Date(s)**	**Class Time(s)**
EKG	Fall 2024	

I give consent for my son/daughter,_____,to participate in the Del Mar College Continuing Education course(s) listed above.

_____ _____ _____

Parent/Guardian Signature | Parent/Guardian Name (Please print) | Date

For Office Use Only. Processed By:_____ Date: _____

Del Mar College does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or any other constitutionally impermissible reason.