Kilgore College
Sterile Processing
Fall I 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 July 17, 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
903-988-3787

Kristen Turner - Administrative Assistant
Torrence Health Sciences Education Center; Office 106
1610 S. Henderson Blvd. Kilgore, Tx 75662
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 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:

_____

_____

_____

_____

_____

HOW TO APPLY FOR TPEG/TEOG 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 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 _____

WWW.DATCS.COM

DRUGTESTING@DATCS.COM

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

- ☒ 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

Jennifer Halton

SIGNATURE OF DER OR DESIGNATED SUPERVISOR

EMAIL, FAX OR GIVE EMPLOYEE AUTHORIZATION FORM

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

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

JULY 2026

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 **10-11 am Orientation**	28	29	30	31	

AUGUST 2026

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

SEPTEMBER 2026

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

Orientation: July 17/ 10:00 am - 11:00 am (Attendance Mandatory)

Skills Lab On-Campus: Thursdayк млҮлл l·Ү π нҮлл ǇҮ

/ tńyλŎl·fπ Ү ȼdzŜăŘl·è π Wednesday/ фҮлл l·Үπ пҮлл ǇҮк м Ƙƻdzǋ fdzyŎK/2 days a week