



# Kilgore College Sterile Processing Fall II 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](mailto:SHSCE@KILGORE.EDU) by the registration deadline September 18, 2026

Important Notes: Payment is due at Registration (3 business days once required documents are approved)

- You are not officially registered until we have received all required documents. To avoid delays, please ensure your packet is complete when submitted.
- This is a high-demand course with a maximum of 10 students, and registration is on a first-come, first-served basis.
- If you have questions or concerns prior to enrolling, see contact information below:

Jennifer Halton - Workforce Liason  
Torrence Health Sciences Education Center; Office 109C  
1610 S. Henderson Blvd. Kilgore, Tx 75662  
[jhalton@kilgore.edu](mailto:jhalton@kilgore.edu)  
903-988-3787

Kristen Turner - Administrative Assistant  
Torrence Health Sciences Education Center; Office 106  
1610 S. Henderson Blvd. Kilgore, Tx 75662  
[kcage@kilgore.edu](mailto:kcage@kilgore.edu)  
903-983-8645

## **Step 1 - Submit Required Documents:**

- Please email or deliver clear copies of all required documents listed on the checklist included in this packet.
  - If you are emailing your documents, please download a PDF scanner app such as CamScanner, Genius Scan, etc. to email a clear legible copy of your documents. To bring your registration documents in person our office is located on the Kilgore Campus:  
Torrence Health Sciences Education Center  
Office 106 & 109C  
1610 S. Henderson Blvd. Kilgore, Tx 75662

## **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**

- 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- \$116.99
    - ISBN: 979-8350705218
  - Central Service Technical 9th Edition Workbook - \$79.99
    - ISBN: 979-8350707038
- If paying out of pocket, payment is due 3 business days once required documents are approved
- If using Grants; instruction on how to apply are attached (TPEG, TEOG)
  - Please notify us if you plan to utilize one these grants

## **Required Supplies**

- Notebook, pens/pencils, black sharpie marker, index cards for notes.
- Textbook & Workbook
- Navy blue scrubs, no print.



# 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:

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## HOW TO APPLY FOR TPEG/TEOG GRANT

- Complete the current year FAFSA at [www.studentaid.gov](http://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](mailto: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 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](http://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.)

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*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:** \_\_\_\_\_

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**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 \_\_\_\_\_**



DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

**AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING**

**Company Name:** KILGORE COLLEGE STERILE PROCESSING      **Account Number:** 4838

**Company DER:** JENNIFER HALTON/KRISTEN TURNER      **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

*Jennifer Halton*  
 \_\_\_\_\_  
 SIGNATURE OF DER OR DESIGNATED SUPERVISOR

**EMAIL, FAX OR GIVE EMPLOYEE AUTHORIZATION FORM**

Longview	<a href="mailto:frontdesk@datcs.com">frontdesk@datcs.com</a>	Fax	903-234-1948
Bossier City	<a href="mailto:frontbossier@datcs.com">frontbossier@datcs.com</a>	Fax	318-212-1128
Tyler	<a href="mailto:fronttyler@datcs.com">fronttyler@datcs.com</a>	Fax	903-534-5983
Wichita Falls	<a href="mailto:wffront@datcs.com">wffront@datcs.com</a>	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:**

## SEPTEMBER 2026

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

## OCTOBER 2026

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

## NOVEMBER 2026

SUN	MON	TUE	WED	THU	FRI	SAT
1	2 10 - 2pm	3 Clinical	4 Clinical	5 Clinical	6	7
8	9 10 - 2pm	10 Clinical	11 Clinical Veterans Day	12 Clinical	13	14
15	16 10 - 2pm	17 Clinical	18 Clinical	19 Clinical	20	21
22	23 No Classes	24 In Person	25 Campus Closed	26 Campus Closed Thanksgiving Day	27 Campus Closed	28
29	30 10 - 2pm					

## DECEMBER 2026

SUN	MON	TUE	WED	THU	FRI	SAT
		1 10 - 2pm	2 10 - 2pm	3 10 - 2pm	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25 <i>Christmas</i>	26
27	28	29	30	31		

## JANUARY 2027

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
31						


**Orientation- September 28/ 10:00 am - 11:00 am**

**Classroom - Monday & Tuesday/ 10:00 am - 2:00 pm**

**Clinical- : Tuesday - Thursday (As assigned) 9:00 am- 4:00 pm/ 1 hour lunch/ 2 day per week**