

# Class of 2022

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 13, 2018.

### STUDENT CHECKLIST

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

1. \_\_ Register and Upload Immunization Requirements (OmniMD)

ı

- 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. \_\_ Scrub Size Form
- 10. \_\_ Significant Others & Spouses Group Registration Form
- 11. \_\_ Spanish Assessment Sheet
- 12. \_\_ Submit copy of Health Insurance Card

### **Email forms to the Office of Student Affairs:**

Student.Affairs.PLFSOM@TTUHSC.edu

Phone: (915) 215-4370

ALL REQUIREMENTS MUST BE COMPLETED BY APRIL 13, 2018.



### Office of Occupational Health

### **Immunization:**

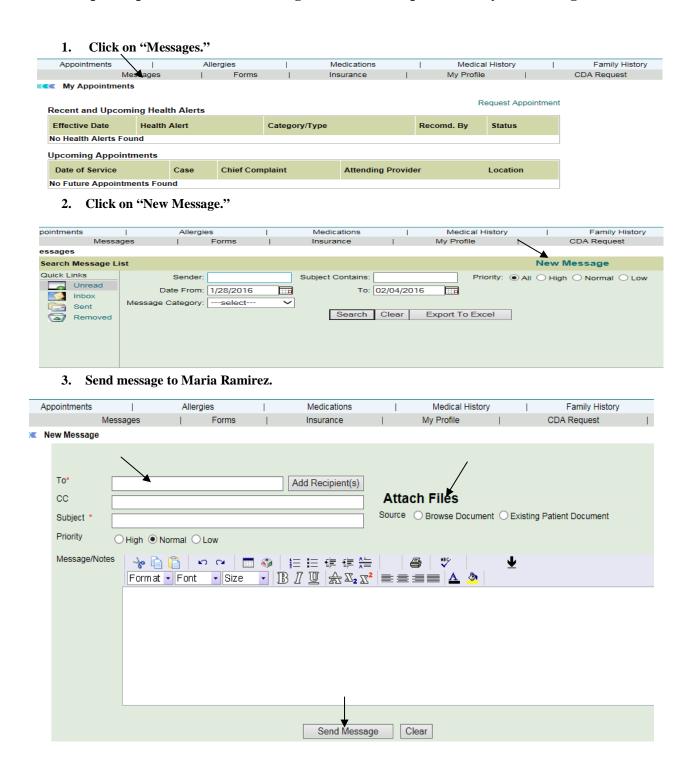
The Association of American Medical Colleges states that all students should be immunized against a number of infectious diseases for their own safety, as well as the safety of others. Student immunization records are kept on file in the Office of Occupational Health. As immunizations are updated, students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

Requirements:  Documentation of required immunizations and titers must be uploaded to the OmniMD portal: <a href="https://ehr5.omnimd.com/Portal/3683/index.jsp.">https://ehr5.omnimd.com/Portal/3683/index.jsp.</a>
☐ Varicella (chickenpox): 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.
<ul> <li>☐ Tuberculosis (TB) clearance:</li> <li>A. A two-step tuberculin skin test is required. Documentation of a TB skin test administered within the past 12 months will be considered as step one. The second TB skin test must be completed at least one week after the first TB skin test. Proof of a negative TB skin test within the past three months will be considered as step two. The PLFSOM will administer the second TB skin test on orientation day.</li> <li>B. If you have a history of positive TB skin tests, documentation of a positive TB skin test is required. Documentation of a chest X-ray (CXR) within the past three months and a TB symptom review are required. A BCG vaccine does not preclude the need for TB skin testing or a chest X-ray.</li> <li>C. Students with positive TB skin tests are required to meet with the infection control nurse.</li> <li>☐ 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.</li> <li>This series must begin prior to matriculation, but may be completed after arrival.</li> </ul>
Tetanus/Diphtheria/Pertussis: Primary series of tetanus immunizations, plus one dose of adult Tdap. If adult Tdap is more than 10 years old, the date of the last Td and Tdap is required.
☐ Flu Vaccine: Documentation of vaccine (one dose annually in the fall)
☐ Meningococcus 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, Office of Occupational Health, at 915-215-4429 or the OmniMD portal.

### Steps to upload documents through the OmniMD portal once you have registered:



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



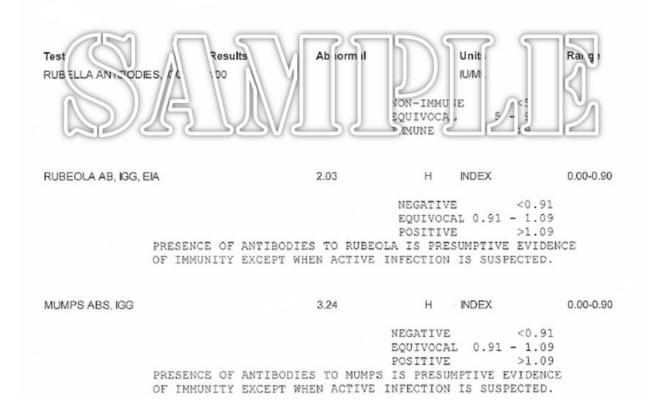
### Office of Occupational Health

This is a sample of a **blood titer lab report**. Lab reports <u>must</u> 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		
		EQUIVOCAL IMMUNE	0.91 - 1.09	

### MMR Mump, Measles, Rubella^





### Office of Student Affairs

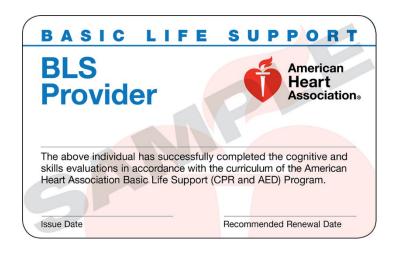
Below is a sample of a Basic Life Support (BLS) card for health care providers. The American Heart Association certification is valid for two years. Other agencies may issue certificates that are valid for only one year.

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

<u>Heartsaver® First Aid</u>, <u>Heartsaver® CPR AED</u>, and <u>Heartsaver® First Aid CPR AED</u> courses **do not** fulfill the BLS for health care providers requirement.

If you have any questions, please contact Inés A. Monarrez at 915-215-4362 or <a href="mailto:lnes.Monarrez@TTUHSC.edu">lnes.Monarrez@TTUHSC.edu</a>.

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.ttuhsc.edu/elpsafetyservices/training.aspx Click on Training in left navigation bar

Step 1 – Click applicable link.



- <u>Step 2</u> **Employees and Students**: Sign in with your eRaider and password. **Volunteers**: Sign in with your volunteer ID number and email address.
- <u>Step 3</u> **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

    XIndicates INCOMPLETE course
  - lndicates 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

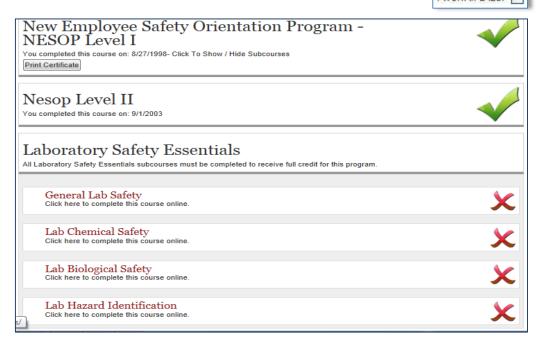




## Login Instructions

Website – <a href="http://elpaso.ttuhsc.edu/elpsafetyservices/training.aspx">http://elpaso.ttuhsc.edu/elpsafetyservices/training.aspx</a>
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.
- <u>Step 2</u> 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:



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



<u>Step 4</u> − 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 highter.



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,								
I AGREE TO USES DESIGNATED BEL (Not including uses for patient treatment or p	-	My <u>Name</u>	My <u>Image(s</u>		ly nation		Data or sentation	
☐ For educational purposes within TTUHSC E	I Paso.	□ Yes □ No	□ Yes □	No □ Yes	□ No	□ Ye	es □ No	
☐ For educational purposes <u>outside</u> TTUHSC	El Paso.	□ Yes □ No	□ Yes □	No ☐ Yes	□ No	□ Ye	es □ No	
☐ For TTUHSC EI Paso marketing or publicity. (This includes news and social media, such a interviews, Facebook, websites, Twitter, You		□ Yes □ No	□ Yes □	No □ Yes	□No	□ Ye	es 🗆 No	
☐ For publication in journals or on the Internet		☐ Yes ☐ No	□ Yes □	No ☐ Yes	□ No	□ Ye	es 🗆 No	
☐ Other purpose(s):		☐ Yes ☐ No	□ Yes □	No □ Yes	□ No	□ Ye	es 🗆 No	
acting on behalf of TTUHSC EI 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 EI 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 EI 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 rebe in writing and sent to the TTU not affect any information used or di	HSC EI F	Paso institution	al privacy	officer. Witho	drawal o	f cons		
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	Signature of Person Named Above Date							
OR Signature and Printed Name of Auti	horized Le	gal Representati	<b>ve</b> Da	te				
For Office Use Only:		Com	pleted by:					
Date of Event:   Speaker	MR#:		□ Patient	R# (Banner): □ Fac		Staff	□ Student	



### **Office of Student Affairs**

	Misco	ellaneoı	as Infor	mation					
NAME: (please print)									
THE WHITE COAT CEREMONY As members of the Paul L. Foster School of Medic alumni, and presented with your first white coat in that is an integral part of orientation week and a vi your families at this year's ceremony on Saturday	the presental elemen	nce of your	r family ar nduction i	nd friends. nto the cor	This is the nmunity o	e beginnin f medicine	g of a long e. We look	g-standing	tradition
In preparation for the ceremony, we need to know listed are comparable to your business suit or blaze									
White Coat S	ize:	Ladies'		N	/Ien'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
T-Shirt		Ladies'		1	ı's	_			
Size	XS	S	M	L	XL	2XL	3XL	4XL	5XL
NAME BADGE Please write your name as you would like it to app you are seeing patients while in school). It should include titles; however, you may include a middle (Please print)  DIETARY REQUIREMENTS  During orientation and at various times throughout know if you are vegetarian or have other dietary re-	include yo initial. Sp	our first nar ace is limit	me (as you	ı would lik	te to be ad	dressed) a	nd last nar	ne. Please	do not
MILITARY STATUS									
Active Veteran Non-Veteran_									
BRANCH (if applicable):									
HPSP SCHOLARSHIP (check if applicable):									



### 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.



### Office of Alumni Relations

Dear Class of 2022:

Welcome to the Texas Tech University Health Sciences Center El Paso Paul L. Foster School of Medicine.

As you prepare for the academic year, the Office of Alumni Relations would like to provide you with your first set of scrubs. The scrubs will be given to you at our annual Scrubs Party hosted by Alumni Relations during orientation in July. Please fill out the information below and return this form to the Student Affairs Office by April 14 to ensure you receive your scrubs.

Name:	Name: (Please print.)								
Size:	Ladies'			Men's					
Size	XS	S	M	L	XL	2XL	3XL	4XL	5XL

If you would like an additional set of scrubs, they can be purchased from any vendor or manufacturer, but must be a dark gray color. Refer to the letter from the Office of Medical Education for color guidelines. Please contact Heather A. Balsiger, M.S., at 915-245-4322 or <a href="heather.balsiger@ttuhsc.edu">heather.balsiger@ttuhsc.edu</a> for lab-related questions.

On behalf of the Office of Alumni Relations, welcome to the Paul L. Foster School of Medicine! We look forward to meeting you in July. Please do not hesitate to contact us if you have any questions regarding your scrubs.

Thank you,

Alumni Relations Office of Institutional Advancement Texas Tech University Health Sciences Center El Paso 1414 N. Oregon St. | El Paso, TX 79902 915-215-4850



### **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 OTHE 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/suppeducation/background and professional in						
Hobbies/Interests:						
Please provide the name(s) of children cu						
Name of child or adolescent:	Age:	Name of child or adolescent: Ag				
1.		3.				
2.		4.				
Below are some activities that may interest	est vou. I	Please check all that apply.				
City Tours (large group events)		Bake Sales (Fundraisers)				
Babysitting Co-op with Other Spous	ses	Charity or Volunteer Work				
Moms' or Dads' Night Out		Book Clubs				
Seasonal/Holiday Events		Discussion Groups with Faculty Members Spouses				
Children's Play Dates (Organized K	ids'	Relocation/Practical Assistance (Housing,				
Events)		City Tours, etc.)				
Outdoor Activities (Cycling, Hiking	, etc.)	Sports				
Job Fairs/Conferences		Other (Please Specify)				
Please check here if you would b	e interes	sted in being part of a planning committee. ending the summer preview event in June?				



### Office of Medical Education

## Spanish Language Proficiency: Self-Assessment

NAI	ME TE
	EASE COMPLETE THIS QUESTIONNAIRE AS TRUTHFULLY AND CURATELY AS POSSIBLE. IT IS IMPORTANT FOR YOUR PRE-PLACEMENT CONVERSATIONAL SPANISH DURING THE SUMMER SESSION.
<mark>1 .</mark>	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) <u>best</u> 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.



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	
Constitution and the constitution of the const	Accuracy	Communication Tools	Tasks and Topics
I understand only occasional isolated words in Spanish.	1.	can't speak Spanish at all.	,,
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.	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).	•∑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.	● I can identify basic objects in Spanish. ● I can talk about limited topics that refer to myself.
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  • ☐ I correct myself a lot and pause frequently.  • ② Sometimes people misunderstand what I'm saying.	• ■ 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.	•El can participate in communicative tasks in Spanish if they're not complicated. •El can talk about topics related to basic survival, and physical and social needs (shopping, travel, lodging).
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)	I speak Spanish fluently and with ease, and people almost always understand me.     arrate using an extensive vocabulary and appropriate verb forms, but I make occasional errors.	• I can produce whole conversations and oral presentations in Spanish. • I can express my opinions and explain them in Spanish.	•BI can participate in most communicative tasks in informal settings. •SI can participate in some communicative tasks in formal settings.
	I understand only occasional isolated words in Spanish.  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.  I can understand Spanish sentences on a variety of topics when the sentences consist of recombinations of phrases I've already learned.  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,	I understand only occasional isolated words in Spanish.  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.  I can understand Spanish sentences on a variety of topics when the sentences consist of recombinations of phrases I've already learned.  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,	I understand only occasional isolated words in Spanish.  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.  I can understand Spanish sentences on a variety of topics when the sentences consist of recombinations of phrases I've already learned.  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, each of the problems; sometimes I'm not understond for this reason.  I can understand spanish sentences on savariety of topics when the sentences on a variety of topics when the sentences consist of recombinations of phrases I've already learned.  When I speak Spanish

## ALL REQUIRED FORMS MUST BE SUBMITTED BY APRIL 13, 2018.

Email forms to the Office of Student Affairs: <a href="mailto:Student.Affairs.PLFSOM@TTUHSC.edu">Student.Affairs.PLFSOM@TTUHSC.edu</a>.