School of Health Sciences
Dallas College


# Electrocardiography Technician

The Dallas College Electrocardiography Technician program is a 60-hour curriculum leading to a certification as a Certified Electrocardiography Technician (CET) through the National Healthcareer Association. The program is based at all 7 campuses: Brookhaven, Cedar Valley, Eastfield, El Centro, Mountain View, North Lake, and Richland.

**NOTE: Mandatory Information Session is required prior to approval for Health Occupation Programs. All documents must be received prior to approval. Provide copies of all needed records. All records will become property of Dallas College and will not be returned.**

Acceptance to the Electrocardiography Technician program is based on successful completion of your application. Limited seating is available; once the class is full, the Continuing Education office will not accept packets until the next available semester is open.

This information packet contains specific application guidelines and requirements. By applying, an individual verifies that they have 1) read the packet thoroughly, 2) obtained all necessary documents, and 3) understood the policies and procedures for application and acceptance to the program.

EQUAL EDUCATIONAL OPPORTUNITY

Educational opportunities are offered by Dallas College without regard to race, color,

age, national origin, religion, sex, disability, or sexual orientation.

## APPLICATION REQUIREMENTS TO THE ELECTROCARDIOGRAPHY TECHNICIAN PROGRAM

Application to the Electrocardiography Technician Program requires:

* Submission of copy of High School Diploma or High School Equivalency (HSE).
* Submission of a valid non-expired U.S. or State Government issued identification.
* Submission of signed social security card.
* Submission of personal health insurance.
* Submission of a valid non-expired American Heart Association BLS CPR for Healthcare Provider Card.

After registration

* Drug Screen (cost is non-refundable if student does not attend program)
* Background Check (cost is non-refundable if student does not attend program)

## Electrocardiography Technician Application Packet Submission

**READ THE FOLLOWING INSTRUCTIONS CAREFULLY**. Applicants must submit complete Electrocardiography Technician application materials to the program coordinator either in person or by email.

**Instructional CE Coordinator:**

**Angelina Mireles**

**Located at Dallas College Richland Campus**

[**amireles@dcccd.edu**](mailto:amireles@dcccd.edu)

**Application packets with incomplete materials will be disqualified**

The Electrocardiography Technician program application materials must be submitted at least 2 days before program start date and include the following documentation to be considered complete and valid:

1. Copy of High School Diploma or High School Equivalency Certificate

\*Student may submit a copy of high school transcript in lieu of high school diploma. Transcript must have graduation date. A copy of unofficial transcript will be accepted.

1. Copy of a valid (non-expired) U.S. or state government-issued photo I.D. (i.e., passport, driver’s license, state identification card)
2. Copy of signed social security card (front and back)
3. Copy of personal health insurance card (front and back)
4. Copy of valid non-expired American Heart Association BLS CPR for Healthcare Provider Card

**Submitting incomplete application materials will disqualify the application. If seats are available, students missing documentation will have an opportunity to submit missing documents to be reconsidered for the program. Students are advised to retain a photocopy of all materials submitted as their application packet.**

**IMPORTANT NOTE: Late applications will be considered for the Electrocardiography Technician program upon program coordinator availability.**

**CE Academic Advisors for School of Health Sciences:**

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## GENERAL INFORMATION

The Dallas College Electrocardiography Technician program accepts approximately 15\* students each fall, spring, and summer semester. Electrocardiography Technicians setup and administer EKGs (electrocardiograms) and stress tests, prepare patients for Holter or ambulatory monitoring, edit and deliver final test results to physicians for analysis, schedule appointments and transcribe physicians’ interpretations. *Subject to change at the discretion of the Dallas College Continuing Education Division.*

1. The Electrocardiography Technician program consists of one course that is equivalent to 60 hours. Upon approval to the program, the applicant must register for course ECRD 1011. The applicant will receive a certificate of completion of the program at the end of the course upon successful completion. This course will provide the applicant with the knowledge and skills required by the National Healthcareer Association for certification as a Certified Electrocardiography Technician (CPT). The applicant must pass the Electrocardiography Technician exam offered by NHA to be certified.
2. To comply with the Texas Administrative Code (Title 25 Health Services, Rules 97.61-97.72) regarding immunization records for students enrolled in health-related courses, the following guidelines are now in force for students in Dallas College Continuing Education Health Careers courses and programs. Health Careers students must present the following documentation with their application:
3. **Immunization Record Form**

An immunization record form is included with this information packet. The completed form verified by a physician or nurse practitioner would document dates of all required immunizations and/or date of a positive titer result for each.

**NOTE: If immunization records have been recorded on separate documentation such as a hospital printout, health department card, office call invoice, etc., a clear photocopy of that documentation may be attached to the Immunization Record Form.**

1. **Tuberculosis Screening**

An intradermal PPD (Mantoux) “skin” test is required for all applicants. The PPD must be current within (12) months of the applicant’s anticipated entry into a Health Careers course.

If the PPD indicates a positive reaction, documentation must indicate the induration of the test site and the applicant must obtain a chest x-ray verifying the absence of active disease. The chest x-ray must be current within one (1) year of program entry. The chest x-ray will then be valid for two (2) years while the student is enrolled. Individuals who have received the BCG injection or who have a history of tuberculosis or a positive PPD result should obtain a chest x-ray rather than the PPD.

1. **Immunizations**

An applicant must have completed the following immunizations according to the indicated guidelines and schedules. Documentation of a titter (blood test) with specific lab values verifying immunity or seropositivity is also accepted for Measles, Mumps, Rubella, Varicella and Hepatitis B.

1. **Measles** – Two (2) doses of measles (“rubeolla”) vaccine is required either in a separate injection or in combination with mumps and rubella (“MMR”). Both measles immunizations must have been received after January 1, 1968. Individuals who were born prior to 01/01/1957 are exempt from the measles immunization requirements.
2. **Mumps** – One (1) dose of mumps vaccine is required either in a separate injection or in combination with measles and rubella (“MMR”). Individuals who were born prior to 01/01/1957 are exempt from the mumps immunization requirement.
3. **Rubella** – One (1) dose of rubella vaccine is required either in a separate injection or in combination with measles and mumps (“MMR”). There is no exemption from the rubella immunization requirement for individuals who were born prior to 01/01/1957.
4. **Tetanus/Diphtheria/Pertussis (“Tdap”)** – One (1) dose of Tdap is required within the past ten (10) years. The documentation must clearly indicate that a Tdap was received.

**NOTE: A standard Tetanus or Tetanus Diphtheria (Td) is not accepted.**

1. **Varicella (chickenpox)** – Two (2) doses of varicella vaccine are required or documentation of a positive titer (blood test) with lab values report.

**NOTE: A statement from a physician or parent indicating the student’s previous varicella disease history is no longer accepted.**

1. **Influenza** – One (1) dose of a flu vaccine is required with flu strains that start in August of each year.
2. **Hepatitis B Series** – Three (3) doses of Hepatitis B vaccine are required per the timetable

Initial dose

2nd dose one month after initial dose

3rd dose five months after the second dose OR twin RIX series

**NOTE: If applicant fails to adhere to the above schedule, the series may have to be repeated.**

1. **Meningococcal (MPSV4) –** One (1) dose required if 22 or younger at the time of entry to the program.
2. **Exceptions**

Exceptions from meeting certain immunizations requirements are allowed for such circumstances as medical conditions, religious beliefs, etc. Applicants must present documentation as indicated below. Requests for exceptions are reviewed on an individual basis.

1. **Medical Exceptions**

The applicant must present a statement signed by their physician with personal knowledge of the applicant’s medical history. The statement must indicate in detail that a specific vaccine poses a significant health risk to the individual. If the statement requests exemption from the Hepatitis B series, the applicant must also complete a separate waiver form to accompany the physician’s statement.

Unless the statement specifies that a lifelong condition exists, the exemption is valid for one year only from the date of the signed statement. The signed statement must be submitted with an Immunization Record form.

1. **Exceptions Based on Religious Belief/ Reasons of Conscience**

The applicant must obtain an Exclusion Affidavit from the Texas Department of Health by submitting a written request and including the applicant’s full name and date of birth. The written request must be mailed to the following agency:

Texas Department of Health

Bureau of Immunization and Pharmacy Support

1100 West 49th Street

Austin Texas 78756

The affidavit form will be mailed to the applicant who must complete and sign the form which must include the basis for the exception. The affidavit will be valid for a two-year period. The signed affidavit must be submitted with the applicant’s Immunization Record form.

**NOTE: These exemptions may not be recognized by all hospital affiliates at which health students are assigned for their clinical experiences. A student may be required to receive all screening and immunizations for a health care facility.**

1. All Electrocardiography Technician applicants must be certified in Basic Life Support (“BLS” formerly known as “Healthcare Provider’ level) cardiopulmonary resuscitation (CPR) as designated by the American Heart Association and a photocopy of the front and back of the card must be submitted with applicants’ application. The CPR certification must not expire prior to the anticipated program start date and must not expire during a semester when enrolled in the program. CPR classes are available through the Dallas College Continuing Education Division, the American Heart Association, American Red Cross, various hospitals, independent instructors, etc.

**Totally online CPR certification classes including those offered by the American Red Cross are not valid for application to health occupations programs.**

1. Applicants who are enrolled at Dallas College in 96 contact hours or more during a fall or spring semester and 48 contact hours or more during a summer semester are entitled to a free DART train/bus pass for that semester.
2. Applicants are responsible for their own transportation arrangements to the college. El Centro does not have a parking garage. Applicant is responsible for parking and parking costs.
3. Financial Aid

Applicant should apply for Financial Aid well in advance of program application by visiting [Federal Student Aid](https://studentaid.gov/h/apply-for-aid/fafsa) . Eligibility is based on financial need. Upon program approval applicant must register and fill out a TPEG application. Then, applicant must submit TPEG application and fee receipt to Financial Aid Office of the selected campus. Visit financial aid website for more information or contact Dallas College Financial Aid Office, phone call center 972-587-2599. Financial Aid will not pay for books, supplies, and vendor fees. **Dallas College Federal School Code 004453**.

1. Upon registration applicant will need to take paid fee receipt to the Office of Student Life. Dallas College requires all student and/or staff to wear an I.D Badge throughout the facility always.
2. All Electrocardiography Technician applicants are required to wear solid color scrubs during their participation in the program. Applicants will need to purchase scrubs outside of Dallas College (color is navy blue). Applicants must purchase Electrocardiography textbook prior to first day of class. Textbook may be purchased at Dallas College bookstore.

## ESTIMATED EXPENSES FOR THE ELECTROCARDIOGRAPHY TECHNICIAN PROGRAM

| Electrocardiography (ECRD.1011) | $600 |
| --- | --- |
| CPR (EMSP 1019)\*\* | $70 |
| Textbook\* | $60 |
| NHA Study Guide (optional)\* | $69 |
| NHA Exam\* | $117 |
| Total Estimated Program Expense + | $777 |

\*Tuition and other fees subject to change. Tuition above is current as of Spring 2021.

\*\*Only if applicable. Applicant does not need to take CPR course if they have a current CPR card.

+ Total estimated program expense does not include CPR fee and NHA study guide.

Other costs to consider: transportation, and parking fees.

## DRUG SCREEN

Dallas College and/or a clinical agency reserve the right to remove a student from the classroom or clinical facility for suspicion of drug or alcohol use and to submit to a drug and alcohol screen at the student’s expense. Additionally, the college and/or clinical agency reserve the right to request that a student submit to a drug and alcohol screen at random at the student’s expense.

Students with a positive drug screen without an authorized provider prescription or a positive alcohol screen will be removed from Dallas College Continuing Education Allied Health Programs. Failure to comply with a drug screen request from Dallas College or one of its clinical agencies will result in the student’s immediate expulsion from the Dallas College Allied Health program. Furthermore, regardless of testing or testing results, clinical agencies reserve the right to remove students from their facilities.

The drug screen follows National Institute on Drug Abuse guidelines and screens for 10 substances, as designated in the Substance Abuse Panel 10, “SAP 10.” SAP 10 test results that fall outside of any of the acceptable ranges are considered positive test results. The test results are sent to a medical review officer who will review the results at an additional cost to the student. The medical review officer will then contact the student to determine if there is a valid prescription for the drug in question. If a valid prescription exists and is verified, the test result will be deemed negative and acceptable.

An individual with a positive drug screen will not be allowed to enroll in any health-related continuing education courses for a minimum of 12 months according to the Community Standard. Prior to enrolling or returning to the clinical agency/rotation, a student must provide proof of a negative drug screen as verified by the college/school. Failure to comply with this policy will result in disciplinary action and dismissal from the Dallas College program.

## CRIMINAL BACKGROUND CHECK

The criminal background check reviews a person’s criminal history at least seven years prior to the date of program application. The check will include all cities and counties of the person’s residency during that time.

The following histories will disqualify an individual from consideration for a clinical rotation:

• Felony convictions.

• Misdemeanor convictions or felony deferred adjudications involving crimes against persons, e.g., physical, or sexual abuse.

• Misdemeanor convictions related to moral turpitude, e.g. prostitution, public lewdness/exposure, etc.

• Felony deferred adjudications for the sale, possession, distribution or transfer of narcotics or controlled substances, or status as a registered sex offender.

## IMMUNIZATION FORM

Two ways to submit immunizations: (1) Use this form, each line requires a doctor’s signature or verification form your health center and date of immunization or dates of lab results indicating positive titer (seropositivity) required. You must include the lab results. (2) Or immunization records recorded on a separate document such as a hospital printout/health department card.

|  | Date of Immunization | If Seropositive, Date of Positive Titer (Attach Lab Results) | Doctor's Signature or Health Center Signature valid only if injection was given |
| --- | --- | --- | --- |
| 1. **Measles** - 2 doses since 01/01/68 or positive Titer; Exempt if born on or before 01/01/1957 |  |  |  |
| 2. **Mumps** - 1 dose if born on or after 01/01/1957; or positive Titer; Exempt if born on or before 01/01/957 |  |  |  |
| 3. **Rubella** - 1 dose or positive Titer |  |  |  |
| 4. **Tetanus/diphtheria/pertussis (Tdap)** - 1 dose within past 10 years |  | **DOES NOT APPLY** |  |
| 5. **Varicella (chickenpox)** - 2 doses or positive Titer |  |  |  |
| 6. Hepatitis B Series   * 1ST initial dose * 2nd dose after 1 month * 3rd dose after 5 months or, * Twin RIX series or Positive Titer |  |  |  |
| 7. **Influenza** - 1 dose within past 12 months |  | **DOES NOT APPLY** |  |

TUBERCULOSIS SCREENING

Documentation requires a ***physician’s signature*** or verification from the Health Center.

**Intradermal PPD (Mantoux)** – within twelve (12) months unless previously positive

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature

**Chest X-Ray** – within one (1) year if PPD positive (Must also include positive PPD verification above)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature

## ELECTROCARDIOGRAPHY TECHNICIAN APPLICATION CHECKLIST

**This checklist is provided to assist you in following the steps toward program application.**

1. \_\_\_ Obtain Electrocardiography Technician Program information packet.
2. **Compile the following materials as your complete Electrocardiography Technician Application packet:**
3. \_\_\_ Photocopy of High School Diploma or High School Equivalency Certificate.
4. \_\_\_ Photocopy of valid non-expired U.S. or State Government issued identification.
5. \_\_\_ Photocopy of signed social security card (front and back)
6. \_\_\_ Photocopy of personal health insurance (front and back)
7. \_\_\_ Photocopy of CPR for BLS Healthcare Provider Card
8. \_\_\_ Photocopy of immunization records.