Kilgore College
Sterile Processing
Spring 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. **Spring I**: January 11, 2027 through March 5, 2027 **Spring II**: March 22, 2027 through May 28, 2027

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 8 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 105
1610 S. Henderson Blvd. Kilgore, Tx 75662
kturner1@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: $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

- 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.

Class Details:

- **Location:**
  - Kenneth Whitten Applied Technology Center (WHITN)
  - Building 27, Room 208
  - 1410 US-259 BUS Kilgore, Tx 75662
- **Duration:**
  - 8 Weeks
  - Spring I: January 12, 2027-March 5, 2027
  - Spring II: March 22, 2027-May 28, 2027
- **Schedule:**
  - Thursdays- On Campus from 9am-1pm
  - Clinicals- Tuesdays & Wednesdays (starting at week 4)
- **Student Orientation:**
  - Spring I: January 5, 2027 at 10am
  - Spring II: March 16, 2027 at 10am
  - **Attendance is required;** as you will receive important course information and ask questions you may have.
  - Photo ID for clinical will be taken at orientation.
- Tuition Payment:
  - $900 (Certification Exam included with Tuition)

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

_____ 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 Given: _____ Test Read: _____ Results: _____

_____ Payment of Tuition Cash: _____ TPEG Grant: _____

Notes:

_____

_____

_____

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/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:Aparedes@kilgore.edu 903-983-8217**

Visit the link below to complete the Texas Aid Programs Statement of Student Eligibility https://www.kilgore.edu/texas-aid-programs-statement-of-student-eligibility/

This must be completed before you can reviewed for any grants.

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 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 $20.00**
- ☐ **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

JANUARY 2027

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

FEBRUARY 2027

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

MARCH 2027

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	On Campus 4 9am-12pm	Class Ends 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				

Orientation: January 5, 2027 10:00 a.m.

/fl·ää22Y - Thursdays 9am-12pm

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MARCH 2027

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	Spring Break 8 Campus Closed 8th-12th	9	10	11	12	13
14	15	Orientation 16 10 am-11am	17	18	19	20
21	Class Begins 22	23	24	On Campus 25 9am-12pm	26	27
28	29	30	31			

APRIL 2027

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

MAY 2027

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

CalendarLabs