



HEALTH CARE PROGRAM REQUIREMENTS

STEP 1: Sign up for your SurScan account.

<https://gce.surpath.com>

Register

Already Registered?

Email

Password

Remember me [Forgot password?](#)

Log in

Not a member yet ?
[Register](#)

Email activation

Create a new account

1 Register Step 1 Your info

2 Step 2 Your Address

3 Step 3 Identity

4 Step 4 Dept / Cohorts

mickey

Middle Name

mouse

(555) 123-4567

mickey@mouse.com

mickey@mouse.com

Date of Birth

01/01/2000

Medium

Please enter the same value again.

Continue

Back to Login Page Submit

Register

Register Step 1 Your info

2 Step 2 Your Address

3 Step 3 Identity

4 Step 4 Dept / Cohorts

123 my street

Suite or Apt

my town

Texas

77777

Back

Continue

Back to Login Page Submit

Fill in your information. Click Continue

Register

- Register Step 1
Your info
- Step 2
Your Address
- Step 3
Identity**
- Step 4
Dept / Cohorts

SSN
Social Security Number
This field is required

DL
Driver's License

Passport
Passport Number

StudentID
Student Id

Back Continue

Back to Login Page Submit

You must enter in SS# or ITIN#

Register

- Register Step 1
Your info
- Step 2
Your Address
- Step 3
Identity
- Step 4
Dept / Cohorts

Select where to register

Confirm where to register

Back

Back to Login Page Submit

Click pick and select program you are applying for

Pick tenant department

Search...

Actions	Name
Select	CNA
Select	PCT
Select	Phlebotomy
Select	CCMA

5000 Showing 1 to 4 of 4 entries

You will confirm your selection a 2nd time.

Register

Register Step 1 Your Info Step 2 Your Address Step 3 Identity Step 4 Dept / Cohorts

Select where to register
CCMA

Confirm where to register
CCMA

Select cohort / class
Summer 2024 (CCMA)

Confirm cohort / class
Summer 2024 (CCMA)

You will then select and confirm your cohort/class.

Click on Pay now and enter credit card information

IMPORTANT NOTE:

When you enter your credit card information the name and address on the credit card must match EXACTLY with what is on your Credit card account. Do not use abbreviations for streets, lanes, drives. If you are using someone else's card make sure you have the correct name and address.

Once you have your account set up you will be sent a receipt, or you may screenshot your confirmation. **PLEASE KEEP THIS.**

If you are applying for the TRUE funds you will need to attach this to your TRUE application.

Follow the directions inside of SurScan and begin uploading your immunization records, release forms, and Physical Form.

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STEP 2: Upload your immunizations and documents to Surscan. Upload one item only per line. For multiple pages, first save as a file, then upload the single file. For more information, watch [How to set up your SurScan account. \(Instructional Video\)](#)

GATHER THE DOCUMENTS LISTED BELOW FOR THE PROGRAM YOU WANT

The following documentation is required for program admission and must be submitted to SurScan before mandatory Orientation Day.

Required Documentation for CWL Programs:

Item	Nurse Aide	Phlebotomy CCMA, PCT	EKG, Mental Health tech, Pharm Tech	Notes
DOCUMENTS				
RELEASE FORM:	Required	Required	Optional	
Copy of Photo ID	Required	Required	Required	Must be a signed state ID and name must match what is on SS card
Copy of Social Security Card	Required	Optional	Optional	May be ITIN residency card name must match that on ID card
Transcripts/GED *	Not required	Required*	Required*	* N/A for high school students
Copy of Healthcare providers CPR Card	Required*	Required	Required	*included in course, must still be uploaded on completion
Parental Release for Background Check	*	*	*	*HS students only
Criminal Background Check	Automatic	Automatic	Automatic	*
Employability Status Check	Automatic	N/A	N/A	Done by Instructors
Physical Exam Form *	Required	Required	Required	
CPR	Included in course	Included in CCMA and PCT not phlebotomy	Not required.	You still need to upload your card to Surscan
TB BLOOD TEST or Skin Test	Required	Required	Required	
Drug Screening	@ Orientation	@ Orientation	@ Orientation	Must be within 30 days of class starting will be scheduled by cohorts
Chest X-ray (if applicable)				
IMMUNIZATIONS				
TDAP (tetanus,Diphtheria,pertussis)	Required	Required	Required	Within 10 years
MMR (2 doses)	Required	Required	Required	
Hepatitis B Series * (3 doses) of Hephislav B (2 doses)	Required	Required	Required	All doses must be completed prior to clinicals.
Flu (Influenza) vaccine *	Required	Required	Required	Must be the current years
Varicella	Required	Required	Required	Immunization or Titer
Meningococcal Vaccine	Required	Required	Required	
Covid-19	Optional	Optional	Optional	While the college doesn't require the covid vaccine most of our clinical agencies do. Medical and religious waivers are considered. Requirements are subject to change at any time. We understand that it is your choice if you choose not to attend your clinical education due to vaccine requirement, we will try to accommodate your request; however, we can't guarantee you an alternate placement which may impact your program completion.

RELEASE FORM:

- I, (print name) _____, in caring for patients during my clinical rotations and/or in classroom exercises hereby release and discharge Grayson College (GC) Employees from all liability to me for all injury, exposure, or damage arising from health risks of caring for patients during my clinical rotation, or during scheduled class or skills lab. I understand that I may be exposed to communicable diseases (including blood borne pathogens or personal injury. I am aware of the health risks for caring for such patients.
- I am aware that it is required that I meet the immunization requirements prior to my clinical rotations (if applicable) I understand that I will not be allowed to enter the clinical facility or treat patients/clients if I do not have the required immunizations.
- I consent to having my personal immunization and health records shared with the clinical sites, and understand that my academic performance in this program may be shared with any agency funding my tuition.
- I understand that pursuant to Texas HB 1508 that I may be ineligible for licensing and/or certification should I have a criminal history in my background check. I understand that should I have any questions or concerns regarding my eligibility that it is my responsibility to bring them to the attention of the GC CWL Office prior to enrolling in the course.
- I understand that I may be randomly drug tested in addition to my initial screening throughout the program. Should I fail a drug test I will be removed from clinicals. This may impact my ability to successfully complete the program.
- I have reviewed this immunization history for completeness and agree to release the required information to authorized members of the Grayson College staff and authorized staff of cooperating clinical agencies, as directed by GC throughout the duration I Grayson College.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____ (if student is under the age of 18)

Please bring to Orientation

Where to find your immunization records:

Check with your childhood pediatrician or family doctor

The pharmacy you go to may have records of any shots they have given you

County health clinics

Log into “My Chart” or any patient portal

Ask your parents

Your public high school

Past healthcare or education employers may have records of shots you were required to take while employed

What to do if you still can't find them but think you had the vaccines:

Visit your doctor and ask for a blood test called a “Titer” and tell them the specific vaccine you need to determine you had. They will draw a blood sample and test it for antibodies. The presence of antibodies indicates that you had the vaccine. You may upload this in place of the vaccine record. PLEASE NOTE: This can take a week to get your results. Please let the person know all the things you need “Titers” for at the same time so they can do it in one draw, and you can probably get your physical form filled out at the same time.

Grayson College
Health Sciences Department
Pre-Entrance Physical Exam and Health Statement

Name _____ DOB _____

Address _____

Phone Home _____ Cell _____

****Please see Physical/Mental Care Performance Standards Policy on second page****

Physical Exam Summary _____

Recommendations _____

Physical Limitations:

No Physical Limitations or Restrictions

Temporary Physical Limitation or Restriction until (date and detail of restriction): _____

Long-Term Physical Limitation or Restriction (details): _____

This applicant is in adequate physical and mental health to participate in the Health Science Division programs.

Signature (MD, DO, PA, NP): _____ Date: _____

Address: _____

Grayson College
Health Sciences Department
Core Performance Standards for Admission and Progression Policy

In order to accomplish the objectives of the Health Sciences program, students must be able to meet the following performance requirements:

1. Visual acuity with/without corrective lenses to identify cyanosis, absence of respiratory movement in patients, and to read small print on medication containers, healthcare provider orders, monitors, and equipment calibrations.
2. Hearing ability with/without auditory aids to understand the normal speaking voice without viewing the speaker's face and to hear monitor alarms, emergency signals, call bells from patients, and stethoscopic sounds originating from a patient's blood vessels, heart, lungs, and abdomen.
3. Physical ability to stand for prolonged periods of time, perform cardiopulmonary resuscitation, lift patients, and move from room to room or maneuver in limited spaces. Must be able to meet the physical and/or lift requirements of the assigned clinical agencies.
4. Ability to communicate effectively in verbal and written form. Ability to speak clearly and succinctly when explaining treatment procedures, describing patient conditions, and implementing health teaching. Ability to legibly and correctly document.
5. Manual dexterity to use sterile techniques, insert catheters, and prepare and administer medications (IV, PO, and IM).
6. Ability to function safely under stressful conditions, adapting to ever-changing clinical situations involving patient care.