Kilgore College Clinical Medical Assistant
Spring 26-27' Acceptance Packet

To register for Clinical Medical Assistant and secure your spot, send all required documents as a complete packet to **SHSCE@KILGORE.EDU** by the registration deadline **December 4, 2026.**
Course Dates: January 11, 2027- May 24, 2027

Important Notes:Payment is due at Registration

- You are not officially registered until we have received ALL required documents and you have received a "Registration Complete" email.
- 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 # 102 & 109C
      1610 S. Henderson Blvd.
      Kilgore, Tx 75662

Step 1 - Submit Required Documents:

- 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 & Background Screening:

(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: $50; Background $30.00, Drug Test $20.00- (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 PURCHASE TEXTBOOKS UNTIL YOU RECEIVE A "REGISTRATION COMPLETE" EMAIL**
- Textbooks for this course are to be purchased via Amazon:
  - Hartman's Medical Assisting: The Basics 1st Edition - $62.50
    - ISBN: 978-1604251487
      https://a.co/d/fzidmTI
  - Hartman's Workbook for Medical Assisting: The Basics - $25.00
    - ISBN: 978-1604251494
      https://a.co/d/5SBDndo
- If paying out of pocket payment is due at registration
- If using Grants; instruction on how to apply are attached (TPEG)
  - Please notify us if you plan to utilize one these grants

Class Details

- **Location:**
  - Kenneth Whitten Applied Technology Center (WHITN)
    - Building 27, Room 205
    - 1410 US-259 BUS Kilgore, Tx 75662
- **Duration:**
  - **January 11, 2027-May 24, 2027**
  - 18 weeks
- **Schedule:**
  - **FIRST & LAST WEEK WILL BE IN PERSON 9:00 AM - 2:00 PM MONDAY- THURSDAY**
  - **THIS WILL ALLOW TIME TO GET ONLINE ACCOUNTS SETUP AND TO PREPARE FOR CERTIFICATION EXAM.**
- **Student Orientation:**
  - January 5, 2027; 10:00-11:00 AM
  - **Attendance is required**; as you will receive important course information and ask any questions you may have
  - Photo for Clinical ID will be taken at orientation
- Meets On Campus Monday & Tuesday 9am – 2pm
- Online Lecture Wednesday & Thursday
- Skills lab meet on Friday (Starts on Week 14) 8am – 12pm
- Preassigned Clinical (Starts on Week 14)
  - Monday - Thursday
  - Hours vary per location/ 1 Hour Lunch (Ex. 8A-5P, 1P-5P, 8A-12P)
- Calendar attached with breakdown of schedule
- **Tuition**:
  - $2,000.00 (NHA Certification Exam included with tuition)

Required Supplies

- Attire: Charcoal gray scrubs, comfortable leather tennis shoes, no crocs
- Stethoscope
- Textbook & Workbook
- Pens/pencils, 5 subject spiral notebook
- Laptop or Tablet with reliable Internet service

If you have any questions, please contact **Kristen Turner at Kturner1@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: _____

Medical Assistant Registration Checklist:

Name:_____Student ID:_____

_____ Registration Form

_____ Kilgore College Financial Agreement

_____ 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 Administered: _____ Test Read: _____ Results: _____

_____ Payment of Tuiton Cash: _____ TPEG Grant:_____

Notes:

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Kilgore College Financial Responsibility Agreement

By registering for classes or receiving services, I agree to the terms below. I need to sign this Agreement once while continuously enrolled; if I leave Kilgore College and later return, I must sign it again.

1. Payment Responsibility. I will pay all tuition, mandatory, course and lab fees; housing and meal plan charges; fines, penalties, miscellaneous charges; return-payment fees; and, when applicable, collection costs and attorney fees by published deadlines.

2. Deadlines and Nonpayment. Deadlines appear in the College catalog, student handbook, website, and registration materials. Nonpayment may result in course cancellation or schedule changes, registration holds, inability to register for future terms, collection referral, and withholding of diplomas/certificates/degrees as permitted by college policy and applicable regulations. Not receiving a bill or reminder does not remove my responsibility to pay.

3. Financial Aid. Aid depends on eligibility and available funding. I am responsible for amounts not covered by financial aid, scholarships, third-party sponsorships, waivers, or exemptions. If aid is reduced, canceled, returned, or adjusted, I will promptly pay the remaining balance. I understand that failure to maintain my student account in good financial standing, including unresolved past-due balances, may affect my eligibility to receive or renew institutional scholarships for future academic terms, subject to applicable scholarship requirements and college policies.

4. Returned Payments. If a payment is returned or rejected for any reason, including insufficient funds, stop payment, or disputed charges, the amount shall be reapplied to my account, and additional fees may be charged.

5. Refunds. Kilgore College may issue refunds under institutional policy and federal/state regulations and may first apply them to any amount I owe. Direct-deposit and third-party processor refunds are also subject to the provider's terms.

6. Communications. I authorize the College and its representatives to contact me about my student account, payment obligations, financial aid, and related matters by email, telephone, text message, automated systems, or mail. I will keep my contact information current.

7. Collection Activity. If my account becomes delinquent and is referred to a collection agency or attorney, I will pay reasonable collection costs, attorney fees, court costs, and other expenses permitted by law.

8. Account Review. My balance may change because of schedule, residency, financial aid, fee corrections, or other institutional updates. I will review my account regularly and remain responsible for any outstanding balance.

9. Governing Terms and Acknowledgment. This Agreement is governed by Kilgore College policies and procedures, applicable state and federal law, and standards consistent with National Association of College and University Business Officers (NACUBO) best practices. By registering, electronically accepting this Agreement, or receiving services, I confirm that I have read, understand, and agree to these terms. If I am younger than the applicable age of majority (18 years of age in the state of Texas) when I execute this Agreement, I acknowledge that the educational services provided are a necessity and that I am contractually obligated under the "doctrine of necessaries."

Acknowledgment and Signature

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

Student Signature: _____ **Date Signed:** _____

HOW TO APPLY FOR TPEG 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

- **Complete the Texas Aid Programs Statement of Student Eligibility. Texas Aid Programs Statement of Student Eligibility https://www.kilgore.edu/texas-aid-programs-statement-of-student-eligibility/**

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

WWW.DATCS.COM

DRUGTESTING@DATCS.COM

DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING

Company Name: KILGORE COLLEGE MEDICAL ASSISTANT PF **Account Number:** 5313

Company DER: Jennifer Halton/ Kristen Turner **Phone:** Phone:

Fax:

Donor Name: _____ **Donor SSN** _____

Scheduled Date: _____ **Notification Expiration Time:** _____

STUDENTS ARE RESPONSIBLE FOR ALL FEES ASSOCIATED WITH DRUG TESTING

- ☐ **DRUG TEST $20.00**
- ☐ **ALCOHOL TEST**
- ☐ **BACKGROUND $30.00**
- ☐ **OTHER TEST:** _____

Jennifer Halton

_____

SIGNATURE OF DER OR DESIGNATED SUPERVISOR

REASON:

- ☒ Pre-employment
- ☐ Random
- ☐ Post-Accident
- ☐ Reasonable Suspicion
- ☐ Return-to-Duty
- ☐ Follow-Up
- ☐ **Pre-Access

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

DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

AUTHORIZATION

BACKGROUND CHECK & MVR

I acknowledge receipt of the Background Check Disclosure and A Summary of Your Rights under the FCRA, and certify that I have read and understand both documents. I hereby authorize Company to obtain background check information, including consumer reports and investigative consumer reports, about me from Drug & Alcohol Testing Compliance Services, (DATCS), or another third-party consumer reporting agency (Peopletrail, Daper UT), for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment, if applicable, and without giving me any further notice. To this end, I hereby authorize, without reservation, any credit bureau, creditor, employer, coworker, supervisor, customer, institution, school, college, university, license or certificate granting entity, state department of motor vehicles, state department of revenue, court, governmental agency, law enforcement agency, information service bureau, insurance company, other record-keeping agency, person, administrator, organization, company, corporation, entity, and any other information source, to furnish any and all background information requested by Drug & Alcohol Testing Compliance Services, (DATCS) 4000 US HWY 259 N, Longview TX 75605, (903) 234-1136, www.datcs.com, another third-party acting on behalf of Company, and/or Company itself, and regardless of whether the requested information was received from another source. I agree that a copy of this Authorization shall be as valid as the original and used at the company's discretion for the duration of my employment.

First Name: _____ Middle: _____ Last Name: _____

Maiden or Suffix: _____ Date of Birth: _____ Social Security #: _____

Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ County/Parish: _____

Driver's License #: _____ State Issued: _____ CDL? ☐ Yes ☐ No

Prospective Employer: KILGORE COLLEGE MEDICAL ASSISTANT PROGRAM Store # (if applicable): _____

Authorizing Signature: _____ Date: _____

DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

EMPLOYMENT BACKGROUND CHECK DISCLOSURE

DONOR COPY

KILGORE COLLEGE MEDICAL ASSISTANT PROGRAM
_____ ("Company") may obtain information about you from Drug & Alcohol Testing Compliance Services, (DATCS) 4000 US HWY 259 N, Longview TX 75605, (903) 234-1136, www.datcs.com , or another third-party consumer reporting agency, for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment, if applicable, and without giving you any further notice. Thus, you may be the subject of a background check, also known as a "consumer report" and/or an "investigative consumer report," which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain, without limitation, all or some of the following types of information about you: credit history, social security number verification, address and alias history, personal references, professional references, employment history, educational history, licenses, certifications, motor vehicle records, driving records, criminal history, and civil court record history. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the applied-for position. You have the right to know whether a consumer report has been obtained about you; and you have the right to request a copy of any report obtained by Company, a copy of "A Summary of Your Rights Under the FCRA," and a complete and accurate written disclosure of the nature and scope of any investigative consumer report obtained by Company. An investigative consumer report is information on an individual's character, general reputation, personal characteristics, or mode of living is obtained through a personal interview with an information source. The nature and scope of the most common form of investigative consumer report obtained for employment purposes is an interview with a reference, employer , coworker, supervisor, or customer.

New York and Maine residents only: You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. You may contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York residents only: Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By ssigning below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon residents only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records will be provided upon request.

Washington State residents only: You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Pennsylvania: If an employer rejects an applicant based in whole or in part on criminal record information, the employer shall notify the applicant in writing of such decision and its basis, and shall provide the applicant with a copy of the criminal history report. The employer shall allow the applicant ten (10) business days to provide evidence of the inaccuracy of the information or to provide an explanation.

Arkansas Residents only: To protect the rights of employees and applicants for employment you have the right to request of an employee or an applicant for employment, employer that receives background check information regarding an employee or an applicant for employment shall provide a copy of the background check information to the employee or applicant for employment.

DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

CALIFORNIA BACKGROUND CHECK NOTICE DISCLOSURE

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KILGORE COLLEGE MEDICAL ASSISTANT PROGRAM
_____ ("Company") intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of a background check, also known as an "investigative consumer reports" and "consumer credit reports" under California law, obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Drug & Alcohol Testing Compliance Services, (DATCS) 4000 US HWY 259 N, Longview TX 75605, (903) 234-1136, www.datcs.com. The source of any credit report will be TransUnion / TransUnion Consumer Solutions, PO Box 2000, Chester, PA 19022-2000, 800-916-8800. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law. Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

• In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.

• A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

• By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

NEW YORK STATE CORRECTION LAW ARTICLE 23-A, SECTION 753
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

DONOR COPY

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

Summary of Your Rights Under the Fair Credit Reporting Act

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The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.
As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.
A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.
States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357

JANUARY 2027

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	1	2
3	4	Orientaton 5 10 am	6	7	8	9
10	Class Start 11 9-2 In-Person	12 9-2 In-Person	13 9-2 In-Person	14 9-2 In-Person	15	16
17	18 9-2 In-Person	19 9-2 In-Person	20 Online	21 Online	22	23
24	25 9-2 In-Person	26 9-2 In-Person	27 Online	28 Online	29	30
31						

FEBRUARY 2027

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

MARCH 2027

SUN	MON	TUE	WED	THU	FRI	SAT
	1 9-2 In-Person	2 9-2 In-Person	3 Online	4 Online	5	6
7	8 No Classes- Spring Break	9	10	11		13
14	15 9-2 In-Person	16 9-2 In-Person	17 Online	18 Online	19	20
21	22 9-2 In-Person	23 9-2 In-Person	24 Online	25 Online	26	27
28	29 9-2 In-Person	30 9-2 In-Person	31 Online			

Orientation:January 5, 2027 /10:00 - 11:00 AM (Mandatory)
On-Campus Lecture:Monday &Tuesday/9:00 - 2:00
Online Lecture: Wednesday & Thursday
On Campus Skills: Fridays/ 8am-12pm (Starts week 14)
Clinical: Monday-Thursday/Hours depends on facility(Starts week 14)

APRIL 2027

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

MAY 2027

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

Orientation: February 9/10:00 - 11:00 AM(Mandatory)
On-Campus Lecture:Monday &Tuesday/9:00 - 2:00
Online Lecture: Wednesday & Thursday
On Campus Skills: Fridays/ 8am-12pm (Starts week 14)
Clinical: Monday-Thursday/Hours depends on facility(Starts week 14)