

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 _____

Date Application Received: _____

Sterile Processing Registration Checklist:

Name: _____ Student ID: _____

_____ Registration Form

_____ Copy of Driver's License

_____ Copy of High School Diploma/Transcript/GED

_____ Clear Background Check (Within 6 months) Date: _____

_____ Negative Drug Test (Within 60 days) Date: _____

_____ MMR: Titer: _____ Dose #1 _____ Dose #2 _____

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

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

_____ TDAP (Within 10 years) _____

_____ Influenza Vaccine (October-May- must be obtained before clinicals) Date: _____

_____ Negative TB Skin Test (within one year from start of class)

-Test Given: _____ Test Read: _____ Results: _____

_____ Payment of Tuition Cash: _____ TRUE Grant: _____

Notes:

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

You are here: Students > Applications/Forms >

Applications/Forms

Housing

Testing Center -
Kilgore

Course Evaluation

Graduation
Application

Title IX

Student Complaint
Form

Click the

<https://a>

App

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 TESTINGCompany Name: KILGORE COLLEGE STERILE PROCESSINGAccount Number: 4000Company DER: JENNIFER HALTON/GINGER JACKSONPhone: (903) 983-8645

Fax: _____

Donor Name: _____

Donor SSN: _____

Scheduled Date: _____

Notification Expiration Time: _____

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

 DRUG TEST \$18.00 **ALCOHOL TEST** **BACKGROUND \$30.00** **OTHER TEST: _____**

REASON:

- 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.comFax 903-234-1948**Submit**Bossier City frontbossier@datcs.comFax 318-212-1128**Submit**Tyler fronttyler@datcs.comFax 903-534-5983**Submit**Wichita Falls wffront@datcs.comFax 940-264-8808**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:

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 10AM - 6PM 21
22	Clinical Start	23	24	25	26	27
						28

MARCH 2026

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

APRIL 2026

SUN	MON	TUE	WED	THU	FRI	SAT
				Class End	3	4
					Good Friday	
5	6	7	8	9	10	11
Easter Sunday						
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