

2012 SPRING ELECTROCARDIOGRAPHY

This training program certificate is designed to prepare a student in non-invasive electrocardiography procedures; interpreting dysrhythmias, monitoring telemetry units, performing 12-lead electrocardiograms and applying holter monitor as ordered by a physician. As an OPTION, students may elect to take courses in basic keyboarding and human relations. This will better enable a student to function as a good co-worker and increase employment marketability. Students would then earn a Certificate of Completion.

This program is offered to students who are high school graduates or GED students interested in a health career working in a hospital or clinic. The uniqueness of this program is that a student may complete training in one semester and gain employment. Four area hospitals, fifteen outreach clinics and area physician's offices employ staff needed to perform EKG's.

This curriculum will prepare a student as a **Certified Cardiographic Technician** in a hospital and/or clinic. Students may write for national certification with Cardiovascular Credentialing International. www.cci-online.org

If seeking a certificate of completion the following classes are required:

NA 122	Basic Electrocardiography Technician	4 credits
NA 125	Basic Electrocardiography Technician	1.5 credits
OFS 101	Basic Keyboarding	2 credits
MGMT 102	Human Relations	3 credits
TOTAL CREDITS:		10.5 CREDITS

To register, please call 815-744-2200. Textbooks are available in the JJC Bookstore.

All questions may be directed to 815-280-2463.

<u>Course:</u>	<u>Tuition</u>	<u>Days</u>	<u>Time</u>	<u>Dates</u>
NA 122-300	\$442.00	MW	5:00P-9:30P	01/17/12-03/08/12
*NA 125-U1	\$171.50	M-F	6:00A-12:00P	03/18/12-05/31/12
CPR 100	\$90.00	See Schedule		

***Note: NA 125 is the clinical component of the program. Students will be assigned one full week (40 hours, M-F) of clinical time. Dates/times will be determined by the instructor.**

COMPASS EXAM:

**Appropriate placement scores for:
ENG 099 and ENG 021 or ENG 096
47-74 Writing
66-80 Reading**

EKG TECHNICIAN PROGRAM
EXPENSE LIST

Description of Expenses	Cost of Expense	<i>Location to Purchase</i>
CPR Class (CPR-100)	\$90.00	Joliet Junior College
NA 122	\$442.00	Joliet Junior College
NA 125	\$171.50	Registration/Service Center
EKG Course Book 1. Huff, 4 th Edition, ECG Workout: Exercise etc.	\$30.60	Joliet Junior College Bookstore
Physical Examination and required immunizations or titres	Determined by health practitioner	Student's Physician
Urine Drug Screening	\$40.00	Verified Credentials
Illinois State Criminal Background Check	\$16.00	IL State Police (forms available in office)
National Accreditation Exam (optional)	\$120.00	EKG State Board Exam
Solid colored shirt with a collar	\$15.00 - \$20.00	Uniform Stores or
Calipers	\$6.50	JJC Bookstore
Uniform Pants (white) & white socks	\$20.00	
Uniform Shoes (white tennis shoes)	\$25.00 - \$40.00	Uniform Stores
TB Test: 2-step Mantoux-** discussed in class	Varies	Local health department or thru Provena St. Joseph's

All students are required to be self-insured for medical coverage. Joliet Junior College will not be responsible for illnesses or injury during this course. Students enrolled in NA 122/125 will receive more information regarding program requirements.

Note: Prices subject to change

JOLIET JUNIOR COLLEGE

CPR 100

SPRING 2012 CLASS SCHEDULE

Using American Heart Association Guidelines

All classes will be held on JJC's Main Campus.

Select one of the following:

Course #	Course Name	Day	Date	Time	Room
CPR 100-001	CPR for Healthcare Provider	Thursday	01/12/12	9:00AM-4:00PM	TRB101
CPR 100-002	CPR for Healthcare Provider	Friday	01/13/12	9:00AM-4:00PM	TRB101
CPR 100-003	CPR for Healthcare Provider	Saturday	01/14/12	9:00AM-4:00PM	TRB101
CPR 100-004	CPR for Healthcare Provider	Saturday	01/21/12	9:00AM-4:00PM	TRB101
CPR 100-005	CPR for Healthcare Provider	Saturday	01/28/12	9:00AM-4:00PM	TRB101
CPR 100-006	CPR for Healthcare Provider	Saturday	02/04/12	9:00AM-4:00PM	TRB101
CPR 100-007	CPR for Healthcare Provider	Saturday	02/11/12	9:00AM-4:00PM	TRB101
CPR 100-008	CPR for Healthcare Provider	Saturday	02/18/12	9:00AM-4:00PM	TRB101
CPR 100-009	CPR for Healthcare Provider	Sunday	02/19/12	9:00AM-4:00PM	TRB101
CPR 100-010	CPR for Healthcare Provider	Saturday	02/25/12	9:00AM-4:00PM	TRB101
CPR 100-011	CPR for Healthcare Provider	Saturday	03/10/12	9:00AM-4:00PM	TRB101
CPR 100-012	CPR for Healthcare Provider	Saturday	03/17/12	9:00AM-4:00PM	TRB101

FEE: \$90.00

Select one of the following: Must have a current AHA Card exp by 1-month only

Course #	Course Name	Day	Date	Time	Room
CPR 111-001	CPR Renewal	Wednesday	01/11/12	9:00AM-1:00PM	TRB101

FEE: \$60.00

Preregistration is required. Call (815) 744-2200

For additional information CALL (815) 729-9020 ext 2463

Payment must be made prior to attending class.

No refunds 48 hours prior to beginning of the class session

NO REFUNDS IF YOU FAIL TO ATTEND CLASS

JOLIET JUNIOR COLLEGE
1215 Houbolt Road
Joliet, IL 60431
Department of Health Care Continuing Education

PHYSICAL EXAM

SECTION A: To be filled out by student .

Name _____ SS# _____

Address _____

Street City State ZIP
Phone # _____

Birthdate _____ Age _____

Person to notify in case of emergency:

Name _____

Home Phone _____

Relationship _____

Work Phone _____

Family Physician _____

Phone _____

Address _____

Street _____

City/State/Zip _____

EKG TECH PROGRAM
 VERIFICATION OF MANDATORY SCREENINGS
 Clinical Rotation (Date): _____

Student: _____	Course: _____
School: _____	Contact Person: _____
Contact Number: _____	Email: _____

Student Health Checklist	Date/Intials																					
Drug Screen Results: _____	_____ / _____																					
<u>2 Step TB Skin Test</u> 1 st Placed _____ Read _____ Result: _____ (Placed within previous 12 month period) 2 nd Placed _____ Read _____ Result: _____ (2nd Mantoux will be performed by Provena St. Joseph in class.)	_____ / _____																					
<u>Proof Of Immunity</u> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Lab Value</u></td> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td>Titre for Rubella _____</td> <td colspan="2" style="text-align: center;">May provide proof of 2 MMRs</td> </tr> <tr> <td>Titre for Rubeola _____</td> <td colspan="2" style="text-align: center;">1st Date _____ 2nd Date _____</td> </tr> <tr> <td>Titre for Mumps _____</td> <td colspan="2"></td> </tr> <tr> <td colspan="3" style="text-align: center;">(In lieu of the above titres, students may provide proof of 2 MMR vaccines.)</td> </tr> <tr> <td>Titre for Varicella _____</td> <td colspan="2"></td> </tr> <tr> <td>Titre for Hepatitis B _____</td> <td colspan="2">or Sign Declination _____</td> </tr> </table>	<u>Lab Value</u>			Titre for Rubella _____	May provide proof of 2 MMRs		Titre for Rubeola _____	1 st Date _____ 2 nd Date _____		Titre for Mumps _____			(In lieu of the above titres, students may provide proof of 2 MMR vaccines.)			Titre for Varicella _____			Titre for Hepatitis B _____	or Sign Declination _____		_____ / _____ _____ / _____ _____ / _____
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Titre for Hepatitis B _____	or Sign Declination _____																					
Those who are nonimmune to MMR, Varicella or Hepatitis B will be educated regarding the risk/benefit or revaccination and referral will be provided.	_____ / _____																					
Those that are nonimmune to Rubella and working in Obstetrics or Pediatrics will not be permitted to work in these areas.	_____ / _____																					
Signature Obtained																						
<input type="checkbox"/> Confidentiality Notice <input type="checkbox"/> Corporate Responsibility Statement <input type="checkbox"/> Each Student Must provide a Criminal background check																						
<p style="text-align: center;">This form must be completed for each student and turned in to the facility liason PRIOR to the first day of clinical rotation. Any student or instructor who has not completed this form to the satisfaction of the facility will be asked to leave the facility until it is finished.</p>																						
School Instructor Signature _____ Date: _____ Employee Health Services _____ Date: _____																						

Is this student acceptable for clinical participation without restrictions? _____

If no, please explain thoroughly the reason and suggested limitation. If student is currently pregnant, give specific release due to pregnancy and specific number of pounds able to lift and other restrictions as appropriate.

Physician signature: _____ / _____
DATE

Physician name printed: _____

Street Address City State Zip Code

Phone # _____

OFFICE USE:

DATE RECEIVED _____

09/2011

Procedure for obtaining the urine drug screening:

****myvci.com/jjc** register and pay \$40.00 for the drug screen. They will give you several sites you may obtain the test within 10 days of payment. The results will be mailed to the student and to Joliet Junior College.

****If this test outcome is positive, you will be asked to withdraw from the program with no refund.**

FINANCIAL AID

Information

- **Workforce Development Council of Will County**

214 North Ottawa Street

Joliet, IL 60433

(815)727-4444

Government sponsored for those who qualify.

- **Will County Center for Community Concerns**

1 Doris Avenue

Joliet, IL 60433

(815)722-0722

Must be Will County low income resident to qualify.

- **Grundy County Workforce Services**

1715 N. Division, Suite 104

Morris, IL 60450

(815) 942-0566

Tuition, books and materials for those who qualify.