



Class of 2023

Welcome to the Paul L. Foster School of Medicine. Congratulations on taking the first step toward earning your medical degree.

Carefully review the student checklist. All forms must be submitted to the [Office of Student Affairs](#) by:
April 12, 2019.

STUDENT CHECKLIST

(Click on each requirement below to fill out or for more information)

1. Register and Upload Immunization Requirements (OmniMD)
2. Community wide Orientation Module (Online)
3. Basic Cardiac Life Support Certification
4. TMA Medical Student Membership Application (Online)
5. Complete Safety Trainings (Online)
6. Consent and Release to Use Image/Information Form
7. Miscellaneous Information Sheet
8. Student Data Sheet
9. Significant Others & Spouses Group Registration Form
10. Spanish Assessment Sheet
11. Submit copy of Health Insurance Card

Email forms to the Office of Student Affairs:
Student.Affairs.PLFsOM@TTUHSC.edu

Phone: (915) 215-5647

ALL REQUIREMENTS MUST BE COMPLETED BY APRIL 12, 2019.

Office of Occupational Health

The Association of American Medical Colleges states that all students should be immunized against a number of infectious diseases for their own safety, as well as the safety of others. Student immunization records are kept on file in the Office of Occupational Health. As immunizations are updated, students must provide written documentation to the Office of Occupational Health.

All matriculating Paul L. Foster School of Medicine students must comply with the school's immunization requirements in order to register for classes.

Immunization Requirements:

Documentation of required immunizations and titers must be uploaded to OmniMD portal:

<https://ehr5.omnimd.com/Portal/3683/index.jsp>

- Varicella (Chicken Pox):** Proof of immunity determined by serologic titer.
In the event of a negative titer, two doses of Varicella vaccine at least 28 days apart is required.
- Measles (Rubeola):** Proof of immunity determined by serologic titer.
In the event of a negative titer, two doses of MMR at least 28 days apart is required.
- Rubella (German Measles):** Proof of immunity determined by serologic titer.
In the event of a negative titer, two doses of MMR at least 28 days apart is required.
- Mumps:** Proof of immunity determined by serologic titer.
In the event of a negative titer, two doses of MMR at least 28 days apart is required.
- Tuberculosis clearance:**
 - A. Documentation of 2 negative TB skin tests within the last 12 months of your start date, OR documentation of 1 negative skin test within the last 12 months and a second skin test administered at TTUHSC-PLFSOM on orientation day.
 - B. If you have a history of a positive TB skin test, **documentation of the positive TB skin test or lab test**, a chest x-ray, and medication prescribed, if any, is **required**. **BCG vaccine does not preclude the need for TB skin testing or chest x-ray.**
 - C. *If history of a positive TB skin test, you are required to meet with the Infection control Nurse.*
- Hepatitis B:** Series of three vaccines followed by a *QUANTITATIVE antibody titer*. If immunity is not developed after the initial series, a second series and re-titer is required as recommended by the Centers for Disease Control and Prevention. ***This series must begin prior to matriculation, but may be completed after arrival.***
- Tetanus/Diphtheria/Pertussis:** Primary series of Tetanus immunizations, plus one dose of adult Tdap. If adult Tdap is more than 10 years old, provide date of last Td or Tdap.
- Meningococcal Vaccine: Documentation of vaccine (if age <22)**
- Polio: Documentation of basic series of oral or inactivated polio immunization**

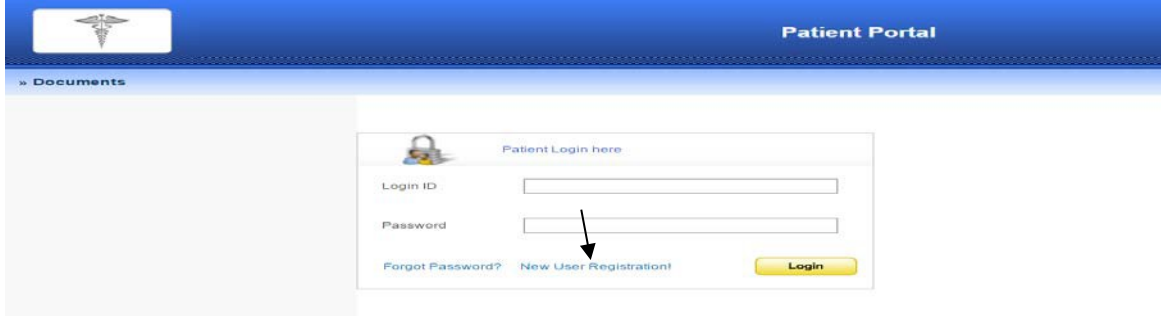
Questions regarding immunization status may be directed to:
Maria Ramirez at 915-215-4429, maria.ramirez@ttuhsc.edu, or OmniMD Portal

Steps to register and upload documents through the OmniMD portal

To register:

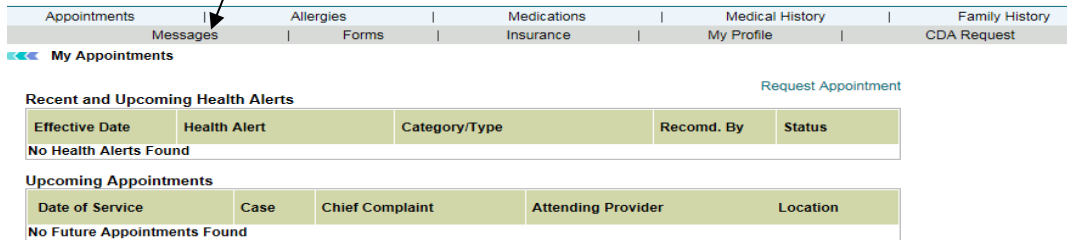
OmniMD Portal Link: <https://ehr5.omnimd.com/Portal/3683/index.jsp>

Click on the “New User Registration” link. The system will send you a message with your login credentials - Monday thru Friday ONLY. (Login credentials are case sensitive and cannot copy and paste)

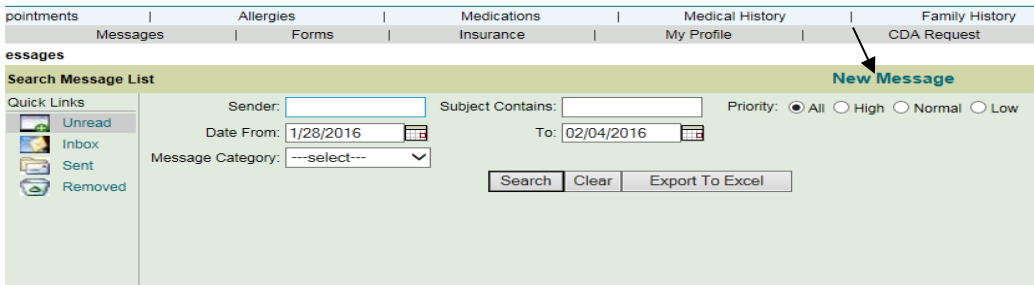


To upload documents:

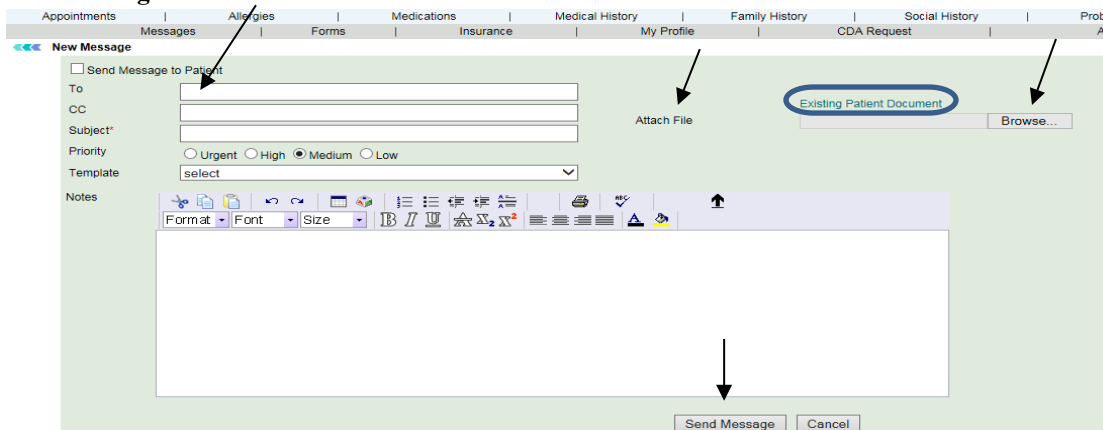
1. Click on “Messages”



2. Click on “New Message”



3. Send message to Maria Ramirez



Your immunization records will be available by clicking on the “Existing Patient Document” link.

Once documents have been uploaded and submitted, you will be notified of any missing requirements. You are expected to log in to the portal and check TTUHSC emails regularly. Occupational Health will notify you once all clearance requirements have been met. Questions regarding immunization requirements may be directed to Maria Ramirez through the OmniMD portal.

Office of Occupational Health

This is a sample of a **blood titer lab report**. Lab reports must be submitted as stated on the Immunization Requirements. Please contact Maria Ramirez at 915-215-4429 if you have any questions.

Varicella-Zoster Virus Ab IgG^

Test	Results	Abnormal	Units	Range
VARICELLA ZOSTER IGG	2.26		INDEX	IMMUNE >1.09
			NONIMMUNE	<0.91
			EQUIVOCAL	0.91 - 1.09
			IMMUNE	>1.09

MMR Mump,Measles,Rubella^

Test	Results	Abnormal	Units	Range
RUBELLA ANTIBODIES, IGG	2.03		INDEX	0.00-0.90
			NON-IMMUNE	<0.91
			EQUIVOCAL	0.91 - 1.09
			IMMUNE	>1.09
<p>PRESENCE OF ANTIBODIES TO RUBEOLA IS PRESUMPTIVE EVIDENCE OF IMMUNITY EXCEPT WHEN ACTIVE INFECTION IS SUSPECTED.</p>				
MUMPS ABS, IGG	3.24		INDEX	0.00-0.90
			NEGATIVE	<0.91
			EQUIVOCAL	0.91 - 1.09
			POSITIVE	>1.09
<p>PRESENCE OF ANTIBODIES TO MUMPS IS PRESUMPTIVE EVIDENCE OF IMMUNITY EXCEPT WHEN ACTIVE INFECTION IS SUSPECTED.</p>				



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Paul L. Foster School of Medicine

Office of Student Affairs

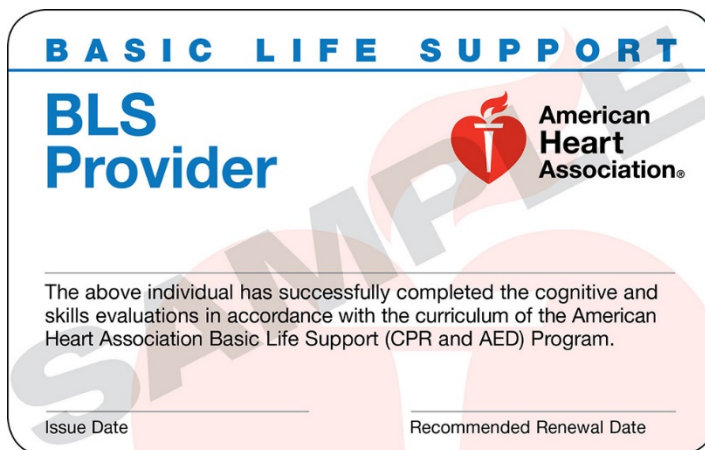
Below is a sample of a Basic Life Support (BLS) card for health care providers. The American Heart Association certification is valid for two years. Other agencies may issue certificates that are valid for only one year.

BLS for health care providers classes go in-depth and take approximately six to eight hours to complete. Online courses are not sufficient—hands-on training is required to complete certification.

[Heartsaver® First Aid](#), [Heartsaver® CPR AED](#), and [Heartsaver® First Aid CPR AED](#) courses **do not** fulfill the BLS for health care providers requirement.

If you have any questions, please contact Javier Calzadillas at 915-215-5647 or Javier.Calzadillas@TTUHSC.edu.

Course certification and a copy of the card are required by the stated deadline.





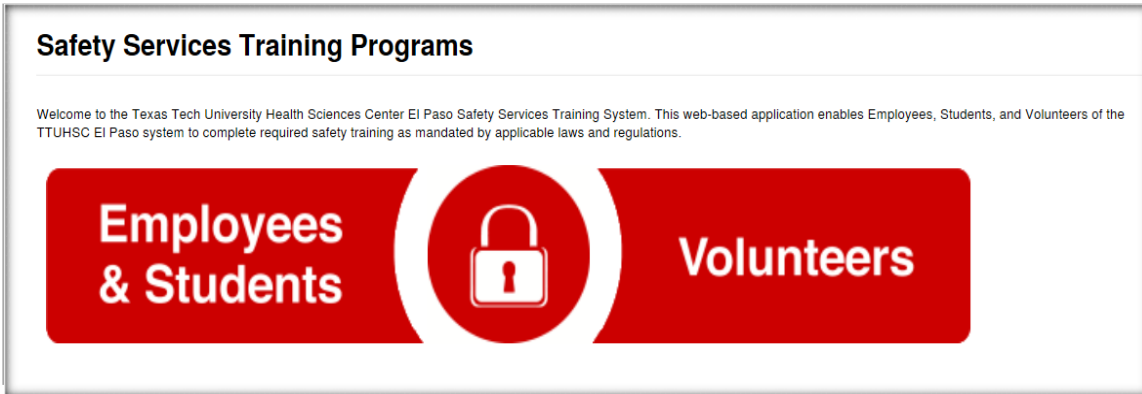
Safety training is required for all TTUHSC El Paso employees, students and volunteers (HSCEP OP 75.01).

Safety Training Login Instructions

Website – <http://elpaso.ttuhsoc.edu/elpsafetyservices/training.aspx>

Click on **Training** in left navigation bar

Step 1 – Click applicable link.



Step 2 – **Employees and Students:** Sign in with your eRaider and password.

Volunteers: Sign in with your volunteer ID number and email address.

Step 3 – **New Employees and Volunteers:** Please answer the question, "Do you work in a lab?"

Students: Coursework includes lab activity; therefore, lab safety training is required.

Step 4 – **New Employees: New Employee Safety Orientation Program (NESOP)**

Students: Safety Training Education Program for Students (STEPS)

Volunteers: Volunteer Safety Orientation Program (VSOP)

Lab Workers: Laboratory Safety Essentials (LSE)

✓ Indicates COMPLETE course

✗ Indicates INCOMPLETE course

🔒 Indicates LOCKED course: Call Safety Services to have your exam(s) reset.



For assistance, please call Safety Services between 8 a.m. and 5 p.m. Monday through Friday:
915-215-4820



Login Instructions

Website – <http://el Paso.ttuhs c.edu/el psafetyservices/training.aspx>

Click on **Training** in the left navigation bar.

Step 1 – Click the eRaider sign-in button and sign in with your eRaider username and password.

Step 2 – If you are not seeing your **Laboratory Safety Essentials** heading as shown below, please check the box at the top right of the page next to these words:

I work in a lab.

<p>New Employee Safety Orientation Program - NESOP Level I You completed this course on: 8/27/1998- Click To Show / Hide Subcourses Print Certificate</p>	
<p>Nesop Level II You completed this course on: 9/1/2003</p>	
<p>Laboratory Safety Essentials All Laboratory Safety Essentials subcourses must be completed to receive full credit for this program.</p>	
<p>General Lab Safety Click here to complete this course online.</p>	
<p>Lab Chemical Safety Click here to complete this course online.</p>	
<p>Lab Biological Safety Click here to complete this course online.</p>	
<p>Lab Hazard Identification Click here to complete this course online.</p>	

Step 3 – Click the **General Lab Safety** heading to begin the LSE course. Then continue to the remaining three subcourse links.

Indicates **COMPLETE** Indicates **INCOMPLETE** Indicates **LOCKED exam**

Step 4 – Once you see a by the **Laboratory Safety Essentials** heading, your lab training is complete. All four exams must be passed with a score of 80 percent or higher.



If you need assistance, please call Safety Services between 8 a.m. and 5 p.m. Monday through Friday at 915-215-4820.

Texas Tech University Health Sciences Center El Paso Consent and Release to Use Image or Information

I, _____ (print name), or my authorized legal representative, hereby give consent for Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) employees, students or agents to take and use information about me (including my medical history, if applicable), or my name, image or likeness, including, but not limited to, photographs, videotaped images, audio recordings, digital content (collectively "images"), or my data or presentation for the purposes checked below.

I AGREE TO USES DESIGNATED BELOW: (<u>Not including uses for patient treatment or payment.</u>)	<u>My Name</u>	<u>My Image(s)</u>	<u>My Information</u>	<u>My Data or Presentation</u>
<input type="checkbox"/> For educational purposes within TTUHSC El Paso.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> For educational purposes outside TTUHSC El Paso.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> For TTUHSC El Paso marketing or publicity. (This includes news and social media, such as interviews, Facebook, websites, Twitter, YouTube, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> For publication in journals or on the Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other purpose(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that TTUHSC El Paso and its regents, employees, agents and personnel acting on behalf of TTUHSC El Paso shall not be held responsible for any use of my name, information and/or image(s), including any use whatsoever by any outside user or third party, and I hereby release and hold harmless TTUHSC El Paso and its regents, employees, agents and personnel acting on its behalf from any and all liability for damages of whatever kind, character or nature which may at any time result from this Consent and Release authorizing use or dissemination in accordance with the above.

I understand that TTUHSC El Paso will own the image(s) of me for the purposes stated above. I do hereby knowingly and voluntarily waive any and all other rights, compensation, royalties or payment of any kind or character in connection with the use of my name, likeness and/or image(s) as authorized above.

This Consent and Release can be revoked or withdrawn at any time, but such withdrawal or revocation must be in writing and sent to the TTUHSC El Paso institutional privacy officer. Withdrawal of consent does not affect any information used or disclosed prior to receipt of the written notice of withdrawal.

By signing below, I represent that I have read and understand this Consent and Release to Use Image or Information and that it is binding on my heirs, executors and personal representatives. I am 18 years of age or older.

Signature of Person Named Above

Date

OR Signature and Printed Name of Authorized Legal Representative

Date

<i>For Office Use Only:</i>	Completed by:		
Date of Event: _____ <input type="checkbox"/> Speaker	MR#: _____ <input type="checkbox"/> Patient	R# (Banner): _____ <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	

Office of Student Affairs

Miscellaneous Information

NAME: (please print) _____

THE WHITE COAT CEREMONY

As members of the Paul L. Foster School of Medicine class of 2023, you will be welcomed into the medical school by the deans, faculty and alumni, and presented with your first white coat in the presence of your family and friends. This is the beginning of a long-standing tradition that is an integral part of orientation week and a vital element in your induction into the community of medicine. We look forward to meeting your families at this year's ceremony on **Saturday, July 27, 2019**. (NOTE: Maximum number of guests is four.)

In preparation for the ceremony, we need to know your coat size. Please indicate your **white coat size** on the chart below. The measurements listed are comparable to your business suit or blazer jacket size. Reference the blazer measurements to help you determine your order size.

White Coat Size: Ladies' _____ Men's _____

Size	XS	S	M	L	XL	2XL	3XL	4XL	5XL
Ladies' Suit Blazer Size	2-4	6-8	10-12	14-16	18-20				
Men's Suit Blazer Size	30-32	34-36	38-40	42-44	46-48	50-52	54-56	58-60	62-64

Please indicate your **T-shirt size** on the chart below.

T-Shirt Size: Ladies' _____ Men's _____

Size	XS	S	M	L	XL	2XL	3XL	4XL	5XL

NAME BADGE

Please write your name as you would like it to appear on your medical school name badge (you are required to wear your name badge any time you are seeing patients while in school). It should include your first name (as you would like to be addressed) and last name. Please do not include titles; however, you may include a middle initial. Space is limited.

(Please print) _____

DIETARY REQUIREMENTS

During orientation and at various times throughout medical school, lunch will be provided for you. To help us and others plan, please let us know if you are vegetarian or have other dietary requirements.

MILITARY STATUS

Active _____ Veteran _____ Non-Veteran _____ N/A

BRANCH (if applicable): _____

HPSP SCHOLARSHIP (check if applicable):



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School of Medicine

Office of Institutional Advancement

Student Data Sheet

One of the purposes of the Office of Institutional Advancement is to develop public understanding and awareness of the programs, activities and events of Texas Tech University Health Sciences Center El Paso. Due to growing interest in the university, we are requesting the information below, which will be used to prepare news releases about you for newspapers and other media during your enrollment.

Certain information about students cannot be released without your consent. Responding to these questions is **STRICTLY VOLUNTARY**.

Full name (please print):

Hometown:

Undergraduate institution and degree:

Graduate institution and degree (if applicable):

Single:

or

Married:

Spouse's/Partner's name:

Spouse's/Partner's occupation:

Children's names and ages:

Anything else you'd like us to know about you?

The Office of Institutional Advancement is here to help you with any media-related questions. We can be reached at 915-215-4850 and are located at 1414 N. Oregon Street.

Medical Student Council SOS Group

The Medical Student Council (MSC) has started a group just for the spouses and significant others of medical students called the Significant Others and Spouses (SOS) group. This group meets about once a month for fun activities around El Paso. Some of the events are for couples and some are just for the significant others and spouses. The goal of the group is to assist you in developing friendships and a support network. If your spouse or significant other would like to participate, please include their information below, even if they are not moving to El Paso with you. If you have any questions, please contact Tammy Salazar, Ph.D., faculty advisor (who is married to a physician), at Tammy.Salazar@TTUHSC.edu or 915-215-4365.

SOS GROUP REGISTRATION FORM

SPOUSE/SIGNIFICANT OTHER'S NAME	MEDICAL STUDENT'S NAME

Spouse's Email Address: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Spouse's Occupation (if employed): _____

If not employed but would like help/support in finding employment, please include education/background and professional interests: _____

Hobbies/Interests: _____

Please provide the name(s) of children currently living with you:

Name of child or adolescent:	Age:	Name of child or adolescent:	Age:
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Below are some activities that may interest you. Please check all that apply.

<input type="checkbox"/>	City Tours (large group events)	<input type="checkbox"/>	Bake Sales (Fundraisers)
<input type="checkbox"/>	Babysitting Co-op with Other Spouses	<input type="checkbox"/>	Charity or Volunteer Work
<input type="checkbox"/>	Moms' or Dads' Night Out	<input type="checkbox"/>	Book Clubs
<input type="checkbox"/>	Seasonal/Holiday Events	<input type="checkbox"/>	Discussion Groups with Faculty Members' Spouses
<input type="checkbox"/>	Children's Play Dates (Organized Kids' Events)	<input type="checkbox"/>	Relocation/Practical Assistance (Housing, City Tours, etc.)
<input type="checkbox"/>	Outdoor Activities (Cycling, Hiking, etc.)	<input type="checkbox"/>	Sports
<input type="checkbox"/>	Job Fairs/Conferences	<input type="checkbox"/>	Other (Please Specify)

We also need spouses/significant others willing to help plan or coordinate these events.

_____ Please check here if you would be interested in being part of a planning committee.

_____ Are you (the spouse/significant other) attending the summer preview event in June?

Office of Medical Education

Spanish Language Proficiency: Self-Assessment

NAME _____

DATE _____

PLEASE COMPLETE THIS QUESTIONNAIRE AS TRUTHFULLY AND ACCURATELY AS POSSIBLE. IT IS IMPORTANT FOR YOUR PRE-PLACEMENT IN CONVERSATIONAL SPANISH DURING THE SUMMER SESSION.

1. I have studied Spanish formally/in a classroom environment. Please answer honestly.

Yes _____ No _____

2. Read the descriptions of the four Spanish proficiency levels at the bottom of this page.

Decide which of the descriptions, 1, 2, 3 or 4, (circle one) **best** describes your ability to understand and speak Spanish:

If you have rated yourself as 2, 3 or 4, please answer the following question.

In what context did you learn to understand and speak Spanish?

Home/family

Work

School

Media (TV/radio/internet/newspaper)

If you selected "School," please respond to the following:

Select all that apply: High School _____ No. of Years _____
College _____ No. of Years _____

If you selected 4, please choose from the following:

____ I am a native speaker of English, but have lived in a Spanish-speaking country.
For how long? _____ Where? _____ Why? _____

____ I am a heritage speaker of Hispanic/Latino descent and Spanish is the primary language spoken at home.

____ I am a heritage speaker of Hispanic/Latino descent and English is the primary language spoken at home.

____ I was born and raised in a Spanish-speaking country.
Country _____

3. Please rate your reading and writing abilities in Spanish (1 = not literate and 5 = excellent):

READING

WRITING

4. In what context(s) do you currently communicate in Spanish? (Please check all that apply.)

- Home/family Work
 Friends Media (TV/radio/internet/newspaper)

5. Which Spanish skill(s) do you need to improve? **That is, what in particular would you like to work on in this course? Keep in mind that this is a course in conversational Spanish, not in medical Spanish.**

	COMPREHENSION	PRODUCTION		
		Accuracy	Communication Tools	Tasks and Topics
1	I understand only occasional isolated words in Spanish.	I can't speak Spanish at all.		
2	I can understand short Spanish phrases that I've already learned and some sentences. To understand what someone is saying, I may require the person to repeat, rephrase, or slow down.	<ul style="list-style-type: none"> I have some pronunciation problems; sometimes I'm not understood for this reason. I speak with long and frequent pauses. My vocabulary is very limited, and I use only the present tense when I speak Spanish. My sentences are short and incomplete. I can't paraphrase in Spanish (say something using different words). 	<ul style="list-style-type: none"> I can answer simple, direct questions in Spanish. I can ask only some basic learned questions; that is, I ask questions using fixed phrases that I've learned. 	<ul style="list-style-type: none"> I can identify basic objects in Spanish. I can talk about limited topics that refer to myself.
3	I can understand Spanish sentences on a variety of topics when the sentences consist of recombinations of phrases I've already learned.	When I speak Spanish . . . <ul style="list-style-type: none"> I correct myself a lot and pause frequently. Sometimes people misunderstand what I'm saying. 	<ul style="list-style-type: none"> I can obtain basic information in Spanish through questions (prices, directions, and services). I can use more verb forms appropriately and link ideas by recombining elements that I've already learned. 	<ul style="list-style-type: none"> I can participate in communicative tasks in Spanish if they're not complicated. I can talk about topics related to basic survival, and physical and social needs (shopping, travel, lodging).
4	I can understand main ideas and most details of conversations and oral presentations on a variety of topics that go beyond the immediate situation (movies, the news, speeches, audiobooks, music)	<ul style="list-style-type: none"> I speak Spanish fluently and with ease, and people almost always understand me. I can narrate using an extensive vocabulary and appropriate verb forms, but I make occasional errors. 	<ul style="list-style-type: none"> I can produce whole conversations and oral presentations in Spanish. I can express my opinions and explain them in Spanish. 	<ul style="list-style-type: none"> I can participate in most communicative tasks in informal settings. I can participate in some communicative tasks in formal settings.

ALL REQUIRED FORMS MUST BE SUBMITTED BY APRIL 12, 2019.

Email forms to the Office of Student Affairs: Student.Affairs.PLF.SOM@TTUHSC.edu.