KILGORE COLLEGE
ADVANCED WELDING ACADEMY

Admission Requirements

There are some requirements before starting the class.

I. Schedule a Welding Assessment Test.
   Please call (903) 988-7500 to schedule.

II. Prescreening Requirements
    Schedule the following WorkKeys Assessments:
    1. Locating Information
    2. Applied Mathematics
    3. Reading for Information
    These tests may be scheduled by calling (903) 988-7426. A score of 4 is required for this certificate. Should you score lower than a 4, you can ask for remediation and be trained to improve your score to the required level.

III. Obtain a Department of Transportation (DOT) Physical Medical Examination and Non-DOT 10 Panel Drug Screen. The drug screen must be within 30 days prior to the first day of class. Please request the lab to fax the results to the Kilgore College Advanced Welding Academy at 903-988-7530. We will also need a copy of the Physical Medical Examination for our records.
<table>
<thead>
<tr>
<th></th>
<th>Eva</th>
<th>Trudie</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, August 26</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td></td>
</tr>
<tr>
<td>Thursday, August 24</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td></td>
</tr>
<tr>
<td>Thursday, August 19</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td></td>
</tr>
<tr>
<td>Thursday, August 17</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td></td>
</tr>
<tr>
<td>Thursday, August 14</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td></td>
</tr>
<tr>
<td>Thursday, August 10</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td></td>
</tr>
<tr>
<td>Thursday, August 7</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td></td>
</tr>
<tr>
<td>Monday, August 3</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td>8:00 AM</td>
<td></td>
</tr>
</tbody>
</table>

Test Date: Last day to sign up for test
Room No: Proctor

Kilgore College - Kilgore, Texas

Workkeys Assessment - August 2015
Pipe Welding Fabrication Certificate

Dates of training: August 31-November 10, 2015

Total Training Hours: 300

I. Tuition for Certificate Training: $3,500.00
II. Fee for Physical and Drug Screen $79.00*
III. Cost of Textbook $41.00

TOTAL CHARGES: $3620.00

*Good Shepherd Family Clinic
1711 S. Henderson Blvd Ste. 100
Kilgore, TX 75662
(903) 984-1394
Kilgore College Advanced Welding Academy

Pipe Welding Fabrication

REQUIRED TEXTBOOK

APPROX. COST: $41.00 + tax

You may purchase your textbook at our Kilgore College Campus bookstore:

Kilgore College
1100 Broadway
Kilgore, TX 75662

Or

- Visit us at www.kilgore.edu, then click on Bookstore
- In the search box type: Pipe Trades Training Manual, click ENTER
- Now click on the link to purchase the textbook

REQUIRED SUPPLIES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Any Welding Supply Store</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welding Cap</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Long Sleeve Shirt – 100% cotton denim (pockets should have flaps)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cotton Denim Pants (No Cuffs)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Steel Toe Work Boots</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Safety Glasses (Clear)</td>
<td>Any Welding Supply Store</td>
</tr>
<tr>
<td>6</td>
<td>Welding Helmet w/ #9 lens</td>
<td>Any Welding Supply Store</td>
</tr>
<tr>
<td>7</td>
<td>Welding Gloves (Leather)</td>
<td>Any Welding Supply Store</td>
</tr>
<tr>
<td>8</td>
<td>Pliers (Welder YS-50)</td>
<td>Any Welding Supply Store</td>
</tr>
<tr>
<td>9</td>
<td>25 Foot tape Measure</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Construction Five Calculator</td>
<td>Home Depot</td>
</tr>
</tbody>
</table>

Any questions about the textbook or supplies, please contact:

KC Advanced Welding Academy - Workforce Development Dept.
Telephone: 903-988-7500
E-mail: tjackson@kilgore.edu
Request for DOT Medical Physical and Non-DOT 10 Panel Drug Screen Results
*(Complete and give to Medical Provider)*

Please Print:
Name: ____________________________
   Last                   First                   Middle

Address: ______________________________________________________
          ______________________________________________________

Mailing: ______________________________________________________

Home Phone: ____________________________  Work Phone: ____________________________
Date of Birth: ____________________________  Social Security Number: ____________________________

I hereby grant permission to release results of my DOT Medical Physical and Non- DOT 10 Panel Drug Screen to the Kilgore College Advanced Welding Academy. The fax number is (903) 988-7530.

__________________________  ____________________________
Signature                  Date
DOT Medical Physical & Non-DOT
10 Panel Drug Screen

Location: Good Shepherd Family Clinic
1711 S. Henderson Blvd Ste. 100
Kilgore, TX 75662

Call: (903) 984-1394
For an appointment

Cost: $79.00
Student Information Sheet

Please fill out the top half of this form.

Student Name: ___________________________ US Citizen? Yes / No Age: _____

Address: ________________________________ State: _________ Zip: __________

Home Phone: _______________ Cell Phone: _______________ Work Phone: __________

Email Address: __________________________________________________________

Current Employer: ______________________ Position: ________________________

Circle last grade completed:   6  7  8  9  10  11  12  GED Equivalency: □ Yes □ No

Circle years of College:   1  2  3  4  5  6  Degree or Correspondence Certificate: ____________

Convicted of a Felony or Misdemeanor?: □ Yes □ No If yes, please give dates and explain:

________________________________________________________________________

________________________________________________________________________

Experience related to welding field:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Potential Start Date: ___________________________
KILGORE COLLEGE REFUND POLICY

A. Full refund of all tuition paid will be made under the following conditions:

1) CLASS CANCELLATION:
   • Kilgore College reserves the right to cancel any course if enrollment is insufficient. However, the college will make every attempt to prevent undue hardship on students. The decision to conduct or to cancel the class is made as close as possible to the first day of class.
   • Students will receive 100% refund if the class is canceled.
   • 100% refund, if the School does not accept applicant.

2) WITHDRAWING FROM CLASS AND REFUNDS:
   • To withdraw formally from a Continuing Education class and receive a refund, a student must meet the provisions of this refund policy:
     • A student must contact the center where the course is offered, either by phone or in person during working hours.
     • Mailed notification will be accepted and the postmark date will be the effective date for refunding.
     • Student must provide accurate return mailing address, student identification number, and telephone number to verify identity in order to withdraw from the Commercial Driving course.
     • Student may have one transfer to another continuing education course prior to the second class date.
     • **1 or 2 day class**: A 100% refund less $15 matriculation fee will be returned if requested prior to 1st. class date. 0% refund – on or after 1st. class date.
     • **All other classes**: A 100% refund less $15 matriculation fee will be returned if requested prior to 1st. class date.
     • A 70% refund will be returned if requested prior to the 3rd. class date
     • 0% refund, on after 3rd. class date

B. Refund will be mailed within two to four weeks following the request.

C. The official date of termination or withdrawal of a student shall be determined in the following manner.
   • The date on which the school representative received notice of the student’s intention to discontinue the training program.
   • The date on which the student violates published school policy, which allows for termination.

I, ________________________________, understand and accept the Refund Policy for the KC Advanced Welding Academy Certificate.

_________________________________________  _________________________
Student Signature                                      Date

_________________________________________  _________________________
Kilgore College Representative                     Date
REFERENCES

In case of emergency, please notify:

NAME: ___________________________    ADDRESS: ___________________________

PHONE #: __________________________

NAME: ___________________________    ADDRESS: ___________________________

PHONE #: __________________________

NAME: ___________________________    ADDRESS: ___________________________

PHONE #: __________________________

STATEMENT OF REPRESENTATIVE: As the authorized representative of the Kilgore College, I have interviewed the student and certify that in my judgment the student meets the requirements and standards of the school. I recommend this student for acceptance.

________________________________________    ___________________________
Kilgore College Representative    Date
# KC Advanced Welding Academy Certificate

**Instructor/Admissions Checklist**

## Physical/Health Hindrances

<table>
<thead>
<tr>
<th>Hindrance</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck/back/legs/feet/knees/arms/hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (controlled by injections)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to lift 50-100 pounds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Documentation

<table>
<thead>
<tr>
<th>Document</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Diploma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiver if drug screen results are positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of medical insurance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## WIA

<table>
<thead>
<tr>
<th>WIA</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIA/TAA eligibility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## VA

<table>
<thead>
<tr>
<th>VA</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran’s Benefits eligibility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Financial–Applicant can pay his/her portion of the following:

<table>
<thead>
<tr>
<th>Payment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-support during training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Dress Code

Cotton jeans without holes or frayed material, steel toe work boots, no tennis shoes and no jewelry.

Uniform: Long sleeved cotton shirts approved by Kilgore College Advanced Welding Academy.

Will comply □ Yes □ No □

Student

Date: 

Witness

Date: 


KC Advanced Welding Academy
Student Code of Conduct

Student Responsibility: It is the student’s responsibility to determine that his/her physical, mental, emotional, and health conditions are such that he/she can safely participate in the program.

Attendance: Students in the Kilgore College Advanced Welding Academy Certificate program are expected to attend every class and to be in their classroom on time. One unexcused absence is allowed.

If a student is not in class, he/she receives an unexcused absence (even if with a legitimate excuse) unless he/she notifies the instructor or Trudie Jackson at least 15 minutes prior to the start of the class period. Prior notification is key to an excused absence. Phone numbers:

Ross Eason
903-808-6872 (cell)
903-988-7526 (office)

Tommie Williams
903-261-4133 (Cell)
903-988-7526 (Office)

Trudie Jackson
903-988-7500

A student is tardy if he/she arrives 30 minutes past the beginning of class, unless he/she notifies the instructor at least 15 minutes prior to the start of the class period. Three tardies count as a one-day unexcused absence.

Appropriate Dress
Long-sleeved cotton-collared shirts; cotton jeans without frays or rips; and steel toe boots. All jewelry, including body piercings, must be removed. If a student arrives in class without proper attire, he/she will be sent home to change. If the student returns with appropriate clothing, it is counted as a tardy; if the student does not return it will be counted as an unexcused absence.

Tobacco Policy: No tobacco use is permitted anywhere on the KC Advanced Welding Academy, including inside private vehicles in the parking lot. Tobacco use on the KC Kilgore Campus is prohibited inside buildings and within 30 feet of entrances. Tobacco use at KCWA is prohibited inside the buildings and outside, except during breaks in appropriate situations as approved by the instructor.

Prohibition Against the use of Drugs and Alcohol: Due to the nature of this training, the safety of our students is of utmost concern. As a result, students are prohibited from attending any training while under the influence of drugs and/or alcohol. To ensure the continuing safety of our students in the KC Advanced Welding Academy Certificate, all students are subject to random drug and/or alcohol testing at any time during the sequence of courses required to complete the Advanced Welding Academy Certificate. Students who do not pass a drug and/or alcohol test will be immediately dismissed from the KC Advanced Welding Academy Certificate.

Grades: Students must score 70 or higher to pass.

Termination: Students subject to termination are those who:
- fail to maintain a “C” letter grade (70)
- fail to successfully complete all field competencies and certifications
- fail to receive “Meets Expectations” in his/her behavior assessments
- fail a random drug and/or alcohol test
- accumulate more than one unexcused absence

Grounds for termination may also be based on:
- violating the attendance policy
- violating school-student conduct and/or drug policies
- failure to meet all financial obligations to Kilgore College
Termination date is defined as the date KC Advanced Welding Academy notifies the student of his/her termination.

Civility in the Classroom: Inappropriate or distracting classroom behavior can cause the instructor to remove students on either a temporary or permanent basis. Students have the right to appeal through the appropriate channels.

Certain behavioral acts are unacceptable and can result in student dismissal. These acts include but are not limited to the following:

- Talking with others in the classroom that is not defined as classroom discussion
- Reading materials in class that do not pertain to subjects being taught
- Inattentiveness during class
- Defacing or damaging any KC facilities or any facility loaned to KC for the specific purpose of training in the Advanced Welding Academy Certificate
- Fighting between students
- Sleeping during class
- Disrespect shown toward the instructors, fellow students or any other individual at any KC Advanced Welding Academy training location
- Inappropriate language and/or verbal harassment of instructors, fellow students or any individual at any KC Advanced Welding Academy training location
- Sexual harassment
- Refusal to participate in classroom activities
- Cheating or lying
- Use of cell phones during classroom instruction/discussion (including text messaging)
- Being disruptive in the classroom

Disciplinary Procedures and Student Dismissal Procedures:

Any violation of the KC Student Code of Conduct will result in disciplinary action. Any student or other individual can report inappropriate behavior to Kilgore College personnel but specifically to any KC instructor, the Coordinator and/or the Director. Appropriate disciplinary action will be jointly determined by the KC Coordinator and Director.

Dismissal:

The first classroom incident will be handled by discretion of the instructor in the form of a verbal warning. The instructor must inform the Coordinator of the KC Advanced Welding Academy Certificate. The incident must be documented in writing by the Coordinator of the KC Advanced Welding Academy Certificate.

The second incident will result in dismissal from the KC Advanced Welding Academy Certificate. The instructor will inform the Coordinator of the KC Advanced Welding Academy Certificate program in writing. The Coordinator will request a review by the Director of the KC Workforce Development Department. A letter of disciplinary action will be presented to the student who will be removed from the class.

Student Appeals: In the event that a student is dismissed from a KC Advanced Welding Academy Certificate class, he or she has the right to appeal such decision. The process of appeal is governed by Kilgore College’s policy as outlined in the Kilgore College Student Handbook available on-line.

Student Grievance forms are maintained in all Public Service Division offices.

Kilgore College Student Handbook: For definitions and further information about student policies, students should access the Kilgore College Student Handbook. Any item in the KC Advanced Welding Academy Student Code of Conduct which is different will supersede the Kilgore College Student Handbook.

KC Student Handbook available from Trudie Jackson, or online.
Kilgore College Advanced Welding Academy Certificate
Condition of Enrollment

I, ________________________________, understand and accept all rules in the Student Code of
Conduct for the KC Advanced Welding Academy Certificate.

As a condition of my enrollment in the KC Advanced Welding Academy Certificate’s sequence of courses, I
hereby agree to comply with all such rules and fully understand that my failure to comply will result in my
dismissal from the KC Advanced Welding Academy Certificate.

Student’s Signature ___________________________ Date ___________________________

Martha Woodruff, Director
KC Workforce Development Department

Date ___________________________
INSURANCE INFORMATION
Kilgore College Advanced Welding Academy

Student’s Name __________________________

SS# __________________________ DOB __________________________ Course Series Beginning Date __________________________

Dear Student:

Acceptance into the Kilgore College Advanced Welding Academy requires proof of medical insurance and a medical history. Kilgore College complies with privacy rules under Family Educational Rights and Privacy Act Regulations (FERPA) and all information is confidential and protected.

If you are covered as a dependent on your parents’ or spouse’s insurance policy, please have them complete the appropriate section below and include a copy of the insurance card.

If you carry your own insurance policy, please complete the appropriate section below and include a copy of the insurance card. Thank you.

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED TO:
Workforce Development Department, Kilgore College, 1100 Broadway, Kilgore, TX 75662.

ARE YOU A DEPENDENT ON YOUR PARENTS’ OR SPOUSE’S POLICY? _____YES _____NO

If you answered YES, please complete Section 1. If you answered NO, skip to Section 2. Below

Section 1. Provide information on the person whose insurance policy is applicable.

Father or Mother or Spouse Name __________________________

Social #: __________________________

Home Address __________________________

Employer’s Name: __________________________

Employer’s Address __________________________

Home Telephone # __________________________ Work # __________________________ Cell # __________________________

Insurance Company __________________________ Name of Group __________________________

Group Policy# __________________________

Mailing Address for Claims __________________________

Section 2: If you carry your own insurance, please complete this section:

Your Name as it appears on the Insurance Policy __________________________

Home Address __________________________

Home Telephone # __________________________ Work # __________________________ Cell # __________________________

Insurance Company __________________________ Name of Group __________________________

Group Policy# __________________________

Mailing Address for Claims __________________________

I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an injury during the Advanced Welding Academy coursework is sustained by __________________________

(Student Full Name)

I hereby certify that the answers provided are true, complete and correct to the best of my knowledge. A photostatic copy of the authorization shall be considered as effective and valid as the original.

Signature of Parent or Spouse of Self __________________________ Date __________________________
Authorization to Release Information

I hereby authorize my health care providers to release information to Kilgore College for the purpose of facilitating the process and/or payment of claims on my behalf. I authorize release of information regarding medical, dental, mental, alcohol or drug abuse history or treatment, or any information necessary for the determination of benefits under my policy.

This authorization will be good for one year from the date of signature. I understand that I may revoke this authorization by providing a written request to Kilgore College any time. I further agree that a photocopy of this authorization shall be as valid as the original.

Printed Name

________________________________________
Signature                                      Date
Kilgore College
KC Advanced Welding Academy Certificate ~ Release of Liability

RELEASE OF LIABILITY FOR

(Student Name)  (Student ID number)

I, ________________________________, a student of Kilgore College (KC), hereby acknowledge that I have registered for the KC Advanced Welding Academy Certificate series of courses at Kilgore College for the time period of __________________________. The term KC also includes its trustees, employees, instructors, agents and assigns.

I fully understand and agree that certain elements of KC Advanced Welding Academy are physically and emotionally demanding and that by participating in KC Advanced Welding Academy activities, there are risks of accidental or other physical or emotional injury. These risks may include, but are not limited to, loss or damage to personal property injury or death due to (1) travel to and from course activities, (2) the condition of facilities where the KC Advanced Welding Academy activities will occur, and/or (3) potential criminal activity in the area of the KC Advanced Welding Academy activities, among others. I agree to advise the KC Advanced Welding Academy instructor at any point when I question my ability to participate in any activity related to KC Advanced Welding Academy.

I have fully investigated the nature of KC Advanced Welding Academy and the KC Advanced Welding Academy activities and I understand and assume the risks of my participation in them. I further represent that I do not possess, nor am I aware of, any physical or mental disabilities which will limit my participation in the KC Advanced Welding Academy activities, or that I have asked for and received reasonable accommodation, allowing me to participate in KC Advanced Welding Academy and the KC Advanced Welding Academy activities.

I EXPRESSLY AGREE AND INTEND THAT MY PARTICIPATION IN THE KC ADVANCED WELDING ACADEMY ACTIVITIES SHALL BE UNDERTAKEN BY ME AT MY OWN RISK AND THAT KC SHALL NOT BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN THE KC ADVANCED WELDING ACADEMY ACTIVITIES, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON MY PART, OR THE PART OF KC FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION.

IN EXCHANGE FOR MY PARTICIPATION IN KC ADVANCED WELDING ACADEMY, IT IS, THEREFORE, MY SPECIFIC EXPRESS INTENT THAT IN THE EVENT THAT KC SHOULD CAUSE, EITHER DIRECTLY OR INDIRECTLY, LOSS, DESTRUCTION (INCLUDING DEATH), LIABILITY, OR CLAIMS AGAINST ME AS A RESULT OF INTENTIONAL CONDUCT, NEGLIGENCE OR OTHERWISE, I WILL HOLD KC HARMLESS AND INDEMNIFY KC FROM ANY AND ALL OBLIGATIONS, LIABILITIES, CAUSES OF ACTION, LAWSUITS, DAMAGES AND ASSESSMENTS, INCLUDING LEGAL FEES AND COSTS, THAT RESULT FROM KC’S INTENTIONAL ACTIONS OR NEGLIGENCE.

THE TERMS OF THIS RELEASE OF LIABILITY ARE TO BE GOVERNED BY AND CONSTRUED UNDER THE LAWS OF THE STATE OF TEXAS. SHOULD ANY TERM OR PROVISION OF THIS RELEASE OF LIABILITY BE FOUND TO BE UNENFORCEABLE TO THE MAXIMUM EXTENT PERMITTED BY LAW, THE BALANCE OF THIS RELEASE OF LIABILITY SHALL REMAIN IN FULL FORCE AND EFFECT. I AGREE THAT EXCLUSIVE VENUE FOR ANY DISPUTE ARISING BETWEEN KC AND ME INVOLVING THIS RELEASE OF LIABILITY IN ANY WAY SHALL BE IN GREGG COUNTY, TEXAS.

ACCEPTED AND AGREED:

By: __________________________________________ Date: __________________________

Signature of student

Phone: _______________________________________

Printed Name

______________________________  ______________________________

Address       City       State       Zip Code