



Complete Enrollment Guide: Short-Term Healthcare Program (Medical Assistant)

General Overview and Key Requirements

This guide provides the full requirements for the enrollment process. The necessary medical and governmental forms (like the Health Examination Form) are included in the enrollment packet provided by the program. It is essential that all clearances are secured for the purpose of **"Employment,"** as "Volunteer" status is not acceptable.

Step 1: Online Application at RACC

The initial step is to submit your application to Reading Area Community College (RACC). First, visit <https://www.racc.edu>, click "Apply," and select "Start My Application." Use your email address as your username. If you are a first-time student, select "Sign Up" and create your account. After logging in, select "Apply" and then "Start New Application." When filling out the form, choose **"9. Complete a short-term healthcare training program"** for the first question, and enter your major (**Medical Assistant**). Once the application is submitted, you **must send a confirmation email to the program** to verify completion of this step.

Step 2: Obtaining Background Clearances

A. Pennsylvania Background Clearance (CHRI - \$22.00): Access the PA State Police portal at <https://epatch.pa.gov/TandCRce>. Select "Submit a New Record" and then "Individual Request." It is crucial to select **"Employment"** as the reason for the request. Pay the \$22.00 fee and retrieve your final certificate (the one with the watermark seal) by selecting "Check the Status of a Record Check."

B. Federal FBI Clearance (\$25.25): First, register for fingerprinting at <https://uenroll.identogo.com/>. Use the code **1KG756**. Select "Schedule or Manage Appointment." Complete your personal information. Finalize and confirm your appointment. Attend the scheduled appointment and pay \$25.25. Your clearance will be sent to you via email after the appointment.

C. Child Abuse Clearance (\$13.00): Register or login to <https://www.compass.dhs.pa.gov/cwis>. Log in to your COMPASS account. If you don't have one, create an Individual account. Select "Access My Clearances." Choose "Create Clearance Application." Select **"PA Department of Human Services Employment and Training Program"** from the options. Complete all required information. Pay the \$13 fee. You will receive an email notification when the clearance is ready.

Step 3: FINAL DOCUMENT CHECKLIST FOR TEC CENTRO BERKS

Use this checklist to ensure you have all required documentation to finalize your enrollment. Document submission can be completed any weekday at the program office (**450 S. 6th Street, Reading, PA 19602**).

- **Required Identification and Work/Income Documents:**
 - **Valid Photo ID:** A current Pennsylvania Photo ID is required.
 - **High School Diploma or equivalent.**
 - **Medical Insurance Card:** The physical card must be presented.
 - **Social Security Card:** The physical card must be presented.
- **Program, Clearance, and Account Requirements:**
 - **Completed RACC Application:** Proof that you completed the application.
 - **PA Background Clearance:** The printed certificate copy with the watermark seal, obtained for "Employment" purposes.
 - **Federal FBI Clearance:** The **STAMPED ORIGINAL COPY**.
 - **Child Abuse Clearance:** The printed clearance copy.
- **Medical and Program Forms:**
 - **Health Examination Form:** Completed and signed by a physician (Form is included in your enrollment packet).
 - **Tuberculosis (TB) Test Results:** Recent results, attached to the Health Examination Form.
 - **Drug Test Results:** Recent results, attached to the Health Examination Form.
 - **Proof of Flu Shot:** Documentation of vaccination.
 - **Proof of COVID-19 Vaccination:** Documentation of vaccination.

Step 5: Supplemental Documentation (If Applicable)

If you are a recipient of **SNAP/Food Stamps** (Supplemental Nutrition Assistance Program), you must bring your **Case Number** to final registration. This document is required to verify your governmental assistance status.



TOP PORTION TO BE COMPLETED BY THE STUDENT (please print in ink):

Name: _____ Date of Birth: _____
Address: _____
City/State/Zip: _____ Phone Number: _____

PHYSICAL/TEST RESULTS MUST BE RETURNED ON THIS FORM

Student Eligibility Requirements for Training

Note to Healthcare Professional performing physical assessment:

- The student must pass a physical examination, and must be free of communicable diseases.
The student must have completed the 2-step Mantoux TB test prior to orientation or bring the IGRA blood test results.
The student must have received an influenza vaccine for the current flu season.
The student must have received a bivalent COVID-19 vaccine
The student must have received Measles, Mumps, Rubella, Tetanus, Diphtheria, and Chickenpox immunizations.
The student must have received or declined the Hepatitis B vaccination series.
The student must pass a drug screening test 12 panel.
The training responsibilities require full use of the hands, arm and legs; the ability to stand for extended periods of time (5+ hours) and the ability to perform tasks that include: bending, pulling, pushing and lifting a minimum of 50 pounds to waist level without restrictions.

TO BE COMPLETED AT PHYSICIANS OFFICE/MEDICAL CLINIC (please print):

2-step PPD/Mantoux test-(This is required. Form is not complete until the results are read and recorded.)

Visit 1/Day1: Date administered: _____ R. Arm/L. Arm (circle one)
Administered by signature and title: _____

Visit 2/Day 3 or 4: Date read: _____; Results: _____mm
Read by signature and title: _____

Visit 3, Day 7 or 10: Date administered: _____ R. Arm/L. Arm (circle one)
Administered by signature and title: _____

Visit 4, Day 10 or 13: Date read: _____; Results: _____mm
Read by signature and title: _____

- The results for Test 1 and Test 2 must be read within 48-72 hours. If it is longer than 48-72 hours, the PPD test and results are invalid.
The maximum time allowed between Test 1 and Test 2 is 2.5 weeks. If the patient receives Test 2 after 2.5 weeks, the Two-Step method and testing is invalid.

If PPD results are positive, please describe the treatment given and the date completed:

If PPD's are not given, please bring lab results from the IGRA blood test (QuantiFERON® – TB Gold In-Tube test (QFT-GIT) or SPOT® TB test (T-Spot). This test with negative results will be accepted if PPD's are not completed.

Influenza Vaccine:

Documentation of a current influenza vaccine is required when participating in a Nurse Aide Training Program. Date influenza vaccine administered: _____ (must be within the current flu season).



Reading Area Community College - Health Examination Form

COVID-19 Vaccine:

Documentation of current, up-to-date COVID-19 vaccination (including any required boosters) is required when participating in the Nurse Aide Training Program. In response to federal mandates, all Medicare funded facilities are requiring students to be fully vaccinated against COVID-19. Fully vaccinated status shall be defined by current government guidelines. Nurse Aide clinical training is conducted in Medicare funded long term care facilities. As such, students are required to submit proof of full COVID-19 vaccination during the registration process. **Because students are not employees of the clinical facility and are considered guests, medical and/or religious allowances are not recognized.**

Up-to-date COVID vaccination status means the following:

- * an adult student has received the 2024-2025 COVID vaccination via Pfizer-BioNTech, Moderna, or Novavax vaccine.
* an adult student receives any other updated COVID vaccine available prior to the start date of selected class.

COVID Information: Manufacturer: _____ Date of vaccination: _____

I certify that the student has received the following immunizations:

- Yes ___ No ___ Measles, Mumps, Rubella (MMR)
Yes ___ No ___ Tetanus/Diphtheria
Yes ___ No ___ Chickenpox
Yes ___ No ___ Hepatitis B series.

If no, indicate the date on which the Hepatitis B series was declined ___/___/___

- Yes ___ No ___ I certify that the student is free from communicable diseases in the infectious state.
Yes ___ No ___ I certify that the student has passed a drug screening test.
Yes ___ No ___ I certify that the student has no medical conditions/restrictions, which will prevent the student from performing the essential function of the job. (If the student has restrictions that require accommodation, please note them in the comments section below.)
Yes ___ No ___ I certify that the student is able to lift 50 lbs. to waist level without restrictions.

Comments: If applicant has any limitations, please explain:

Date of Examination: _____

Examiner's Signature: _____

Examiner's Name and Title: _____

Address: _____

City/State/Zip: _____ Phone: _____

PLEASE NOTE: All students must undergo a physical examination as well as a 2-step Mantoux (PPD) or IGRA blood test, receive an influenza vaccine, COVID-19 vaccine with booster(s), and pass a drug screen test. Documentation is only acceptable if performed within one (1) year prior to the start of class and must be submitted before orientation. A PPD expiring during the course of the class will require an annual PPD (one-step) in addition to proof of the 2-step PPD. Direct any questions (610) 372-4721, ext. 5704.



Client Information

1. CLIENT NAME:	2. SOCIAL SECURITY NUMBER:
3. CLIENT COUNTY OF RESIDENCE:	4. CLIENT PHONE:
5. REFERRAL REQUESTED	6. DATE OF BIRTH:
7. RECEIVING (PLEASE CHECK ONE): <input type="checkbox"/> TANF <input type="checkbox"/> SNAP only	8. CAO CASE RECORD:

Provider Information

1. PROGRAM NAME:	
2. CONTACT NAME: <p style="text-align: center;">Violet Emory</p>	
3. PHONE: <p style="text-align: center;">484-513-3348</p>	4. FAX:

By signing this Reverse Referral Form, I agree that all information provided is true and correct and permit the program listed above to obtain the referral determination information requested, not to exceed a period of six (6) months following the date of my signature. Thank you for your cooperation.

CLIENT SIGNATURE

DATE

THIS SECTION TO BE COMPLETED BY THE CAO TO VERIFY REFERRAL STATUS
(Please fax this form to the program listed above once the CAO makes a referral determination.)

PLEASE CHECK ONE:

REFERRED NOT REFERRED

PLEASE PROVIDE A BRIEF SUMMARY OF REASON FOR DETERMINATION:

PRINT FIRST AND LAST NAME OF CAO STAFF

TITLE

DATE

CAO STAFF SIGNATURE

PHONE NUMBER

EMAIL ADDRESS



**Berks Latino Workforce
Development Corporation**

ATTACHMENT C – AUTHORIZATION FOR RELEASE OF INFORMATION

SNAP Education & Training

Authorization for Release of Information

I hereby authorize and request the disclosure to the SNAP Education & Training program any information concerning education and training activities and any additional information involving eligibility for myself. As a client in SNAP Education & Training, I give permission to the SNAP Education & Training program to discuss my case with other agencies as needed for further my participation in SNAP Education & Training. It is understood that the information obtained will be used only for purposes directly related to eligibility in the SNAP Education & Training program.

Staff Signature	Date:
Client Signature	Date: