



# **EKG Technician Training Program Mandatory Requirements**

- Registration Form
- Application for Training
- High School Diploma/GED
- Reading & Math Assessment\*

*\*Only required if you are not currently enrolled in college-level Math and English courses or do not already hold a college degree.*

*I understand that all the above documentation must be submitted to the Career & Technical Education Division for enrollment into the EKG Technician Training Program.*

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RCSJ CTE Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CTE Registration Form

*Please complete all sections*

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

### How did you hear about our programs?

☐ CTE Catalog

☐ Opportunity Magazine

☐ RCSJ Website

☐ Social Media

☐ Friend/Relative

☐ Newspaper Ad

☐ Other

| Course# | Course Title | Dates | Cost |
|---------|--------------|-------|------|
|         |              |       |      |
|         |              |       |      |
|         |              |       |      |
|         |              |       |      |
| Total:  |              |       |      |

**Please Note:** With the submission of this form, you are registered for the course. Unless notified to the contrary, please report to your first scheduled class. ***If your program course is being funded through a grant and you do not complete the program, you will be liable for the entire cost of the program; Courses costing more than \$500 require a 50% deposit to hold your seat.***

**Refund/Withdrawal Policy:** We are happy to offer a refund or apply payment to another class of your choice if you withdraw five business days prior to the start of a class. Balance due by first day of class. If you wish to withdraw from a course, please notify the Career and Technical Department in writing or in person immediately. Refunds will be made as follows:

**100% refund prior to the first class meeting.**

**50% refund on first day of class.**

**No refund after the first day.**

**By signing here, I understand and agree to the above terms and conditions:** \_\_\_\_\_

**Mail Registration Form To:**

Rowan College of South Jersey—Cumberland  
Career and Technical Education  
3322 College Drive  
Vineland, NJ 08360

Rowan College of South Jersey—Gloucester  
Career and Technical Education  
1400 Tanyard Road  
Sewell, NJ 08080v



## CTE Allied Health Program Application

### Section 1: Student Information

Full Name: \_\_\_\_\_ Maiden/Other Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Do you have a High School Diploma or GED? ☐ Yes (*Please attach copy*) ☐ No

### Section 2: Program Selection and Status

I am applying for admission to:

| Program:                             | Check | Dates |
|--------------------------------------|-------|-------|
| Certified Clinical Medical Assistant |       |       |
| Certified Nursing Assistant          |       |       |
| Patient Care Technician              |       |       |
| Certified Phlebotomy Technician      |       |       |
| Medical Billing & Coding             |       |       |
| Pharmacy Technician                  |       |       |
| Central Service Technician           |       |       |
| Medical Administrative Assistant     |       |       |
| Other:                               |       |       |



## Section 3: Acknowledgments

### Certification Exams and Licensures (*Initial after each*):

- **I understand** that Rowan College of South Jersey makes no guarantee that students who complete training will pass the national certification exam and licensures (*if available*). \_\_\_\_\_
- **I understand** that Rowan College of South Jersey will only pay for my first attempt at the national certification exam and licensure. All retests are my responsibility. \_\_\_\_\_

### Release of information

I, (print name) \_\_\_\_\_, authorize Rowan College of South Jersey Career and Technical Education to conduct a search and to release all my records pertaining to my criminal history, which includes my name, social security number, date of birth, address, and student ID number to the authorized background check agency of their choice.

I understand that the use of my records is limited to any audit and the evaluation of continuing education programs, to any potential externship preceptors, and in connection with the enforcement of federal and/or-state laws.

My signature is an acknowledgment that I have read and voluntarily consent to the release of the above-mentioned information.

Student Signature: \_\_\_\_\_

### Refund Policy

There will be a 100% refund for withdrawals before the first day of class. A 50% refund for withdrawals on the first day of class. No refunds after the first day of class.

I understand and agree to the above terms and conditions:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CTE Acceptance of terms of Drug and Alcohol Use Policy**

It is strictly forbidden to be under the influence of alcohol, illegal narcotics, chemicals, psychedelic drugs or other controlled substances by an individual engaged in college related activities.

It is expected that students will come to class, laboratory and externship in a condition fit for the competent and safe performance of their duties and that such fit condition will be maintained throughout the scheduled time. The objectives of this policy are to identify the impaired students, maintain an environment that allows students to enjoy the full benefits of their learning experience and ensure safe, competent client care.

Faculty are accountable for ensuring that students are in fit condition to participate in program related activities and for taking prompt, appropriate and decisive action whenever a student seems to be impaired. Students who arrive in the classroom, lab, externship location or other assigned area and are considered by their instructor to be impaired may expect to:

- Have their behavior witnessed and documented
- Be questioned in private as to the nature of their problem
- Be asked to undergo a medical evaluation (which includes blood alcohol level and/or urine testing) in an Emergency Room or laboratory facility and have their behavior witnessed by another healthcare professional
- Meet with the Director of Career and Technical Education
- Be referred for counseling
- Be dismissed from their program of study
- Be ineligible for readmission

When a student is in possession of or using alcoholic beverages or illegal or unprescribed controlled chemicals on college or externship properties, the student may be assigned a grade of "F" and be dismissed from their academic program. I have read and understand the Career and Technical Education's Drug and Alcohol Use Policy.

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*Signature:*

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*Date:*



## Model Release

In consideration of my engagement as a model and for other good and valuable considerations herein acknowledged as received, upon the terms herein stated, I hereby grant Rowan College of South Jersey, its legal representatives and assigns, those for whom Rowan College of South Jersey is acting, and those acting with the institution's authority and permission, the absolute right and permission to copyright and use, re-use and publish and re-publish photographs, videos or other social media formats of me in which I may be included, in whole or in part, or composite or distorted in character or form, without restrictions as to changes or alterations, from time to time, in conjunction with my own or fictitious name, or reproductions thereof in color or otherwise made through any media including a website at Rowan College of South Jersey or elsewhere for art, advertising, trade or any purpose whatsoever.

I also consent to the use of any printed matter or website in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy of printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Rowan College of South Jersey, its legal representatives or assigns, and all persons acting under permission or authority or those for whom it is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof even though it may subject me to ridicule, scandal, reproach, scorn or indignity.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization, release and agreement prior to its execution and am fully familiar with the contents thereof.

NAME

HOMETOWN

MAJOR

PHONE OR EMAIL

SIGNATURE

DATE

Please opt-in or opt-out of photos by checking a box below:

☐ I have read and agree to the Media Release Agreement. I grant Rowan College of South Jersey permission to use my image and likeness as described above.

☐ I do not consent to the Media Release Agreement and do not grant Rowan College of South Jersey permission to use my likeness in any media.

Gloucester Campus 1400 Tanyard Road, Sewell, NJ 08080 • Cumberland Campus 3322 College Drive, Vineland NJ 08360