

Hello,

Thank you for your interest in our continuing education healthcare courses.

This course is designed for RNs, LVNs, and other equivalent level licensed healthcare professionals with an active license who are interested in learning or refreshing their **IV Therapy** skills. Enclosed, you will find admission information relevant to our **IV Therapy** training. You will complete the entire application packet and send all the documentation in one email to IVTherapy@collin.edu. Paper copies are not accepted.

The following documents are to be returned by **July 12, 2024** before you can enroll into the **IV Therapy** Course.

- Application
- Vaccine Records
- Copy of the Basic Life Support CPR Card.
- Copy of your State ID
- Copy of your active RN, LVN, or other equivalent level healthcare professional license
- Waiver, Release & Indemnification Agreement
- Invasive Procedure Form

Thank you, and we look forward to working with you on your healthcare career goals!

Check List

Step 1:

Required vaccines are:

- MMR – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Varicella – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Hepatitis B – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Tetanus – 1 dose within the past 10 years
- Tuberculosis – negative skin test or chest X-ray within the past 12 months
- Flu – current year’s flu vaccine (Sept-April)

Step 2:

Copy the front and back of your American Heart Association **Basic Life Support** (BLS) card.

- This course must follow American Heart Association guidelines and **MUST** include a hands-on skills assessment. Courses that are taken fully online will **not** be accepted.
- If you have not completed a CPR Course, Collin College does offer the course. Please visit https://vssb.collin.edu/PROD/baninst1.CC_S_CEWEB_VIEW.courseInfo?pageid=HLTH5315. You will need to register and pay for the course, attend class and pass your exam to receive your BLS card and be eligible for participation in one of the training programs.

Step 3:

Front and back copy of your active RN, LVN, or other equivalent level healthcare professional license.

Step 4:

Complete the application, sign and date the form.

Read the Waiver, Release & Indemnification Agreement. Sign and date the form.

Read the Invasive Procedures form. Sign and date the form.

Step 5:

Submit all documentation in one email to IVTherapy@collin.edu. Paper copies are not accepted.

- Application
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- Copy of your State ID
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Application

Name		CWID	
Mailing Address			
City, State, Zip Code			
Phone			
Email			

By initialing each point and signing below, I agree to the following conditions:

Initial each.

	I have attached the required documentation for consideration, including the vaccine documents.
	I have read and understand the rules and regulations of the college and the program and will abide by these as terms of my continuation in the program.
	The information I have given in this application is factual, and I understand that falsification of any required documentation will result in the denial of my application or removal from class.
	I understand that I must obtain and pay for liability insurance prior to attending class. I understand this insurance is NOT health insurance. This insurance is provided through Collin College and will be charged to my account at the point of registration. (Fee is approximately \$11.)
	I have read and understand the potential for exposure to blood or other potentially infectious materials (information available at http://www.cdc.gov/hepatitis/HBV/index.htm) or exposure to inhalation of airborne microorganisms (smallpox, tuberculosis, latex...) and I will not hold Collin College liable for any accidental exposure I may experience.
	I have read and understand the terms relating to, and release Collin College and its employees from any liability.
	I understand that this type of course/career has specific physical requirements, which may include lifting up to 25 pounds.
	I understand that if I don't successfully complete and pass each requirement for admissions, my application will be declined.
	I understand that enrollment in these courses is limited, and seats will be awarded in date order based on those students who complete, turn in, and pass all pre-admission requirements.
	I understand that I must successfully complete competencies in the classroom portion of my training and maintain at least 90% classroom attendance to pass the course.
	I agree to the terms as laid out by Collin College Student Handbook. See link below. I understand if I do not follow the terms of the Student Handbook, it could result in referral to the Dean of Students and possible expulsion. I understand if this happens at any time during the course, I will not receive a refund. I understand that any of the following can be grounds for dismissal from the course, effective immediately with no refund: Not maintaining a passing grade of 75% or higher; attendance falling below 90%; dishonorable conduct as stated in the Student Handbook, as ordered by the Dean of Students. Collin College Student Handbook

Signature

Date

Waiver, Release, and Indemnification Agreement

I, _____ being of legal age, have voluntarily agreed to participate in an Externship (the “Externship”) at: Collin College McKinney Campus (the “Facility”). In consideration for being permitted to participate in the Externship, I, acting individually and on behalf of my children, parents, heirs, successors, assigns, personal representatives, and estate, hereby agree as follows:

1. Release from Liability

I hereby release, acquit and forever discharge the Facility, Collin College and their respective employees, agents, servants, officers, directors, trustees, owners, affiliates and representatives (in their official and individual capacities) (collectively, the “Released Parties”) from any and all liability whatsoever for any and all damages, losses or injuries, including death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and attorneys’ fees, which arise out of, during, or in connection with my participation in the Externship, including, but not limited to, any damages, losses or injuries to persons or property or both which may be sustained or suffered by me or any person in connection with my association with, participation in, or travel to and from, and in conjunction with the Externship.

2. Indemnification

I hereby agree to indemnify, defend, and hold harmless the Released Parties from any and all liability, loss or damages they or any of them incur or sustain as a result of any claims, demands, damager, actions causes of action, judgements, costs or expenses including attorneys’ fees, which result from, arise out of, or relate to my participation in, or travel to and from, and in conjunction with the Externship.

3. Severability

I agree that this Waiver, Release, and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.

4. Representations

I release and discharge the Facility from all responsibility and liability for all injuries, illnesses, medical bills, charges, or similar expenses I may incur while participating in the Externship.

5. No Employment

I understand and agree that my relationship with the Facility is not one of employer/employee. None of the benefits provided by an employer to an employee, including but not limited to minimum wage and overtime compensation, workers’ compensation insurance & unemployment insurance and other employee benefits, shall be available from or through the Facility to me.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS.

Name		Date	
Address		Phone	
City, State, Zip		Signature	
Emergency Contact			
Relationship		Telephone	

Invasive Procedures Consent Form

I, _____ understand that during the course of my program of
Student Name study, I will have the opportunity to practice specific
Invasive procedures on consenting students. The invasive procedures that may be practiced are limited to venipuncture, skin puncture, and injections. I understand that a clinical faculty member must be in attendance during any practice session in which venipuncture, skin puncture, and injections are practiced. I will not perform any practice session, nor allow any practice session to be performed on me in which venipuncture, skin puncture, or injections are performed unless a clinical faculty member is present.

I understand that receiving venipuncture, skin puncture, or injections administered by other students is strictly voluntary and will not impact my grade. I understand that the risks of these procedures may include infection, feeling light-headed, bruising, or other damage to tissue or nerves. I hereby release, and will not hold Collin County Community College District, its directors, officers, executives, board members, faculty, employees, nor my classmates liable for any injury or complication that may result from any and all activity occurring in practice sessions.

I give my consent for students to practice, of faculty to demonstrate venipunctures and/or skin punctures/injections on me.

Signature

Date

I understand that declining consent requires my practice be limited to practicing on mannequin arms only. I will not perform venipuncture, skin puncture, or injections on the mannequin arm unless a clinical faculty member is present, as there are risks associated with any performance of venipuncture, skin puncture, and injections. I understand that the risks of these procedures may include infection, feeling light-headed, bruising, or other damage to tissue or nerves. I hereby release, and will not hold Collin County Community College District, its directors, officers, executives, board members, faculty, employees, nor my classmates liable for any injury or complication that may result from any and all activity occurring in practice sessions.

I **decline** to have students practice, or faculty to demonstrate venipuncture and/or skin punctures/injections on me.

Signature

Date

Reviewed by:

Collin College Representative Signature

Date