

Kilgore College Sterile Processing Fall I 25-26' Registration Packet

What You Need to Do Next:

To register for Sterile Processing and secure your spot, email all required documents as a complete packet to **SHSCE@KILGORE.EDU** by the registration deadline **August 22, 2025**.

Important Notes:

- You are not officially registered until we have received all required documents.
- This is a high-demand course with a maximum of 10 students, and registration is on a first-come, first-served basis.
- To avoid delays, please ensure your packet is complete when submitted.
- If you are emailing your documents, please download a PDF scanner app such as CamScanner, Genius Scan, etc. to email clear legible copies of your documents. To bring your registration documents in person, our office is located on the Kilgore Campus:
 - Bert E. Woodruff Adult Education Center
220 N. Henderson Blvd.
Kilgore, Tx 75662

Step 1 - Submit Required Documents:

Please email or deliver clear copies of the following:

- Driver's License or State Issued ID
- High School Diploma, Transcript, or GED
- Childhood Immunization Records
 - MMR, TDAP, Varicella, Flu Vaccine (if seasonal appropriate), Hepatitis B, Negative Tuberculosis Skin Test
 - If you do not have access to immunization records, you will need to have a Titer blood testing completed
- If documents are missing, you will be notified by email
- Please utilize the checklist included in this packet to verify you have all required documents
- DO NOT send your documents until you have EVERYTHING, please send it all in 1 email
- DO NOT wait on test results to turn in documents. DATCS will send the results directly to us.

Step 2 - Drug Test & Background Check:

(You will not receive the results, they will be emailed directly to Kilgore College)

- DATCS Authorization Forms are attached and will need to be taken with you to facility
- Cost: \$48; Background \$30.00, Drug Test \$18.00- (paid by student)
- Location: Drug and Alcohol Testing Compliance Services (DATCS)
 - 4000 Hwy 259 North, Longview, TX
- *A positive drug screening result will automatically disqualify you from the program. This includes the presence of any substance not legally prescribed.*
- *Please be aware that any findings that do not meet clinical site eligibility standards may prevent participation in the program. Clinical placement is a required component of the course, and students must be eligible to attend externship at partnering facilities.*

Step 3 – Make Tuition Payment & Purchase Textbooks

- When you have turned in all documents, you will receive an email titled “Registration Complete” with the next steps of the registration process
- **DO NOT MAKE TUITION PAYMENT OR PURCHASE TEXTBOOKS UNTIL YOU RECEIVE A “REGISTRATION COMPLETE” EMAIL**
- Textbooks for this course are to be purchased in bookstore at Kilgore College- Kilgore Campus:
 - Central Service Technical 9th Edition Manual- \$110.00
 - ISBN: 979-8350705218
 - Central Service Technical 9th Edition Workbook - 70.00
 - ISBN: 979-8350707038
- If paying out of pocket, payment is due at time of registration
- If using Grants; instruction on how to apply are attached (TRUE, TPEG)
 - Please notify us if you plan to utilize one these grants

Class Details

- **Location for Mandatory Skills Lab:** Kilgore College – Kenneth Whitten Applied Technology Center (WHITN) Building 27 Room 20 1 10 S-25 B S Kilgore, Tx 75662
- **Skills Lab:** Saturday, September 20, 2025
 - 10:00 AM - 6:00 PM
- **Duration:** 8 Weeks Hybrid
 - September 2, 2025 - October 27, 2025
- **Schedule:**
 - Lecture: Online
 - Preassigned Clinical
 - September 22 - October 17, 2025
 - Monday & Tuesday 9:00 am – 4:00 pm (2 days a week as assigned)
 - Calendar attached with breakdown of schedule
- **Tuition:** \$900.00

Required Supplies

- Textbook & Workbook
- Notebook, pens/pencils, black sharpie marker, index cards for Notes
- Laptop/Tablet and reliable Internet service since this is a Hybrid course

If you have any questions, please contact **Ginger Jackson at gjackson1@kilgore.edu**.



WORKFORCE DEVELOPMENT

COMMUNITY EDUCATION

Kilgore College WDCE Course Registration Form

Please Note: This is a fillable PDF form and should not be completed by hand. For best results, view and complete the form on a computer or smartphone using a PDF reader.

Date: _____

Social Security #: _____

In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.

Student ID #: _____

Name: _____
(Last Name) (First Name) (Middle Initial)

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Business or Cell Phone (_____) _____

Email: _____

Date of Birth: _____ Gender: _____

US Citizen: _____ If no, what country _____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Are you Hispanic or Latino?

2. Please select the racial category or categories with which you most closely identify.

Course Name

Start Date

Do you plan to drive your own vehicle to your clinical site _____

If yes, please complete the vehicle information below. Some clinical sites require this for parking access and may issue permits based on the details you provide.

Make & Model of vehicle

Year

License Plate

Sterile Processing Checklist

Name _____ Student ID _____

 Copy of Driver's License

_____ Copy of High School Diploma/Transcript/GED

_____ Copy of MMR Titer _____ Dose #1 _____ Dose #2 _____

_____ Varicella (Chickenpox) Titer _____ Dose #1 _____ Dose #2 _____

Influenza Vaccine (If Seasonal Appropriate, October - May)

_____ Hepatitis B Vaccine Titer _____ Dose #1 _____ Dose #2 _____ Dose#3 _____

_____ Negative Tuberculosis Skin Test (within 6 months) Date Given _____ Date Read _____

_____ Negative Drug Test

 Clear Background Check

Registration Form

TDAP (10 years)

[illegible]

HOW TO APPLY FOR TRUE GRANT

- Complete the current year FAFSA at www.studentaid.gov
- Contact Amber Paredes within the three days following. Her contact information is as follows:

Amber Paredes
(903) 983-8217
e-mail aparedes@kilgore.edu

- Email Texas Aid Programs Statement of Student Eligibility form to Amber and inform her of which course you are enrolled in and would like to see if you qualify to the TRUE grant.
 - This form must be notarized

Please feel free to reach out if you have any questions or concerns.



TEXAS AID PROGRAMS STATEMENT OF STUDENT ELIGIBILITY

Student Name: _____ **Student ID#:** _____

In accordance with Texas Education Code, Section 51.9095, male students must file a Selective Service Statement of Registration Status with their institution or other entity granting financial assistance. For more information about the Selective Service System, visit www.sss.gov.

Please mark one option below:

- ☐ I was born female and not required to register.
- ☐ I was born male and am under the age of 18 and not currently required to register.
- ☐ I was born male and am REGISTERED with the Selective Service.
- ☐ I was born male and am over the age of 18. I am not registered with Selective Service and I am not exempt from registration with Selective Service.
- ☐ I was born male and am EXEMPT from registration because: (please briefly explain why you are exempt in the area below.)

Please see page 2 for further questions related to eligibility for State aid.

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled substances Act), or under the law of another jurisdiction?

☐ No

☐ Yes *

I, _____, am not required to make any child support payments under any court order because either (*check one*):

☐ I do not have any children

☐ I am not obligated to pay child support

OR

Check box to confirm:

☐ I am not in arrears (behind on payments) on any child support obligations by any State or Federal court order.

I hereby certify that the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

I, _____, hereby certify that the statements provided above are true and accurate.

Student Signature: _____ **Date:** _____

This section must be completed by a Notary Public.

BEFORE ME, the undersigned authority, on this day personally appeared _____ and being by me first duly sworn, did state under oath the following:

My name is _____. I am fully competent and authorized to make this affidavit based on my personal knowledge.

SUBSCRIBED and SWORN to before me by the said affiant, this _____ day of _____, _____.

(Affix Seal)

NOTARY PUBLIC, STATE of _____

Texas Public Education Grant (TPEG) for Continuing Education

Kilgore College continuing education students can now apply for financial aid to cover the costs of classes in certain CE programs thanks to a Texas Public Educational Grant (TPEG) the college received. **THIS GRANT WILL COVER TUITION ONLY, BOOKS ARE TO PAID OUT OF POCKET.**

The grant is only available to students enrolled in the programs listed below and eligibility is based on student need.

Eligible KC CE Programs	Maximum Award Amount
Commercial Driving License (CDL)	\$3000
HR Specialist	\$1212
Industrial/Residential Electrical Technology	\$1600
KCEPT Lineman Program	\$2500
Nurse Aide	\$720
Patient Care Technology	\$804
Pharmacy Technology	\$1832
Phlebotomy	\$874
Sterile Processing	\$900
Medication Administration	\$765

Students must apply to the CE program they're interested in. The Workforce Development – Continuing Education Department will process the application for the program. The student will be assigned a Student ID number once this application is processed.

Students must then login to the AccessKC portal to complete the KC Financial Aid Application:

<https://accesskc.kilgore.edu/ICS>.

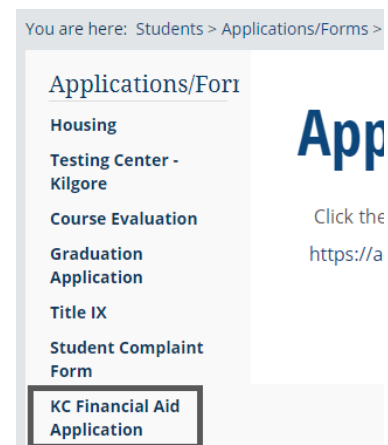
- Username: first four letters of last name + first four letters of first name + last four digits of student ID #
 - o EX: John Smith, ID# 123456789 – smitjohn6789
- Password: Student + month and day of student's date of birth
 - o EX: Student with a birthday of January 1, 1935 - Student0101

Once logged in, choose STUDENTS from the top menu bar. Once in the Students area, click the Application/Forms link on the left-hand side of the screen, then scroll down to the KC Financial Aid Application on the left-hand side of the screen.

Students must provide all required information before their KC Financial Aid Application can be processed and approved.

1. High School transcript or proof of GED Completion
2. Completed Verification Worksheet for appropriate award year*
3. Proof of income for appropriate tax year*:
 - a. Tax Return or Transcript for the year requested
 - b. Untaxed income such as SSI
 - c. VA non-education benefits
 - d. Other forms of income/support based on student and/or parent(s)' situation
4. Male students must be registered with Selective Service
 - a. Register online at www.sss.gov

* - Students under the age of 24 who are not married and have no dependents of their own are considered dependent students and must provide their parent(s)' household information as well as parent income/support information. One parent must sign the Verification Worksheet.



AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING

Company Name: _____ Account Number: _____

Company DER: _____ Phone: _____

Fax: _____

Donor Name: _____ Donor SSN: _____

Scheduled Date: _____ Notification Expiration Time: _____

*****STUDENTS ARE RESPONSIBLE FOR ALL
FEES ASSOCIATED WITH DRUG TESTING**

REASON:

☐ DRUG TEST \$18.00☐ ALCOHOL TEST☐ BACKGROUND \$30.00☐ OTHER TEST: _____☐ Pre-employment☐ Random☐ Post-Accident☐ Reasonable Suspicion☐ Return-to-Duty☐ Follow-Up☐ **Pre-Access

SIGNATURE OF DER OR DESIGNATED SUPERVISOR

EMAIL, FAX OR GIVE EMPLOYEE AUTHORIZATION FORM

Longview frontdesk@datcs.com Fax 903-234-1948Bossier City frontbossier@datcs.com Fax 318-212-1128Tyler fronttyler@datcs.com Fax 903-534-5983Wichita Falls wffront@datcs.com Fax 940-264-8808

From the time a donor is notified by a company representative to submit to a drug and/or alcohol test, he or she will be allowed thirty minutes plus travel time to arrive and check in with the approved collection site. By signing this document, I acknowledge that I have read and understand the preceding statement. I furthermore acknowledge that my failure to submit to these instructions will subject me to the disciplinary action outlined in the company's drug/alcohol policy. Once the testing process begins, I will not be allowed to leave the premises. I acknowledge that leaving the facility will be reported as a **REFUSAL to test**.

DONOR SIGNATURE:

SEPTEMBER 2025

SUN	MON	TUE	WED	THU	FRI	SAT
	Labor Day 1 Campus Closed	2 Class Start	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20 Skills Lab 10 am - 6 pm
21	22 Clinical start	23	24	25	26	27
28	29	30				

OCTOBER 2025

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17 Clinical End	18
19	20	21	22	23	24	25
26	27 Course End	28	29	30	31	

NOVEMBER 2025

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

LECTURE: ONLINE VIA BLACKBOARD

SKILLS LAB: ON CAMPUS 10:00 AM - 6:00 PM

CLINICAL: 9:00 AM - 4:00 PM/ 1 HOUR LUNCH