

Kilgore College Sterile Processing Spring 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 October 24, 2025.

Important Notes: Payment is due at Registration (Once required documents are approved)

- 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 CamScanner, Genius Scan, etc. to email a clear legible copies of your documents. To bring your registration documents in person our office is located on the Kilgore Campus:

Torrence Health Sciences Education Center; Office 109C
1610 S. 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 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 208 ☐ 1410 US-259 BUS Kilgore, Tx 75662
- **Skills Lab:** Saturday, February 21, 2026
 - 10:00 AM - 6:00 PM
- **Duration:** 8 Weeks Hybrid
 - February 2 - April 2, 2026
- **Schedule:**
 - Lecture: Online Preassigned Clinical
 - February 23 - March 27, 2026
 - 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 **Kristen Cage** at Kcage@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>.

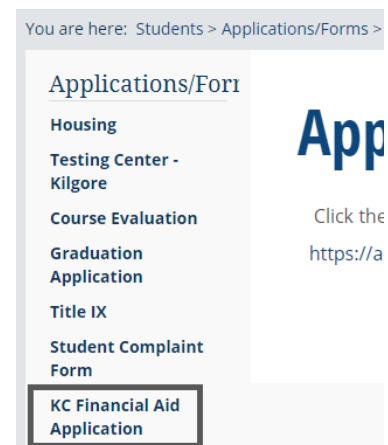
- Username: first four letters of last name + first four letters of first name + last four digits of student ID #
 - o EX: John Smith, ID# 123456789 – smitjohn6789
- Password: Student + month and day of student's date of birth
 - o EX: Student with a birthday of January 1, 1935 - Student0101

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: KILGORE COLLEGE STERILE PROCESSING

Account Number: 4000

Company DER: JENNIFER HALTON/GINGER JACKSON

Phone: (903) 983-8645

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 903-234-1948

Bossier City frontbossier@datcs.com

Fax 318-212-1128

Tyler fronttyler@datcs.com

Fax 903-534-5983

Wichita Falls wffront@datcs.com

Fax 940-264-8808

Submit
Submit
Submit
Submit

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:

4000 U.S. HWY 259
North Longview, Texas
75605
(903) 234-1136

3180 Park Center Drive
Tyler, Texas 75703
(903) 534-3893

1701 Old Minden Rd., Suite 14C
Bossier City, Louisiana 71111
(318) 212-1125

4701 Southwest Pkwy. Ste.18
Wichita Falls, Texas 76310
(940) 264-8805

SPRING I

FEBRUARY 2026

SUN	MON	TUE	WED	THU	FRI	SAT
1	Class Start					7
8		10	11	12	13	14
15	16	17	18	19	20	Skills Lab 21 10AM - 6PM
22	Clinical Start	24	25	26	27	28

MARCH 2026

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

APRIL 2026

SUN	MON	TUE	WED	THU	FRI	SAT
				Class End	3 Good Friday	4
5 Easter Sunday	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