NORTHAMPTON
COMMUNITY COLLEGE

> ***Welcome to the School of Health Sciences and Education***
> ***and***
> ***CONGRATULATIONS on your acceptance to the highly competitive***
> ***Licensed Massage Therapy Program!***

Acceptance Checklist – Licensed Massage Therapy Program
FALL 2021

This Acceptance Checklist is designed to provide a timeline for completion of the essential program admission requirements.

It is important that you read through the entire checklist and note the due dates listed on the Table of Contents associated with each requirement so that you do not miss any deadlines.

If you intend to accept the offer of admission to the Licensed Massage Therapy Program, it is critically important that you begin the process for obtaining the required PA Criminal Background Check, FBI, and Child Abuse Clearances immediately. **These documents require time for agency processing and early action on your part will assure you meet the firm deadlines listed within this documentation and are eligible to register for classes. Due to time constraints, background checks should be done as soon as you receive your acceptance packet.**

No prior background clearances will be accepted. Acceptance is conditional upon receipt of all three background clearances (see enclosure for further explanation).

Best wishes for much success as you start your journey down this rewarding career path!

<u>Timeline for Completion of Requirements – Page 1</u>

<u>BEGIN IMMEDIATELY</u>

<u>Orientations</u>

☐ Mark your calendars for the **mandatory Allied Health Orientation** to be held via Zoom on **Thursday, June 17th at 10:00 a.m.**

☐ Mark your calendars for the **mandatory Massage Therapy Orientation** to be held via Zoom on **Wednesday, June 30th at 2:00 p.m.**

<u>Background Clearances</u>

☐ Read Background Check Review Process *(see Section A)* and actions required if you have a positive background *(see Section B)*. **Acceptance into the program is conditional upon receipt of these clearances**, and approval by the Allied Health Review Committee and Clinical Facilities, if applicable.

☐ Submit request for PA Criminal Background Check *(see Section C).*

☐ Register (pre-enroll) for fingerprint-based FBI Background Clearance and schedule time to get fingerprinted *(see Section D).*

☐ Submit application for PA Child Abuse History Clearance *(see Section E: Child Abuse History Clearance).*

☐ Read, sign, and date the Felony Disclosure Form *(see Section F)* and Medical Marijuana Policy *(see Section M). These will be uploaded to myRecordTracker at a later date.*

> ***Please use 1/1/2099 as the expiration date for background checks in myRecordTracker®***

<u>BLS Certification</u>

☐ Register for BLS-Basic Life Support for Healthcare Providers if you do not have that certification. Courses are available at NCC. To register on line, go to http://www.northampton.edu/cpr; scroll to bottom of page and click on *Basic Life Support for Healthcare Providers.* This certificate is also available through the American Heart Association at www.americanheart.org. **Online BLS courses will not be accepted** *(see Section H).*

<u>Financial Aid</u>

☐ Apply for financial aid at https://www.northampton.edu/admissions/tuition--financial-aid-scholarships/financial-aid.htm *(if needed).*

Timeline for Completion of Requirements – Page 2

June 17, 2021* - MANDATORY ALLIED HEALTH ORIENTATIONS

- ☐ **Attend mandatory Allied Health Orientation at 10:00 a.m**. online via Zoom by clicking on the following link:
  https://northampton-edu.zoom.us/j/95804421215?pwd=TnI1L1VDdGV2UzdoSUJpNWFxSElOUT09

- ☐ Important information regarding course registration and college resources will be discussed. **Attendance is mandatory**.

- ☐ A **Question & Answer** session regarding **myRecordTracker®, health requirements,** and background clearances **will be held at 2:00 p.m**. online via Zoom at:
  https://northampton-edu.zoom.us/j/95670676200?pwd=UHJzT1pQMTh3UmNGbFNQeTNNZHBDQT09

June 30, 2021* - MANDATORY MASSAGE THERAPY PROGRAM ORIENTATION

- ☐ **Attend mandatory Massage Therapy Program Orientation at 2:00 p.m**. online via Zoom by clicking on the following link:
  https://northampton-edu.zoom.us/j/94680290552?pwd=YU1HSDVjZjJSMmFEOWt6RUp3TmJBdz09

- ☐ Important course information, departmental policies, and procedures as well as course progression information will be covered at this session. **Attendance is mandatory**.

By June 30, 2021

- ☐ Set up your myRecordTracker® account from the email you received at your NCC email address from myrecordtracker@verticalscreen.com. Please check your spam folder if you do not see this email in your inbox. *(See **Section K: Certiphi Screening MyRecordTracker® Student Guide**)*

- ☐ Upload your Pennsylvania State, FBI, and Child Abuse clearances *(Sections C, D, and E)* to your myRecordTracker® account. ***Positive background checks will require review and may delay registration (refer to Section B).***

- ☐ Upload your signed and dated Felony Disclosure form. *(Section F).*

- ☐ Obtain an NCC Student ID by completing the online form at https://www.northampton.edu/ncc-id.htm.

Timeline for Completion of Requirements – Page 3

By August 30, 2021

☐ Upload a copy of your certification in Basic Life Support (BLS) for Healthcare Providers to myRecordTracker® *(Section H)*.

☐ Upload a copy of your photo driver's license or State-issued ID card to myRecordTracker®. If you do not have a driver's license or ID card, submit a copy of your NCC student ID badge.

☐ Buy books at NCC bookstore or online at https://www.bkstr.com/northamptonccstore/home. Financial Aid for books is available in August. Please check with the bookstore for dates at 610-861-5322.

August 30, 2021

☐ Begin Classes. Good Luck!!!

***IMPORTANT – PLEASE NOTE ***

⬆ *The __Massage Therapy Department__ reviews background clearances, BLS certifications, and all signed forms and documentation on myRecordTracker®. **Verification is __not__ immediate**. Please be assured that the documentation will be reviewed as soon as possible.*

⬆ *It is your responsibility to upload all the background checks by the due date listed. Always keep a copy for your records.*

⬆ ***Failure to comply with the established deadlines for document submission will result in cancellation of your acceptance**.*

TABLE OF CONTENTS

SECTION	REQUIREMENTS AND IMPORTANT INFORMATION	DUE DATE
Section A	Important Background Check Review Process	Read Immediately
Section B	Positive Background Clearance Information	Read Immediately
Section C	PA State Police Background Check (PATCH) Instructions	6/30/2021
Section D	FBI Background Clearance Instructions	6/30/2021
Section E	Child Abuse Clearance Instructions	6/30/2021
Section F	Felony Disclosure Form	6/30/2021
Section G	Basic Life Support For Healthcare Providers (BLS)	8/30/2021
Section H	myRecordTracker® Instructions	6/30/2021

NORTHAMPTON
COMMUNITY COLLEGE

IMPORTANT PHONE NUMBERS

Massage Therapy Department:

Healthcare Education:	Fowler, Suite 350	610-332-6585
Program Coordinator:	Sallie Urffer	610-332-6410
Credentialing Coordinator:	Jaye Brennan	610-332-6288

Bethlehem Campus

Admissions Office 610-861-5500

Bookstore 610-861-5322

Bursar's Office 610-861-5407

Children's Center 610-861-5477

Disability Services 610-861-5342

Financial Aid 610-861-5510

Health and Wellness Center 610-861-5365

Housing/Student Life.. 610-861-5324

Records/Registration Office 610-861-5494

Monroe Campus

Admissions Office 570-369-1801

Bookstore 570-369-1830

Children's Center 570-369-1860

Disability Services 570-369-1910

Enrollment Office 570-369-1800

Student Life.. 570-369-1850

NORTHAMPTON
COMMUNITY COLLEGE

IMPORTANT BACKGROUND CHECK REVIEW PROCESS INFORMATION

A Pennsylvania State Police Criminal History Report, FBI Criminal History Record Report, and Pennsylvania Child Abuse History Clearance must be completed by all Allied Health students by the deadline noted within this Acceptance Checklist in order to comply with clinical facility requirements. Acceptance is considered conditional until the criminal background check requirement is met. The timeline is established to allow adequate time for the Allied Health Review Committee to review the report and make a recommendation to the Program Director regarding full acceptance into the program. Acceptance will be rescinded if the documents are not received by the deadline.

Students with three (3) reports reflecting "no record" (no convictions) can consider themselves fully accepted.

If there is a positive record, entry into clinical education will be dependent on the decision of the Allied Health Review Committee after the **background clearances, including the RAP sheet,** together with a written, detailed explanation are uploaded to myRecordTracker® (See Section B). Upon receipt of the statement and clearances, the Allied Health Review Committee will review the reports and make a recommendation to the Program Director regarding the student's acceptance into the program. Students will be notified of their status within three (3) days of the committee's review. The student may appeal the decision in writing to the Vice President for Academic Affairs (VPAA) within five (5) working days of notification receipt. The decision of the VPAA is final. The records related to the criminal background process for students will be secured in the Dean's office.

Clinical agencies have the right to deny access to any student with a criminal record based on that site's own criteria. In the event that a student is denied clinical placement based on their criminal record, their acceptance will be rescinded.

POSITIVE BACKGROUND CLEARANCE INFORMATION   Section B

If you have a positive background check, a letter with the information described below must be uploaded to myRecordTracker®, along with your background check results, providing further information on the convictions and non-convictions that appeared on your record. It is important for us to gain as much information as possible about these charges to fairly evaluate your acceptance into the program. To that end, we request that you submit, in writing to the Credentialing Coordinator, the following information:

1. Date of conviction

2. Exact location

3. Offense(s)

4. How did you plead?

5. What was the outcome/sentencing?

6. Are you still on probation?

7. Provide details surrounding the offense(s) with your version of what happened.

In addition to your written statement, please provide all documentation you may possess that relates to the above record(s). Inability to comply with this request may result in dismissal from the program.

Should you have any questions, please contact Jaye Brennan, Credentialing Coordinator at jpbrennan@northamtpon.edu or 610-332-6288.

Submitting a Request for PA Criminal History Record Check (PATCH)

A Pennsylvania Criminal Background Check is required of all NCC Allied Health students. To obtain your record follow the steps below:

1. Go to https://epatch.state.pa.us/Home.jsp.
2. Select the **Submit a New Record Check** option. **Do NOT use the gold box titled "New Record Check (Volunteers only)" option.**
3. Read the **Terms and Conditions** surrounding use of the system in order to proceed with record check request submission. Click on **Accept**.
4. Complete the **Personal Information** form.
   a. Select **Other** from the drop-down list as **Reason for Request**.
   b. Name, address and telephone number are required fields.
5. Click **Next** and the screen will display the personal details entered in the last step. Review details and click the **Proceed** button.
6. Complete the **Record Check Request Form**.
   a. Name, Social Security Number, Date of Birth, Sex, & Race.
   b. List all aliases and/or Maiden Names.
   c. Click **Enter this Request**
7. Confirm the **Record Check Request Review** and click on **Submit**. The charge is **$22.00** per request.
8. Complete the **Credit Card Information** form. PATCH accepts Visa, Discover, Master Card, and American Express. Required information:
   a. Name and address
   b. Credit Card Type and Credit Card Number
   c. Card Verification Method (CVM) number
   d. Expiration Date
9. Click **Next** once the form has been completed.
10. PATCH will display the credit card information entered in the last step. Review the details. Click **Back** if any of the information needs to be changed. Otherwise, click **Submit**.
11. At this point, PATCH will charge the credit card entered for the amount shown. Once the submit button is clicked, this transaction will be processed. This cannot be undone.
12. PATCH will display a summary listing of the Record Check Results.
   a. Details on the record check result can be reviewed by clicking on your name.
   b. Click on the Invoice Number in the Record.
   c. Check Details page to access a printable invoice.
   d. Click on blue link titled **Certification Form** in the Record. This will bring up the record with the State seal. **Please print multiple copies, as you may need this for employment or licensure purposes.**
13. PATCH report will either show:
   a. *No Record* status if there are no records found for the request, *or*
   b. *Request Under Review*. A "Request Under Review" response **does not** necessarily indicate a criminal record. If this occurs, log on to the website daily to check status. You will not be notified when the results are updated. Once the results are in, follow Step 12d. above to access and print the report, including the RAP sheet if the response indicates a criminal record.
14. Upload your PATCH Clearance results to your student account at https://www.myrecordtracker.com.
15. **IF YOUR CLEARANCE COMES BACK WITH A RECORD,** you must submit the **original**, including the accompanying Rap Sheet, together with a letter of explanation of the charges to the Program Director, since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

Submitting a Request for an FBI Criminal Background Clearance

The NCC Allied Health Programs require Federal Bureau of Investigation (FBI) criminal background checks on all students. The fingerprint-based background check is a multiple-step process. Please complete the following steps of the process promptly to assure you meet the **firm deadline** for submitting results. **Please be advised that failure to comply with this requirement by the established deadline will result in cancellation of your acceptance and/or removal from the Allied Health Program**.

1. **Registration:** The applicant must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at https://uenroll.identogo.com. Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

   When registering online, an applicant must use the appropriate agency specific Service Code to ensure they are processed for the correct agency and/or applicant type. Using the correct service code ensures the background check is submitted for the correct purpose.

Enter Service Code: **1KG756**

2. **Payment:** The applicant will pay a fee of **$23.85** for the fingerprint service and to secure an official copy of the Criminal History Record. Major Credit Cards as well as Money orders or cashier's checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. **No cash transactions or personal checks are allowed.**

3. **Fingerprint Locations:** After registration, the applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on IDEMIA's website at https://uenroll.identogo.com. The location of fingerprint sites may change over time; applicants are encouraged to confirm the site location nearest to their location.

LOCATION	DAYS	HOURS
HELLERTOWN		
IdentoGO 1866 Leithsville Road Creekside Marketplace Hellertown, PA 18055-2505	Monday – Friday Saturday	09:00 AM - 05:00 PM 09:00 AM - 01:00 PM
ALLENTOWN		
IdentoGO 1382 Hanover Avenue Allentown Commons Plaza Allentown, PA 18109-2019	Monday – Friday	09:00 AM - 12:00 PM *and* 12:30 PM - 04:30 PM
EAST STROUDSBURG		
IdentoGO 5224 Milford Road Suite 155 East Stroudsburg, PA 18302-9671	Monday – Friday Saturday	09:30 AM - 06:30 PM 09:30 AM - 02:30 PM

4. **Fingerprinting**: At the fingerprint site, the Enrollment Agent (EA) manages the fingerprint collection process. The fingerprint transaction begins when the EA reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction. A list of approved ID types may be found on the IDEMIA website at https://uenroll.identogo.com. **Applicants will not be processed if they cannot produce an acceptable photo ID.** After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.

ACCEPTABLE DOCUMENTS
- Canadian Commercial Driver's License (CDL)   - Commercial Driver's License issued by a State or outlying possession of the U.S.   - Department of Defense Common Access Card   - Driver's License PERMIT issued by a State or outlying possession of the U.S.   - Driver's License issued by a State or outlying possession of the U.S.   - Employment Authorization Card/Document (I-766) with Photo   - Enhanced Tribal Card (ETC)   - Foreign Driver's License (Mexico and Canada Only)   - Foreign Passport   - Merchant Mariner Document (MMD)   - Military Dependent's Card   - Military ID Card   - Passport Book or Card   - Permanent Resident Card / Green Card (I-551)   - Photo ID Waiver for Minors   - State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency   - Uniformed Services Identification Card (Form DD-1172-2)   - Visa

5. Upload results of your FBI Clearance PRIOR TO THE DUE DATE given to your student account at https://www.myrecordtracker.com.

6. Once uploaded, check with your Program Director to determine if you are required to submit the **original** document to the College as part of fulfilling your clinical requirement.

7. **IF YOUR CLEARANCE COMES BACK WITH A RECORD,** you are **REQUIRED** to submit the **original** to the Program Director, including the accompanying Rap Sheet, together with a letter of explanation of the charges. Please contact the Program Director immediately if you feel there is something that will come up on your background clearance since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

<u>Submitting a Request for Child Abuse Clearance</u>

A Child Abuse History Clearance is required of all NCC Allied Health students. **Child Abuse Clearances can now be requested online, but it may still take several weeks to receive the results.**

Please note: Failure to follow the instructions below may cause a considerable delay in processing of your application and could affect your ability to meet the deadline for submitting results. Please be advised that failure to comply with this requirement by the established deadline will result in cancellation of your acceptance and/or removal from the Allied Health Program.

1. Please go to the **PA Child Welfare Information Solution Portal** at https://www.compass.state.pa.us/CWIS.

2. Select "**Create Individual Account**" and follow the instructions to create a Keystone ID account. You will be asked to provide some personal information and answer security questions.
    A. Creation of your Keystone ID will prompt their system to send you two e-mails. One will contain confirmation of your recently created Keystone ID and the other will provide you with a temporary password.
    B. Go back to the Child Welfare Portal website at https://www.compass.state.pa.us/CWIS and choose the "**Individual Login.**" Choose "**Access my Clearance**". Read "**Learn More**" and scroll down to "**continue**" in order to login.
    C. Login by using your Keystone ID using the temporary password copied and pasted from the email sent to you.
    D. Once logged in, the system will require you to immediately change the password. Set permanent password and click "**Submit**". The website will then tell you to click on "**Close Window**" button.
    E. Login again to your application with your Keystone ID and newly created personal password.

3. Review "**My Child Welfare Account Terms & Conditions.**"
    a. Choose to accept the Terms & Conditions and click "**Next.**"
    b. On the "My PA Child Abuse History Clearances" screen choose "**Create Clearance Application.**"

4. Review "**Getting Started**", scroll to bottom and select "**Begin**". Complete the Application Part I & Part II in full.
    a. Part I consists of the following sections: Application Purpose, Application Info, Current Address, Previous Address, Household Members, & Application Summary. (The form asks for all previous names, addresses, and household members since 1975). This information must be provided to the best of your knowledge and belief.
    b. Part II consists of the following sections: eSignature and Application Payment.

5. Part I / Section I "**Application Purpose**".
    a. Choose the first option "**Volunteer Having Contact with Children**"
    b. Below this a box will appear. Choose "**Other**" under the Voluntary Category. Type "**Northampton Community College**" under Agency Name.

6. Part II - Finish completing application process. Payment of $13.00 is required at time of request. Debit or credit cards will be accepted. **If the system gives you the option to print the results out immediately as well as have one sent to you in the mail, please choose both options.**

7. Upload results of your Child Abuse Clearance to your student account at https://www.myrecordtracker.com. Keep a copy for your records.

8. **IF YOUR CLEARANCE COMES BACK WITH A RECORD,** you are **REQUIRED** to submit the **original** to the Program Director, including the accompanying Rap Sheet, together with a letter of explanation of the charges. Please contact the Program Director immediately if you feel there is something that will come up on your background clearance since there are additional steps that must be taken for clinical approval. Be sure to keep a copy for your records, which may be needed for future employment or volunteer opportunities.

FELONY DISCLOSURE FORM	Section F

The following information is very important for Massage Therapy students. Although this does not affect students until they complete their education and apply for licensure, the Northampton Community College Allied Health Division requires proof (by your signature) that you were notified of this law prior to starting the program. Please read this information carefully, sign and return this document to the Healthcare Education Department, Fowler Family Southside Center, 511 East Third Street, Suite 350, Bethlehem, PA 18015.

Act 118 of 2008 (Amended by Act 45 of 2009) of the Massage Therapy Act, State Board of Massage Therapy, Commonwealth of Pennsylvania, declares the following:

"…The applicant has not been convicted of a felony under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or of an offense under the laws of another jurisdiction which, if committed in this Commonwealth, would be a felony under The Controlled Substance, Drug, Device and Cosmetic Act, unless the following apply:

1. At least ten years have elapsed from the date of conviction.

2. The applicant satisfactorily demonstrates to the board that the applicant has made significant progress in personal rehabilitation since the conviction and that licensure of the applicant should not be expected to create a substantial risk of harm to the health and safety of the applicant's clients or the public or a substantial risk of further criminal violations.

3. The applicant otherwise satisfies the qualifications required under this act."

As used in this section, the term "convicted" shall include a judgment of guilt, an admission of guilt or a plea of nolo contendere. An applicant's statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of a non-conviction, unless the board has some evidence to the contrary.

Your signature below indicates that you have read and understand the above excerpts from the Act 118 of 2008 (Amended by Act 45 of 2009) of the Massage Therapy Act, State Board of Massage Therapy, Commonwealth of Pennsylvania.

_____   _____
Signature   *Date*

_____
Print Name

Upload signed form to your myRecordTracker® account.

Below you will find a listing of the current course offerings *(subject to change)* for BLS for Healthcare Providers and BLS for Healthcare Providers **Renewal** so that you may plan to get your certification prior to the start of your class. The American Heart Association strongly promotes knowledge and proficiency in BLS and has developed instructional materials for this purpose. Use of these materials in an educated course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course does not represent income to the Association.

To enroll please go to http://northampton.edu/noncredit.htm, click on view catalog Center for Business and Industry, click on Healthcare Education, CPR/FA, click on Basic Life Support, then look for the section you want to enroll in. Any questions please call 610-332-6585 or email healthcare@northampton.edu.

Campus locations and room numbers are indicated next to each class. Campus addresses are listed below:

FOWLER SOUTHSIDE CAMPUS
511 East Third Street, Third Floor
Bethlehem, PA 18015

MONROE CAMPUS
2411 Route 715, Kapp Hall
Tannersville, PA 18372

BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS

Designed to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use of an AED and relieve choking in Adult, Child and Infant, in a safe, timely and effective manner.

Section	Date(s)	Day(s)	Hours	Campus	Room
270	6/5/21	Saturday	8:00am-4:30pm	Fowler	348
271	6/15/21	Tuesday	8:30am-4:30pm	Fowler	348
272	6/19/21	Saturday	8:30am-4:30pm	Fowler	348
280	6/26/21	Saturday	8:30am-4:30pm	Monroe	011A
281	7/3/21	Saturday	8:30am-4:30pm	Monroe	011A
282	7/17/21	Saturday	8:30am-4:30pm	Monroe	011A
273	7/22/21	Thursday	8:30am-4:30pm	Fowler	348
274	7/31/21	Saturday	8:30am-4:30pm	Fowler	348
275	8/7/21	Saturday	8:30am-4:30pm	Fowler	348
283	8/14/21	Saturday	8:30am-4:30pm	Monroe	011A
276	8/21/21	Saturday	8:30am-4:30pm	Fowler	348
277	8/26/21	Thursday	8:30am-4:30pm	Fowler	348
284	8/28/21	Saturday	8:30am-4:30pm	Monroe	011A
278	9/4/21	Saturday	8:30am-4:30pm	Fowler	348
285	9/11/21	Saturday	8:30am-4:30pm	Monroe	011A
279	9/16/21	Thursday	8:30am-4:30pm	Fowler	348
Course: CPRFA100			**Fee: $140**		

BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS - RENEWAL

Designed to provide healthcare professionals the ability to review changes in basic life support and to renew their healthcare certification. Includes adult, child and infant. Prerequisite: Current BLS for HCP card must be presented to the Instructor the day of class.

Section	Date(s)	Day(s)	Hours	Campus	Room
228	6/3/21	Thursday	6:00pm-10:00pm	Fowler	348
237	6/12/21	Saturday	9:00am-1:00pm	Monroe	011A
229	6/24/21	Thursday	9:00am-1:00pm	Fowler	348
230	7/10/21	Saturday	9:00am-1:00pm	Fowler	348
231	7/13/21	Tuesday	9:00am-1:00pm	Fowler	348
238	7/19/21	Monday	6:00pm-10:00pm	Monroe	011A
232	7/29/21	Thursday	9:00am-1:00pm	Fowler	348
233	8/3/21	Tuesday	9:00am-1:00pm	Fowler	348
234	8/18/21	Wednesday	9:00am-1:00pm	Fowler	348
235	8/23/21	Monday	6:00pm-10:00pm	Fowler	348
239	8/30/21	Monday	6:00pm-10:00pm	Monroe	011A
240	9/6/21	Monday	6:00pm-10:00pm	Monroe	011A
236	9/8/21	Wednesday	9:00am-1:00pm	Fowler	348
Course: CPRFA101					**Fee: $90**

MYRECORDTRACKER
STUDENT GUIDE

- - - - - - - - - - - - - - - - - - - -

IMPORTANT NOTICE

⬆ Although you should begin obtaining all of your requirements immediately, you will not be able to upload them until you have received an email from myRecordTracker@VerticalScreen.com with instructions on creating your account, **which may take three to four weeks from notice of your acceptance**.

⬆ Please check your <u>spam</u> folder if you do not receive the email within this timeframe.

⬆ Use 1/1/2099 when prompted for an expiration date.

⬆ If you are a student in an <u>Allied Health</u> major **and** living in the <u>Residence Halls</u>, you will be required to use **both your NCC Student email address *and* a personal email address in order to create TWO separate myRecordTracker® accounts**.

⬆ If you have questions regarding the email accounts, please contact the NCC Technology Services Help Desk at 610-861-5413 or helpdesk@northampton.edu.

EMPOWERED BY ✔ VERTICAL SCREEN

WELCOME

This guide will provide you with clear, concise step-by-step instructions for accessing myRecordTracker to upload and share documentation pertaining to your student requirements. If you have questions about myRecordTracker, please contact Certiphi Screening's Applicant Services team at 800-735-2660, ext. 2006 or myrecordtracker@verticalscreen.com.

STEP 1: EMAIL NOTIFICATION

You will receive an email notification from myrecordtracker@verticalscreen.com with important instructions on how to access and create a myRecordTracker account. The following is a sample email that you will receive to initiate the record fulfillment process.
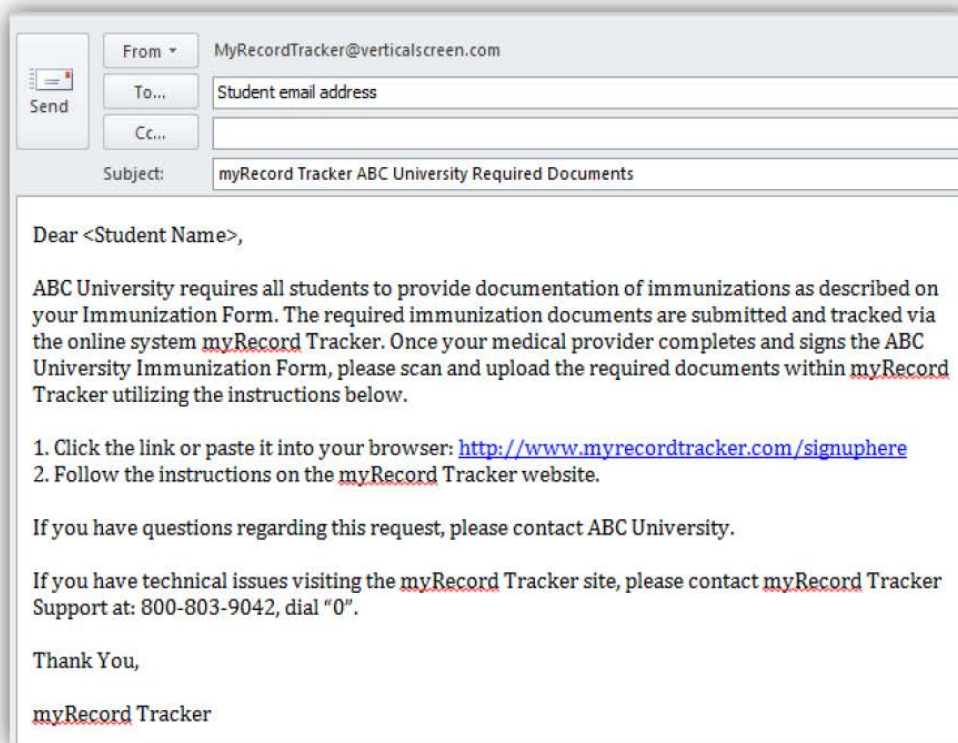
	From ▾	MyRecordTracker@verticalscreen.com
Send	To...	Student email address
	Cc...	
	Subject:	myRecord Tracker ABC University Required Documents

Dear <Student Name>,

ABC University requires all students to provide documentation of immunizations as described on your Immunization Form. The required immunization documents are submitted and tracked via the online system myRecord Tracker. Once your medical provider completes and signs the ABC University Immunization Form, please scan and upload the required documents within myRecord Tracker utilizing the instructions below.

1. Click the link or paste it into your browser: http://www.myrecordtracker.com/signuphere
2. Follow the instructions on the myRecord Tracker website.

If you have questions regarding this request, please contact ABC University.

If you have technical issues visiting the myRecord Tracker site, please contact myRecord Tracker Support at: 800-803-9042, dial "0".

Thank You,

myRecord Tracker

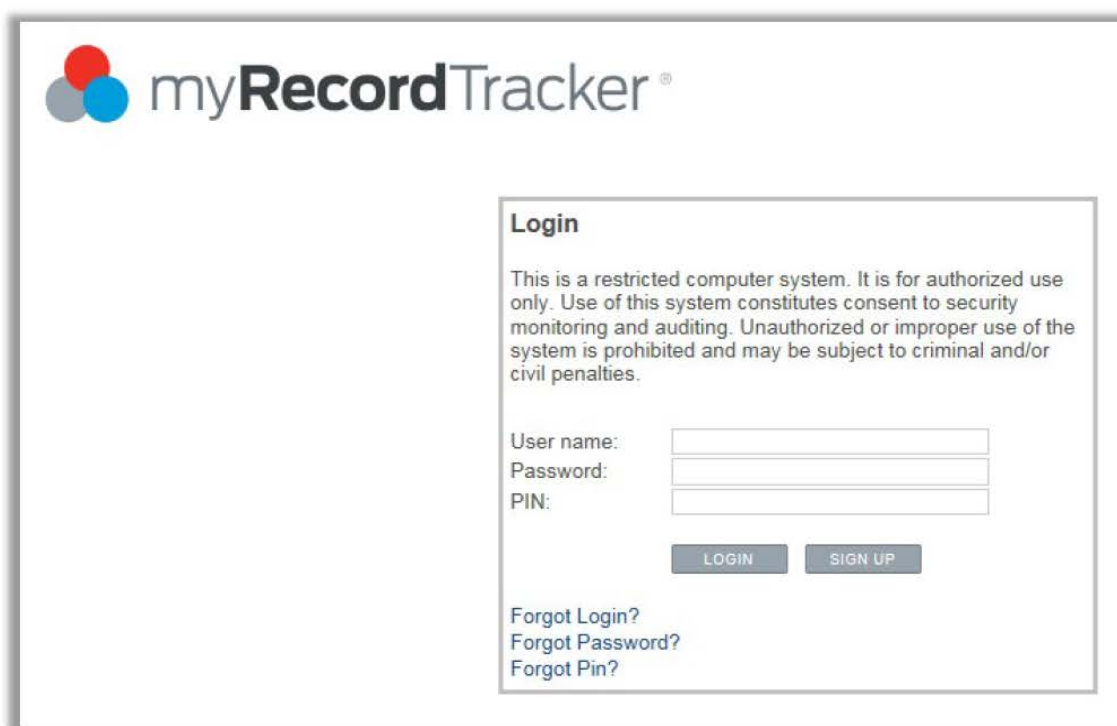*Figure 1: Sample email from school*

NOTE: In order for you to receive the invitation email from myRecordTracker, the school must have uploaded your contact information into the myRecordTracker system. If you are expecting an invitation email to myRecordTracker, but you have not received one, contact the school.

The myRecordTracker invitation email will prompt you to use the link provided to create a myRecordTracker account. Once you create an account, you can begin fulfilling the program requirements.

NOTE: Please do not share the URL included in the invitation email. The URL is only available for one-time use to set up your profile and is unique to your particular profile and requirements.

STEP 2: ACCESSING MYRECORDTRACKER

Once your myRecordTracker account is created, you can log in to gain access to your account by visiting www.myrecordtracker.com and entering your username, password and PIN.

Figure 2: The myRecordTracker login screen

MASG – 05.19.2021

How to Complete Your myRecordTracker Requirements

Each requirement within your myRecordTracker profile requires a response in the student input section. If a document is required, please provide a completed copy of the document. If a question is asked, please respond to the question asked. Once a requirement is met, you will see "Pending Approval" appear in the status column. Once the requirement is approved, the requirement status will show as "completed". ***** It is necessary that all requirements are completed by the **due date** indicated within the profile.

A required document may be provided in two ways.
- A scanned copy can be uploaded directly to your myRecordTracker account by clicking the "UPLOAD" button below.
- If you are unable to upload, the document can also be faxed or mailed to Certiphi Screening. Please click the "FAX/MAIL" button below to generate a cover sheet to include when faxing/mailing document(s).

A required document may be provided in two ways. A scanned copy can be uploaded directly to your myRecordTracker® account by clicking the "UPLOAD" button below. If you are unable to upload, the document can also be faxed or mailed to myRecordTracker. Please click the "FAX/MAIL" button below to generate a cover sheet to include when faxing/mailing your document(s).

UPLOAD	FAX / MAIL

School Requirement	Student Input	Status

If applicable, the opportunity also exists to attach a single document to multiple requirements. If you choose to upload your document, you will be directed to the Upload Document section of the website (shown below) .This will allow you to select and submit the necessary document:

Upload Document

Click the browse button to locate the file you wish to upload.

Browse...

| CANCEL | SUBMIT |

Please note: this may take several minutes depending on the size of the file being uploaded.

Once submitted, you will be given the opportunity to review the document that was uploaded, along with naming the document on the myRecordTracker website. This section will indicate which unfulfilled requirement(s) are left. You can decide to attach your document to multiple requirements or just one requirement by checking the box to the left of the unfulfilled requirement.

Save Document

* = required field

Name your document:*

Attach document to available requirement(s)
☐ Hepatitis B Recombinant Vaccine - 2nd dose

Optionally attach more documents to these requirements below that already have the minimum number of documents:
☐ Hepatitis B Recombinant Vaccine 3rd dose
☐ Measles - Mumps - Rubella Live Vaccine
☐ Varicella Zoster (Chickenpox)
☐ 1 Current Annual Influenza Vaccination
☐ Physical and Mental Health Exam
☐ CPR Certification
☐ Copy of Drivers License
☐ [unreadable] test requirement
☐ Test 223

Document Preview

When prompted for an expiration date, please use 1/1/2099