

# Application Packet Electrocardiography (EKG) Technician Training Program

**Required Application Documents:**

1. Completed Electrocardiography (EKG) Technician Training Program Application (Pages 7-13)
2. Completed Health History Form
3. Copy of High School Diploma/GED transcript or College/University Diploma or Transcript
4. American Heart Association CPR *Basic Life Support (BLS) Provider* and *Heartsaver First Aid* certification provide a copy/submit with this application.
5. Concentra Drug Screen Custody Control Form (pg. 11 detach and take to Concentra appointment) Submit your receipt from Concentra to Del Mar with your application **Drug Screen is valid for 30 days, please schedule your drug screen 30-45 days prior to the first day of class.**
6. Copy of Required Immunization Records including Tuberculosis Test (TB) within the last year.
7. Copy of Criminal Background Check Confirmation page thru *Precheck, Inc.*
  - Confirmation page, confirmation number, or copy of confirmation email is acceptable
8. Medical Terminology

**Application**

Interested students must apply for the Electrocardiography (EKG) Technician Training Program by completing and submitting all required application documents to [healthcareopenenrollment@delmar.edu](mailto:healthcareopenenrollment@delmar.edu) or deliver to 3209 S. Staples St. Room 115, Corpus Christi, TX, 78411. [https://map.delmar.edu/#ctdl-GMAP\\_2017112125949](https://map.delmar.edu/#ctdl-GMAP_2017112125949) Approved applicants will be notified by telephone within 1-3 business days of their application submission. **ALL applications will be destroyed within 30 days.**

**Registration**

Approved program applicants will be notified when they are eligible for registration. Students can register at <https://www.delmar.edu/continuing-education/registration.html>. Registration is on a first come, first served basis. Classes may be closed due to maximum enrollment or cancelled without notice. Prospective students are encouraged to complete all documentation and register early.

**Financial Aid**

Financial Aid may be available for the EKG Technician Training Program if the student qualifies and if funds are available. Those students wishing to inquire and/or apply for Financial Aid information may do so at <https://www.delmar.edu/becoming-a-viking/afford/finaid-forms.html> or by calling (361) 698-1726. Students interested in using financial aid or any other type of funding must have their financial aid voucher/form of payment ready at the time of registration. **Please indicate to the Financial Aid office at the time of application that you are applying to a Continuing Education Program and not a College Credit Program, as funding sources are different.**

**English Reading and Writing Proficiency**

Students are expected to be proficient in the English language.

**Required Courses – Must be taken in order**

Course Name & Number:	Tuition Cost:
EMSP 1019: CPR for Healthcare Workers	\$61.00
HPRS 1006: Medical Terminology	\$195.00
ECRD 1011: Electrocardiography	\$273.00

*(Tuition and fees may change at the discretion of the department.)*

**Course Descriptions**

**ECRD 1011: Electrocardiography:** 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.

**Required Course Textbooks/Workbooks**

Hartman’s Complete Guide for the EKG Technician, 2<sup>nd</sup> Edition  
ISBN: 9781604251517

Textbook may be purchased at the following bookstore:

Del Mar College On-Campus Bookstore  
Heritage Campus – Harvin Center  
Corner of Baldwin Blvd. & Ayers St.  
(361) 884-1823

**Classroom Grading System**

Quizzes.....	25%
Exams.....	25%
Final Exam .....	50%

**Completion Grading System**

90 - 100 = A  
80 - 89 = B  
**Below 80 = Fail (F)**

**Clinical Assessment**

Lab Skills/Classroom.....Lab skills practice is evaluated as  
**SATISFACTORY (S) = Pass (P)**  
**UNSATISFACTORY (U) = Fail (F)**

**Del Mar College Student ID**

Your instructor will inform you when ID badges may be obtained from the library.  
**\*ID cards available only when campuses are open.**

**Required Supplies for the first day and every class/clinical day**

- Teal colored scrubs (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. White is reserved for instructors only.
- Comfortable (predominantly) white closed-toe shoes. (Shoes with some color, for example on the brand logos, are acceptable but shoes should be predominantly white in color.) No Crocs™ allowed.
- ID badge provided by the college (announcement will be made by instructor where to obtain this). You must dress in the Teal uniform for the photo id badge.

**American Heart Association CPR/First Aid Certification** *(required prior to start)*

*Basic Life Support (BLS) Provider and Heartsaver First Aid* certification course will be offered on designated Saturdays at the Del Mar College Center for Economic Development and Northwest Center. Cost of the course is \$61.00. Students unable to attend the Saturday CPR class will be responsible for finding a CPR provider and providing documentation prior to start date.

### **Dress Code and Electronics Usage**

- Students are expected to attend classroom and clinical sessions clean and neatly dressed in required scrubs that present a professional appearance with ID badge visible. Students not conforming to the dress code will be sent home. Repeat violations will result in dismissal from the program at the discretion of the Assistant Director.
- Your Photo ID is an integral part of the uniform. 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.
- Students should bathe every day and are expected to refrain from excessive use of perfume, cologne or after shave lotion due to the proximity in the lab/clinical working environment with other students and patients. Fragrances or essential oils could cause bronchospasms in the patient.
- 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 wedding ring, wristwatch, necklace kept close to the skin and not dangling, and one pair of earlobe earrings not extending ½ inch below the earlobe. No bracelets, visible tattoos, body or face piercing, gauges, or cartilage piercings of any kind 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 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 must be the right length and hems cannot 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. Additionally, pants must not drag or touch the floor.
- 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 clinical time is allowed. No smart watches are allowed.

### **Clinical Conduct Expectations**

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

- Uncooperative behavior or attitude
- Excessive tardiness
- Excessive absences
- Malpractice (out of the scope of practice)
- Smoking, vaping or illegal drug use
- Any other concern brought up by the supervisor of the clinic/hospital

Please refer to the Del Mar College Student Handbook for additional student information [Catalog and Student Handbook 2023–2024](#) » [Your Rights, Responsibilities, Safety](#) » [Rights and Responsibilities](#)

### **Certification Examination Date**

After successfully completing the Del Mar College Electrocardiography Technician program with an 80 or above class average, students will have the opportunity to test for the American Allied Health EKG Technician National Certification. This certification denotes the student has received formal education and skill mastery in Electrocardiography training. The cost of this exam is \$105.00 and paid by the student.

### **Attendance and Tardiness**

Regular and punctual attendance is critical and required at all classroom and lab sessions. Students arriving 15 minutes late to class will be considered tardy. Three (3) tardies will constitute one absence. Student cannot be absent more than 10 hours per semester. Additional absences after the allowable absences will constitute an automatic removal from the program; therefore, it is advised students use absences for emergency situations only.

## **What is an Electrocardiography/EKG Technician?**

A basic EKG traces electrical impulses transmitted by the heart. Technicians attach electrodes to the patient's chest, arms, and legs and manipulates switches on an EKG machine 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 part of a routine physical examination, especially on persons who have reached middle age or who have history of cardiovascular problems. A pleasant, relaxed manner for putting patients at ease is an asset. They must be articulate as they must communicate technically with the physicians and explain procedures simply to patients.

## 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.

***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**
  
- 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.
  
- Age 21 and younger, the Meningitis/Meningococcal vaccine is required.
  
- Proof of COVID vaccination or affidavit.

## Drug Screen

All applicants must submit a drug screen thru *Concentra* located at 4025 South Padre Island Drive. *Concentra's* phone number is 852-8255 and the fee is approximately \$54.00, payable by the student. Students will receive a Custody Control receipt form from Concentra at the time of specimen collection and this form must be submitted with the Nurse Aide application. Official drug screen results will be sent directly from Concentra to Del Mar College. Concentra document is on page 12 and is to be submitted to Concentra at the time of your appointment. Drug Screen (form is attached). Verification must be submitted with application packet. **Drug screen is valid for 30 days, please schedule your drug screen 30-45 days before the first day of class.**

### **Criminal Background Check**

All applicants must submit a criminal background history check through *PreCheck, Inc.* Background checks may be submitted online (See attached instruction page). The complete background report does not need to be submitted with the application, only the confirmation page, or you may include the confirmation number on your application. The results of the background report are sent electronically to the department. If an applicant is unable to complete the report online, please contact *PreCheck, Inc.* at 1-800-999-9861. Police and state reports are not accepted – only background checks through *PreCheck, Inc.* are acceptable. If a report was previously sent in another semester, please provide proof of this submission. The department will accept previously submitted background checks through *PreCheck, Inc.* if the report can be retrieved electronically. You will be asked to submit and pay for another background check if the report is irretrievable. Failure to submit the background check upon request may result in the loss of tuition and removal from the program. **The following offenses will disqualify an individual from consideration for admission** (this includes, but is not limited to):

- Registered sex offenders
- Health and Human Services – Office of Inspector General list of excluded individuals, U.S. General Services Administration excluded parties list, Employee Misconduct Registry, U.S. Treasury - Office of Foreign Assets Control (OFAC) List of Specially Designated Nationals (SDN), Texas Health and Human Services Commission (TX HHSC), Office of Inspector General (OIG), Exclusion List.
- Felony convictions
- Felony deferred adjudications involving crimes against persons (physical or sexual abuse)
- Known or observed abuse or neglect of patients/clients/customers.
- Observed or proven theft
- Convictions of violent acts (misdemeanor or felony)
- Misapplication of fiduciary property or property of a financial institution (Class A misdemeanor or felony)
- Securing execution of a document by deception (Class A misdemeanor or felony)
- Violence in the workplace.

### **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) 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](mailto:access@delmar.edu).

### **Access Services**

Access Services is part of the [Center for Access & Advocacy \(CAA\)](#).  
Heritage Campus – Harvin Center, Room 118  
Windward Campus – Health Science 1, Room 215  
Oso Creek Campus – Main Building, Room 213  
Contact Number: 361-698-1292 Email address: [access@delmar.edu](mailto:access@delmar.edu)



HEALTH CARE PROGRAMS
ELECTROCARDIOGRAPHY TECHNICIAN TRAINING PROGRAM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Alternate or Cell # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_

Email Address \_\_\_\_\_

PLEASE CHECK OFF THE LIST BELOW AND ATTACH THE REQUIRED DOCUMENTS TO THIS APPLICATION BEFORE SUBMITTING:

- Electrocardiography Technician Training Program Application (pages 7-13)
Completed Health History Form
Copy of High School Diploma/GED transcript or College/University Diploma or Transcript
Copies of Required Immunization Records including Tuberculosis Test (TB) within the last year. (Do not submit application if any immunization records are missing)
Copy of American Heart Association CPR Basic Life Support (BLS) Provider and HeartSaver First Aid certification
Custody Control Drug Screen Form receipt received from Concentra. Drug screen is valid for 30 days, please schedule your drug screen 30-45 days before the first day of class.
Copy of Criminal Background Check Confirmation page thru Precheck Inc. Confirmation page or copy of confirmation email is acceptable.

STUDENT SIGNATURE: \_\_\_\_\_ 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 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.**

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

*(If applicable)*



**Documenting History of Illness: Varicella (Chickenpox)**

*This form summarizes the “Exceptions to Immunization Requirement (Verification of Immunity/History of Illness)” incorporated in Title 25 Health Services §97.65 of the Texas Administrative Code (TAC).*

Section §97.65 of the TAC states, “A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's/student’s positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease (see form at <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>).” School nurses may also write a statement to record cases of chickenpox that they see. The school will make and keep copies of any reports proving chickenpox illness or the results of any serologic tests given as proof of immunity. The original should be given back to the parent or guardian. If a parent or guardian cannot give the history of disease, or if serologic proof is not available, the varicella vaccine requirement must be met.

**Proof of having had chickenpox disease can be proved by:**

1. Serologic blood confirmation of varicella immunity.
2. A written report from a doctor, school nurse, or the parent or guardian of the child or student using words like:

“This is to prove that \_\_\_\_\_ had chickenpox on or about  
*(Name of student)*  
\_\_\_\_\_ and does not need varicella vaccine.”  
*(month / day / year)*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship to student)

\_\_\_\_\_  
(Date)

Visit our website at:  
[www.immunizetexas.com](http://www.immunizetexas.com)



DEL MAR COLLEGE

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.

Table with 3 columns: Learning Activity, Specific Benefit, Risks/Discomfort. Row 1: 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 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

Date

Signature of Parent/Guardian if under 18 years of age

Date

**DRUG SCREEN  
IS VALID FOR 30 DAYS,  
PLEASE SCHEDULE YOUR DRUG  
SCREEN 30-45 DAYS  
PRIOR TO THE FIRST DAY OF CLASS.**



(Take this form to Concentra for Drug Screen. Patient must present Authorization and Photo ID at the time of service)

## Authorization for Examination or Treatment

Patient Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Special instructions/comments:

Student is enrolled in Continuing Education Health Care Training Program. Drug Screen is required. Student is Self-Pay.

### 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

★ 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: Mary Guerra, BBA

Please print

Title: Program Manager, Del Mar College Healthcare

Phone: 361-698-2358 email: mguerra52@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](http://www.concentra.com))



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**DEL MAR COLLEGE NURSE AIDE  
PROGRAM STUDENT  
INSTRUCTIONS**

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*Background checks are required to ensure the safety of patients treated by students in the clinical education program. The reports are typically completed within 3-5 business days; however, you must submit your order in sufficient time for the report to be reviewed by the program coordinator or associated clinical site prior to starting the rotation. The background check is conducted by PreCheck, Inc., a firm specializing in the healthcare industry.*

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**GETTING STARTED**

Follow this link to [MyStudentCheck](#)

*If you are unable to access the link, you may type in the web address located at the bottom of this page.*

- Confirm the school name matches: **Del Mar College Nurse Aide Program**
  - Select your program from the drop down menu, and then select background check.
  - Log in with your username and password. If you do not have an existing profile, please create a new account.
  - Enter the required information, provide authorization, and continue to enter payment information.
  - If you need further assistance, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com).
  - You will be provided with a receipt and confirmation page when your order is placed.
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**PRICING**

Background Check      **\$61.32**

*Applicable taxes will be collected for residents of Texas and New Mexico.*

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**FREQUENTLY ASKED QUESTIONS**

**1. What does PreCheck do with my information?**

Your information will only be used for the services ordered. Your credit will not be investigated and your name will not be given out to any businesses.

**2. I selected the wrong school, program or incorrect information.**

Please email [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com) with the details.

**3. Do I get a copy of the background report?**

Yes, go to [www.mystudentcheck.com](http://www.mystudentcheck.com), log in, and select Check Status.

**4. I was denied entry into a program because of information on the report, who can I contact?**

Call PreCheck's Adverse  
Action hotline at 1-800-203-1654.

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