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PhT Program Contact Information

PhT Director/ Externship Coordinator/ Instructor	Allied Health Administrative Assistant
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Pharmacy Technician Program

Complio Document Upload: October 15, 2025

Categories
✓ Physical Exam
✓ Background Check
✓ Drug Screening
✓ MMR
✓ Varicella
✓ Hepatitis B
✓ Tdap
✓ Influenza
✓ Tuberculosis
✓ CPR Certification
✓ Driver's License
✓ Automobile Insurance
✓ Medical Insurance
✓ COVID-19 Vaccine

COS Forms submit to Nursing & Allied Office: September 17, 2025

- Photo/Video Release
- Informed Consent
- Occupational Exposure Control Protocol
- Student Health Release Form
- Demographics Survey

Pharmacy Technician Website:



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Notes on Requirement Documents

- Physical exam must be signed by a Physician or a Nurse Practitioner (COS Health Center)
- Immunization record documents must be from your medical clinic or on your yellow card; **high school record are not accepted.** (check with the COS Health Center for CAIRS2 Immunization Record)
- TB Two Steps take two weeks to complete; complete first before receiving any immunization vaccines **OR** complete a Quantiferon TB Gold Test (Bloodwork).
- Varicella: You will need to have a titer done if you had Chickenpox as a child to show immunity. MMR
- MMR: Titers need to include Measles, Mumps, and Rubella.
- COS Health Center: Provide Free Flu Vaccines and TB Two- Step testing. Contact the Health Center at 559-730-3880 for more information regarding times & other services.
- CPR Cards: **Red Cross and Mets guidelines of AHA are not accepted.** Only American Heart Association. (recommend Visalia CPR or Central Valley CPR; or COS HLTH 406 Class)

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Complio Clinical Requirement Checklist

- Criminal Background
- Drug Screen; Sample Completed
- Physical Exam Form
- MMR: 2 Doses or Positive Titer
- Varicella: 2 Doses or Positive Titer
- Hepatitis B: 3 doses or Positive Titer
- Tdap: Renews every 10 years
- Annual Flu: Sept. 2024 to Oct. 2024
- AHA BLS CPR Card
- Driver's License & Auto Insurance
- Medical Insurance Card: front & back OR no Insurance
- COVID-19: 2 doses & 1 booster OR 1 Bivalent dose

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Immunization Record Example

- Your Legal name listed
- Provider/ Clinic Name
- Vaccination listed with dates administrated.
- The clinic verifies all listed information is accurate.

Upload document and tag document for vaccine entries.

Family HealthCare Network
305 E. Center Ave., Visalia, CA 93291
877-885-3426

IMMUNIZATION RECORD

Name: [REDACTED] Gender: [REDACTED] Date of Birth: [REDACTED]

Immunization	Description	Date Administered			
DTaP	Diphtheria, Tetanus, Pertussis	03/20/2007	05/22/2007	02/01/2008	08/16/2008
Tdap	Tetanus, Diphtheria, Pertussis	03/01/2016			
Hep B	Hepatitis B	03/20/2007	05/22/2007	02/01/2008	
Hep A	Hepatitis A	03/20/2007	02/01/2008		
Hib	Haemophilus influenzae type b	03/20/2007			
IPV/OPV	Polio	03/20/2007	05/22/2007	02/01/2008	08/16/2008
PCV	Pneumococcal Conjugate	03/20/2007			
MMR	Measles, Mumps, Rubella	03/20/2007	08/16/2008		
Varicella	Chickenpox	03/20/2007	03/20/2007		
Rota	Rotavirus				
MCV4/MPSV4	Meningococcal	03/01/2016			
HPV	Human Papillomavirus	03/01/2016			

Flu 02/01/2008 03/01/2016

Other Immunizations		Synagis	
Mumps			
Rubella			
Measles			
MMV2/DTaP			
DTaP/DT			
Td Tetanus			
DTaP			

Date given	Date Read	Item Indur	Impression	Chest X Ray (Necessary if skin test positive)
PPD			Pos	File date: _____ Impression: _____ Normal _____ Abnormal _____
PPD			Neg	Person is free of communicable tuberculosis Yes _____ No _____
PPD			Pos	File date: _____ Impression: _____ Normal _____ Abnormal _____
PPD			Neg	Person is free of communicable tuberculosis Yes _____ No _____

Printed Date: 03/01/2016

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Complio Overview

[Complio Overview Video](#)

COS Complio Website:

<https://cos.complio.com>



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Creating a Complio Account

- Use only your COS giant email when creating an account.
- Make sure you have access to your giant email.
- Make sure you spell your name correctly and enter your social security number correctly.
- Do **NOT** use "!" as a special symbol at the beginning or end of your password. You will have trouble with logging-on

Click **"Create Account"** to begin setting up your Complio account. If you already have an account, select **"Member Login"** instead.

Complio requires you to create a unique username and a secure password to protect the information within your account.

Use the **drop-downs** to select your state, city, and ZIP code.

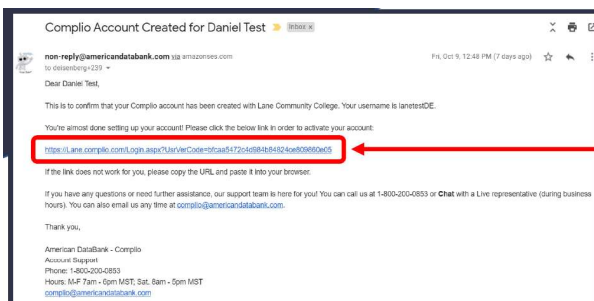
Once you've entered your information, click **"Create Account and Proceed"**.

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Activate your Complio Account

- May need to check your spam folder
- Email can take a few minutes to 24 hours to receive.
- If you have NOT received it within the 4 hours, you'll need to call American Databank customer service line.

Email: complio@americandatabank.com
Phone: 1-800-200-0853 or 1-303-573-1130



Once you've created your account, you'll receive an activation email. **Click the link** in the email to finish setting up your Complio account.

- Once you activate your account, you'll need to login with your Complio username and password. Trouble signing on: reset your password without a special symbol at the beginning or end of your password.

The first time you log into Complio, you will be prompted to place an order.

Click **"Get Started"** to begin the ordering process.

Welcome!

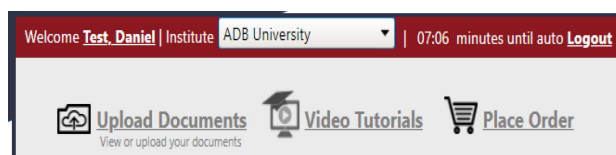
Welcome to the COMPLIO community. Your account is now setup, and you are ready to place your order!
 Once you login, your COMPLIO account will walk you through the process required for you to be COMPLIANT. Help is always available – just call us at (800) 200-0853.

[Get Started](#)

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Complio Ordering, Uploading documents & Tutorials

- [Complio Document Upload Video](#)
- [Complio Data Entry Video](#)
- [Complio Titer Document Upload Video](#)



Lastly, at the top right of your dashboard are additional options for managing your account.

- **Upload Documents** – Access and manage your Document Library; upload additional documents as needed
- **Video Tutorials** – Access a library of video tutorials on topics ranging from submitting documents for review to profile sharing
- **Place Order** – Begin the order process for a new package or subscription

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Complio Tracking Subscription

To upload your clinical requirement documents and for Complio to track the expiration dates.

1. Select your program
2. Click on your Tracking Package

Tracking Packages :

Pharmacy Technician Students-
15 months subscription \$35.00

[Complio Subscription Video](#)

The system will prompt you to select your program first. Navigate through the dropdowns, selecting the option that applies to your program, until there are no more dropdowns. Then click **"Load Packages."** If you don't know which option to choose in any of the dropdowns, reach out to your school administrators, as they are the ones who determine these options.

If you have any questions about which packages you're supposed to select, reach out to your school administrators, as they set the compliance requirements for your program.

Once you've selected your package(s), click "Next" to proceed.

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Complio Background & Drug Screen

[Complio Additional Fees Video](#)

[Complio Signing Forms Video](#)

Screening Packages for Allied Health Programs:

Background Screen & Drug Screen:
\$84.00

Drug Screen: \$59.00

- Once you complete your order through Complio, you will be emailed your **AUTHORIZATION FORM** to your email registered with Complio. You will print or take your mobile device for scanning purposes to your Collection Site listed on your Authorization Form. **You must complete your drug screen at the location on your Authorization form to this reduces that chance your results gets lost in the system.** Once completed, you will be emailed a copy and so will the Nursing & Allied Health Office. Complio will automatically upload to your Complio account.

Troubleshooting:

- Must show your Authorization Form code for Check-in. You already Paid for The drug screen, you will NOT need to pay at your Collection Site.
- Must complete Drug Screen before the Expiration date on the Authorization form.

3.2. Drug Screening

If your background check includes an electronic drug screening registration, you will be prompted to select a drug screening location during the order process.

To select a drug screening location, enter a ZIP code in the collection site locator.

This will bring up a list of collection sites within a certain radius of the entered ZIP code. You can enter your home ZIP code, or, if preferable, a different ZIP code (such as the code for where you work or go to school). Once the list appears, select your preferred location.

Each drug screening location operates within a certain lab network (such as Quest Diagnostics). If you select a drug screening location but later decide that a different location would be preferable, your registration will be transferable, as long as the alternate location is within the same lab network as the location you selected.

Complio Thomas Jefferson Nursing Drug Screen Expires on 09/19/2019 06:00:00 PM MST

Authorization Form
REGISTRATION NUMBER: 37162765

Order Expiration Date/Time: 09/19/2019 06:00:00 PM MST

Authorization Barcode #: 37162765



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Drug Screen

TIP:

Try to drink no more than 8 oz. of water in the 2 hours prior to providing your drug screening specimen. An excess of water in your urine sample can dilute the specimen, affecting the results of the screening. If your drug screening comes back with dilute results, you may be required to order another drug screening.

Note: Drug Screen Retake cost \$59.00.

Reasons for Drug Screen Retakes:

- Diluted Sample
- Authorization Form Expired
- Unable to produce a Sample
- Positive for substance use.

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Flagged Results

Background Flagged Results:

- Must meet with your program director/ externship coordinator to discussion results and further steps.
- Note: Possibly not able to continue in the program.
- Must have a cleared criminal background report for clinical placement.

Drug Flagged Results:

- Meet with your program director/ externship coordinator to discussion results and further steps.
- Re-order & re-take the Drug Screen.
- Wait for the substance in your system to leave your system, then re-take. Be mindful of your clinical deadline!
- Must have a cleared drug screen for clinical placement.

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Complio Dashboard

- Complio sends you an email notifications whenever there is a change to your compliance status, whenever a submission is rejected, or whenever items are set to expire soon.

	Varicella	GREEN CHECKMARK = Compliant
	Tuberculosis	RED X = Incomplete/Non-Compliant
	Influenza	BLUE CHECKMARK = Approved by Exception or Override
	Hepatitis B	YELLOW EXCLAMATION POINT = Pending Review (i.e., if all submitted items are approved, you will become Compliant)
	Physical Exam	GRAY SEMICIRCLE = Optional/Non-Required

American DataBank | Since your last login

Since your last login 0 item(s) have been marked "meets requirements", 0 item(s) have been marked "does not meet requirements", and 0 are still pending review.

You are still not compliant in the following category(s):

- Tuberculosis
- Hepatitis B
- Student Handbook Signature Page
- SDN Quiz

You have following upcoming expiration category(s):

Category Name	Expiration Date	Institution Hierarchy
Hepatitis B	10/2/2020	
Tuberculosis	10/22/2020	
Health Insurance	1/1/2021	
Tdap	4/2/2020	

complio **American DataBank**

Welcome **Test, Daniel** | Institute **A2B University** | 26:15 minutes until auto-logout

Upload Documents | Video Tutorials | Place Order

DT **Username:** **Test, Daniel** **Institute:** **A2B University**

Immunization/Compliance | Background Screening | Clinical Rotation

Overall Compliance Status: Not Compliant (2/11 Compliant) [View Subscription \(47 Days Left\)](#)

Compliance Category/Item (Status) / Calendar **Requirement Expiration** **Status**

Required Compliance Category

	Tuberculosis	View Requirements	Incomplete
	Varicella	View Requirements	Incomplete
	Influenza	View Requirements	Incomplete
	Hepatitis B	View Requirements	Incomplete

[Chat with an Expert](#)

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Un-assigned Document(s)

Applicant's Document(s)	
Image.jpg	View
COVID19_StudentLiabilityWaiver_RR...	View
DrugAndAlcoholAgreement_RR.pdf	View
CNA_PHOTO_Release_RR.pdf	View
CNA_HandbookAgreement_RR.pdf	View
Image.jpg	View
Image.jpg	View
Image.jpg	View
Image.jpg	View
64C7E3C5-18BD-4379-B161-3849773DF...	View
Image.jpg	View
Image.jpg	View
BkgSvcGroupCompletionReport_Drug ...	View
Image.jpg	View
20230525102556069.pdf	View
Image.jpg	View
4C2AC29E-B10F-422D-A058-6A931EEDC...	View
BkgSvcGroupCompletionReport_Backg...	View
CNA_PHOTO_Release_RR.pdf	View
Image.jpg	View
Image.jpg	View
Image.jpg	View
Image.jpg	View
Image.jpg	View
CNA Physical Exam Form.pdf	View

Applicant's Document(s)	
COVID-19 Second Dose.pdf	View
TB results .pdf	View
TRICARE.pdf	View
DRIVER LICENSE.pdf	View
CPR.pdf	View

Applicant's Document(s)	
WIN_20230611_16_05_01_Pro.jpg	View
WIN_20210910_15_55_05_Pro.jpg	View
WIN_20230605_13_09_31_Pro.jpg	View
WIN_20230608_15_01_48_Pro.jpg	View
WIN_20230608_15_01_07_Pro.jpg	View
WIN_20230605_13_10_17_Pro.jpg	View
WIN_20230605_13_10_01_Pro.jpg	View
WIN_20210910_16_04_01_Pro.jpg	View
WIN_20210910_16_03_44_Pro.jpg	View
COVID19_StudentLiabilityWaiver_RR...	View
DrugAndAlcoholAgreement_RR.pdf	View
CNA_PHOTO_Release_RR.pdf	View
CNA_HandbookAgreement_RR.pdf	View
BkgSvcGroupCompletionReport_Drug ...	View
BkgSvcGroupCompletionReport_Backg...	View

Naming Documents

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MMR Clinical Requirements Notes

MMR Titer: 1 report
 Complio MMR Titer Entries: 3
 Measles Titer
 Mumps Titer
 Rubella Titer

Titer Results must be Positive

Equivocal or Negative will require booster doses.

Same Provider/ Clinic and same document

MMR: Measles, Mumps, Rubella (2 Doses)

Dose 1 and 2 are 4 weeks apart.

Immunization Record:

Measles, Mumps, Rubella	JAN 22, 2003 00:00:00
	APR 18, 2006 00:00:00

Complio MMR Entries:

Measles Dose 1: 1/22/2003

Measles Dose 2: 4/18/2006

Mumps Dose 1: 1/22/2003

Mumps Dose 2: 4/18/2006

Rubella Dose 1: 1/22/2003

Rubella Dose 2: 4/18/2006

Same Provider/Clinic and same document.

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Complio MMR Example

The screenshot displays a digital form for MMR (Measles, Mumps, Rubella) immunization records. It contains six entries, organized into three pairs for Measles, Mumps, and Rubella. Each pair includes a 'Dose 1' and 'Dose 2' entry. The form fields for each entry are: Patient (with a dropdown menu), Date (with a date picker), Provider (with a dropdown menu), and Submitted Date (pre-filled with 1/30/2024). The form is titled 'MMR' and has a 'Submitted' status indicator.

EDITED: 7/10/2024

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Hepatitis B Clinical Requirements Notes

Hepatitis B Titer(HbsAb):
1 report & 1 upload entry.

Titer Results must be Positive

Equivocal or Negative will
require booster doses.

Hepatitis B: 3 dose Series.

Dose 1 and 2 are 4 weeks apart.

Dose 2 and 3 are 5 months apart.

Immunization Record:

Hepatitis B	1	02/11/2005	HepB-HiB vaccine, im (Comvax)
	2	06/08/2005	HepB-HiB vaccine, im (Comvax)
	3	03/27/2006	Hep B vac ped/adol 3 dose im

Complio Hep B Entries:

Hepatitis B Series – 1st: 2/11/2005

Hepatitis B Series – 2nd : 6/8/2005

Hepatitis B Series – 3rd : 3/27/2006

Same Provider/Clinic and same document.

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Varicella Clinical Requirements Notes

Varicella Titer
1 report & 1 upload entry.

Titer Results must be Positive

Equivocal or Negative will
require booster doses.

❖ If you had chickenpox has a
child, you need to do a Titer.

Varicella (Chickenpox) Vaccine: 2 doses

Dose 1 and 2 are 4 weeks apart.

Immunization Record:

Varicella	1	12/27/2005	Varicella
	2	04/09/2009	Varicella

Complio Varicella Entries:

Varicella Dose 1: 12/27/2005

Varicella Dose 2: 6/8/2005

Same Provider/Clinic and same document.

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Complio Varicella & Hepatitis B Example

Varicella				Approved
Varicella Dose 1 Submitted Date: <u>1/30/2024</u> Submitted Date: <u>1/30/2024</u> Date: <u>1/30/2024</u> Provider: <u>CA Immunization Program</u> Submitted Comments: <u></u> Administrator's Comments: <u></u>				Submitted Date: 1/30/2024 Status: Requirements
Varicella Dose 2 Submitted Date: <u>1/30/2024</u> Submitted Date: <u>1/30/2024</u> Date: <u>1/30/2024</u> Provider: <u>Joseph Doherty Health Clinic</u> Submitted Comments: <u></u> Administrator's Comments: <u></u>				Submitted Date: 1/30/2024 Status: Requirements
Hepatitis B				Approved
Hepatitis B Series - 1st Submitted Date: <u>1/24/2024</u> Submitted Date: <u>1/24/2024</u> Date: <u>1/24/2024</u> Provider: <u>St. Mary's Bridge Street Clinic</u> Submitted Comments: <u></u> Administrator's Comments: <u></u>				Submitted Date: 1/24/2024 Status: Requirements
Hepatitis B Series - 2nd Submitted Date: <u>1/24/2024</u> Submitted Date: <u>1/24/2024</u> Date: <u>1/24/2024</u> Provider: <u>CA Immunization Program</u> Submitted Comments: <u></u> Administrator's Comments: <u></u>				Submitted Date: 1/24/2024 Status: Requirements
Hepatitis B Series - 3rd Submitted Date: <u>1/24/2024</u> Submitted Date: <u>1/24/2024</u> Date: <u>1/24/2024</u> Provider: <u>CA Immunization Program</u> Submitted Comments: <u></u> Administrator's Comments: <u></u>				Submitted Date: 1/24/2024 Status: Requirements

EDITED: 7/10/2024

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Tuberculosis (TB) Two-Step. Option 1

Your 2nd PPD must be given 1 to 3 weeks after your 1st PPD.

Two-Step TB Complio Upload:

Healthcare setting? No

PPD 1st: 9/22/2022

PPD 2nd: 9/29/2022

Clinic/ Provider: COS Health Center

Same Document for both entries.

Tuberculin Skin Test Record			
Step 1 TB test:			
Lot #	Exp.	Site:	RFA (LFA)
C5806AA	3/25/23		
Date Administered:	Time Administered:		
9/20/22	3:35 PM		
Healthcare Provider Signature: <u>S. LUN</u>			
Read Date:	Time Read:		
9/22/22	3:45 PM		
Result:	(mm)	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Clearance Granted
Healthcare Provider Signature: <u>S. LUN</u>			
Step 2 TB Test:			
Lot #	Exp.	Site:	RFA (LFA)
C5806AA	3/25/23		
Date Administered:	Time Administered:		
9/27/22	3:19 PM		
Healthcare Provider Signature: <u>S. LUN</u>			
Read Date:	Time Read:		
9/29/22	3:29 PM		
Result:	(mm)	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Clearance Granted

Four appointment schedule for two-step testing

Visit 1, day 1

- Place the first TST and have the employee return in 48 to 72 hours for the test to be read.

Visit 2, day 2 - 3

- Evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm).
- If the first TST is negative, give the patient an appointment to return for placement of the second test in 7 - 21 days.
- If the first TST is positive, it indicates that the employee is infected with TB. No further testing is indicated. Refer the employee for a chest x-ray and physician evaluation. An asymptomatic employee, whose chest x-ray indicates no active disease, may begin work.

Visit 3, day 7 - 21

- Place the second TST on all employees whose first test was negative using the alternate arm.

Visit 4, 48 - 72 hours after second test placed

- Evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm).
- If the second TST is negative, the patient is not infected.
- If the second test is positive, it indicates that the employee is infected with TB. No further testing is indicated. Refer the employee for a chest x-ray and physician evaluation. An asymptomatic employee, whose chest x-ray indicates no active disease, may begin work.

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Tuberculosis				Approved	
<div>Do you work in a Healthcare setting?</div> <div>Submitted Date: <input type="text"/></div> <div>Results: <input type="text"/></div> <div>Submitted Comments: <input type="text"/></div> <div>Administrator's Comments: <input type="text"/></div>				Submitted Date: 2/6/2024	Meets Requirements
<div>PPD 1st</div> <div>Submitted Date: <input type="text"/></div> <div>Document: Labwork/meds</div> <div>Date: 1/16/2024</div> <div>Result: Negative</div> <div>Provider: College of the Siskiyew Health Center</div>				Submitted Date: 1/30/2024	Meets Requirements
<div>PPD 2nd</div> <div>Submitted Date: <input type="text"/></div> <div>Document: Labwork/meds</div> <div>Date: 1/16/2024</div> <div>Result: Negative</div> <div>Provider: College of the Siskiyew Health Center</div>				Submitted Date: 1/30/2024	Meets Requirements

Complio Tuberculosis Two-Step Example

EDITED: 7/10/2024

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Tuberculosis (TB) Quantiferon TB Gold Test (Bloodwork) Option 2

Quantiferon TB Gold Test Complio Upload:

Healthcare setting? No

Results Must be Negative.

*** WORK COPY ONLY *** Printed: Oct 13, 2022 14:54

Collection Date	Test	Critical	Spe Provider	Status
09/12/2022 09:0	QUANTIFERON-		BLO TA, LOKE OL COMPLE	

Results
QUANTIFERON-TB, BLOOD DARK GREEN/LIHEP/6mL/WB BLOOD SP LB #535261

Collection time: Sep 12, 2022@09:07

Test Name	Result	Units	Range
QUANTIFERON-TB Gold, blood	NEGATIVE		
MITOGEN-NIL, blood	0.02	IU/mL	
TB1 Ag-NIL, blood	>10.00	IU/mL	
TB2 Ag-NIL, blood	0.02	IU/mL	
TB2 Ag-NIL, blood	0.01	IU/mL	

Comment:
Negative test result. M. tuberculosis complex infection unlikely.
TB2-NIL

REFERENCE RANGE:
QUANTIFERON(R)-TB GOLD: NEGATIVE

The Nil tube value reflects the background interferon gamma immune response of the patient's blood sample. This value has been subtracted from the patient's displayed TB and Mitogen results.

Lower than expected results with the Mitogen tube prevent false-negative Quantiferon readings by detecting a patient with a potential immune suppressive condition and/or suboptimal pre-analytical specimen handling.

The TB1 Antigen tube is coated with the M. tuberculosis-specific antigens designed to elicit responses from TB antigen primed CD4+ helper T-lymphocytes.

The TB2 Antigen tube is coated with the M. tuberculosis-specific antigens designed to elicit responses from TB antigen primed CD4+ helper and CD8+ cytotoxic T-lymphocytes.

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Tuberculosis			Approved
<p>Do you work in a Healthcare setting?</p> <p>Submitted Date: 1/19/2024</p>			Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
<p>Result: Yes</p>			
<p>Quantiferon TB Gold Test</p> <p>Submitted Date: 1/27/2024</p>			Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
<p>Document: 1 document(s)</p> <p>Date: 1/22/2024</p> <p>Expiration Date: 1/22/2025</p> <p>Provider: John YAU, Wu</p> <p>Result: Negative</p>			

Complio QuantiFERON TB Gold Test Example

EDITED: 7/10/2024

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Tuberculin Skin Test Record

Step 1 TB test:

Lot # C5806AA Exp. 3/25/23 Site: RFA LFA

Date Administered: 9/20/22 Time Administered: 3:35pm

Healthcare Provider Signature: S. LW

Read Date: 9/28/22 Time Read: 3:45pm

Result: 0 (mm) ☒ Negative ☐ Positive ☐ Clearance Granted

Healthcare Provider Signature: S. LW

Tuberculosis (TB) Annual

Annual TB Complio Upload:

Healthcare setting? Yes

PPD Annual: 9/22/2022

Clinic/ Provider: COS Health Center

❖ If you work in a healthcare setting prior to program entry.

❖ 2nd year of program.

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Complio Tuberculosis (TB) Annual Example

<div>Tuberculosis</div> <div> <div>Do you work in a Healthcare setting?</div> <div> <div>Submitted Date</div> <div>Results: Yes</div> </div> </div>	<div>Submitted Comments</div>	<div>Submitted Date: 1/19/2024</div>	<div>Approved</div>
<div>PPD Annual</div> <div> <div>Submitted Date</div> <div> <div>Document: 4 documents</div> <div>Result: Negative</div> <div>Expiration Date: 7/28/2024</div> <div>Provider: Valley Childrens Healthcare</div> <div>Date: 7/28/2023</div> </div> </div>	<div>Submitted Comments</div> <div>Documents clearly states date placed is 7/26/2023. Read NEGATIVE on 7/28/2023 page 3.</div>	<div>Submitted Date: 12/26/2023</div>	<div>Meets Requirements</div>

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Tuberculosis Positive Results

Complio: both forms must be upload to complete the TB requirement.

1. **Chest X-Ray** : Results Must be Negative. Receive from your healthcare provider.
2. **TB Screening Form**: Nursing & Allied Health TB Surveillance Form (get from Nursing & Allied Health Administrative Assistant, Angela Iniguez).

**Nursing & Allied Health Department
Tuberculosis (TB) Surveillance Form**

**(Student with a POSITIVE TB HISTORY OR BCG VACCINE MUST COMPLETE THIS FORM
ANNUALLY)**

To be completed by student and verified by Health Care Provider

Date of PPD positive conversion: PPD 2+ TB Gold Plus 06/15/2023
 Did you receive BCG? ☐ Yes ☒ No Where: _____ When: _____
 CXR Completed: ☒ Yes ☐ No Date Completed: 06/15/2023

If CXR done over 12 months ago, complete the following

-ANSWER YES FOR ANY UNEXPLAINED FINDING-

Do you have a persistent cough? ☐ Yes ☒ No
 Are you coughing up blood? ☐ Yes ☒ No
 Have you had a fever lasting more than 3 days? ☐ Yes ☒ No
 Have you had unexplained weight loss? ☐ Yes ☒ No
 Do you have a chronic fever? ☐ Yes ☒ No
 Do you suffer from chest pain? ☐ Yes ☒ No

If you answered **Yes** to any of the above questions, please explain below:

Student Signature: [Signature] Date: 6/22/23

Health Care Provider Signature: _____ (Signature Required)

Print Name: Melanie Alvord, NP
 Address: _____

 Phone Number: Family HealthCare Network

 P#: (559) 544-0100
 Fax: (559) 717-0921

**Affix Health Care Provider
Business Card Here**

04FamilyHealthcare Network Woodlake
301 E. Lakeview Ave. Woodlake, CA 93268

Ref: 11/1/2022	
Report #: 307100	Referral Date: 06/15/2023
Referral Date: 06/15/2023	Referral Date: 06/15/2023
Referring Physician: Scott Hall	Referring Physician: Courtney M. M.

X-RAY CHEST 2 VIEWS

REF: 0001
 Date: _____
 Date: CHST 1 + AP (2 views): _____

History: TB screening

Comparison: 06/15/2023

Finding:

There is no focal consolidation or effusion, the heart is normal in size.
 Mediastinal structures unremarkable. No evidence for active tuberculosis.
 Bony thorax is intact.

Impression:

No acute disease.

No evidence for active tuberculosis.

FAMILY HEALTHCARE NETWORK
 400 E Oak Ave
 Woodlake, CA 93269
 (559) 741-4500

<https://fha-cs.mhmedical.com/breadcrumbs/familyhealthcare.aspx>
 New Patient (CPT 99201-99205) or Prior Patient (CPT 99206-99209) for the following services: 93.03, 93.04, 93.05, 93.06, 93.07, 93.08, 93.09, 93.10, 93.11, 93.12, 93.13, 93.14, 93.15, 93.16, 93.17, 93.18, 93.19, 93.20, 93.21, 93.22, 93.23, 93.24, 93.25, 93.26, 93.27, 93.28, 93.29, 93.30, 93.31, 93.32, 93.33, 93.34, 93.35, 93.36, 93.37, 93.38, 93.39, 93.40, 93.41, 93.42, 93.43, 93.44, 93.45, 93.46, 93.47, 93.48, 93.49, 93.50, 93.51, 93.52, 93.53, 93.54, 93.55, 93.56, 93.57, 93.58, 93.59, 93.60, 93.61, 93.62, 93.63, 93.64, 93.65, 93.66, 93.67, 93.68, 93.69, 93.70, 93.71, 93.72, 93.73, 93.74, 93.75, 93.76, 93.77, 93.78, 93.79, 93.80, 93.81, 93.82, 93.83, 93.84, 93.85, 93.86, 93.87, 93.88, 93.89, 93.90, 93.91, 93.92, 93.93, 93.94, 93.95, 93.96, 93.97, 93.98, 93.99, 94.00, 94.01, 94.02, 94.03, 94.04, 94.05, 94.06, 94.07, 94.08, 94.09, 94.10, 94.11, 94.12, 94.13, 94.14, 94.15, 94.16, 94.17, 94.18, 94.19, 94.20, 94.21, 94.22, 94.23, 94.24, 94.25, 94.26, 94.27, 94.28, 94.29, 94.30, 94.31, 94.32, 94.33, 94.34, 94.35, 94.36, 94.37, 94.38, 94.39, 94.40, 94.41, 94.42, 94.43, 94.44, 94.45, 94.46, 94.47, 94.48, 94.49, 94.50, 94.51, 94.52, 94.53, 94.54, 94.55, 94.56, 94.57, 94.58, 94.59, 94.60, 94.61, 94.62, 94.63, 94.64, 94.65, 94.66, 94.67, 94.68, 94.69, 94.70, 94.71, 94.72, 94.73, 94.74, 94.75, 94.76, 94.77, 94.78, 94.79, 94.80, 94.81, 94.82, 94.83, 94.84, 94.85, 94.86, 94.87, 94.88, 94.89, 94.90, 94.91, 94.92, 94.93, 94.94, 94.95, 94.96, 94.97, 94.98, 94.99, 95.00, 95.01, 95.02, 95.03, 95.04, 95.05, 95.06, 95.07, 95.08, 95.09, 95.10, 95.11, 95.12, 95.13, 95.14, 95.15, 95.16, 95.17, 95.18, 95.19, 95.20, 95.21, 95.22, 95.23, 95.24, 95.25, 95.26, 95.27, 95.28, 95.29, 95.30, 95.31, 95.32, 95.33, 95.34, 95.35, 95.36, 95.37, 95.38, 95.39, 95.40, 95.41, 95.42, 95.43, 95.44, 95.45, 95.46, 95.47, 95.48, 95.49, 95.50, 95.51, 95.52, 95.53, 95.54, 95.55, 95.56, 95.57, 95.58, 95.59, 95.60, 95.61, 95.62, 95.63, 95.64, 95.65, 95.66, 95.67, 95.68, 95.69, 95.70, 95.71, 95.72, 95.73, 95.74, 95.75, 95.76, 95.77, 95.78, 95.79, 95.80, 95.81, 95.82, 95.83, 95.84, 95.85, 95.86, 95.87, 95.88, 95.89, 95.90, 95.91, 95.92, 95.93, 95.94, 95.95, 95.96, 95.97, 95.98, 95.99, 96.00, 96.01, 96.02, 96.03, 96.04, 96.05, 96

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Complio Tuberculosis Positive Example

EDITED: 7/10/2024

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Complio Exceptions

Before you Apply for Exception on Complio the following MUST be completed first:

1. Email your externship instructor, also CC Allied Health Administrative Assistant.
2. Email response from externship instructor approving exception request with expiration date. Allied Health Administrative Assistant must be cc'd on email.
3. Submit your Apply for Exception through Complio include screenshot of email approval with request. Email Administrative Assistant, you submitted your exception.
 - o If the following procedure is not followed and automatic denial will be given until the procedure is followed.

2.3. Exceptions

If you cannot complete a compliance requirement—for example, if you are allergic to a vaccine—your school may allow you to apply for an exception.

To apply for an exception, locate the requirement on your dashboard and click "Enter Requirements." Then select the **Apply For Exception** option.

If you select this option, you will need to indicate whether you are applying for an exception for an entire compliance category (for example, Hepatitis B) or a single compliance item (for example, a vaccine dose).

You will also be required to submit supporting documentation, as well as a note explaining why you believe you need an exception.

Once you've entered the information, click **Submit** to finish applying for the exception.

IMPORTANT!

Exceptions are reviewed by school administrators, not by American DataBank. If you applied for an exception that has not been reviewed after several days, contact your school administrator for further assistance.

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COVID-19 Clinical Requirements Notes

COVID-19 Exemptions are NOT Accepted.

- ❖ If you have questions or concerns, please talk to your program director.

COVID-19 Vaccine: 2 doses & a booster

Dose 1 and 2 are 3 weeks apart.

Dose 2 and booster are 5 months apart.

2024: only Bivalent vaccine 1 dose for 5-6 months is available on the market.

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	01/25/21	01/25/21	Public Health
2 nd Dose COVID-19	02/20/21	02/20/21	Public Health
Other	03/11/22	03/11/22	Public Health

Complio COVID-19 Entries:

COVID-19 Vaccine Dose 1 of 2: 1/30/2021

COVID-19 Vaccine Dose 2 of 2: 2/20/2021

COVID-19 Booster: 3/11/2022

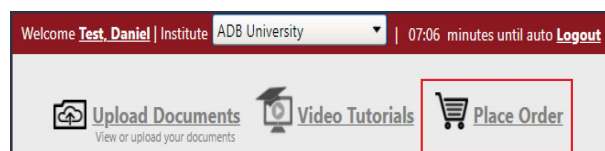
May be more than 1 document, provider/clinic.

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Renew your Complio Subscription

1. Place Order
2. Select Your Program
3. Select Tracking Package for your program.
4. Enter the months needed to extend your subscription.

Complio Renew Subscriptions Video



Lastly, at the top right of your dashboard are additional options for managing your account.

- **Upload Documents** – Access and manage your Document Library; upload additional documents as needed
- **Video Tutorials** – Access a library of video tutorials on topics ranging from submitting documents for review to profile sharing
- **Place Order** – Begin the order process for a new package or subscription

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Complio Help Appointment with Angela

- Not Tech Savvy?
- Confused on how to upload?
- Don't have access to scanner, laptop or desktop?
- Don't know where to start in submitting your documents?
- Got an email that your submission rejection? Forward rejection email either via text or email. I will review and respond once complete.

Must email, call, or text to schedule an appointment with me prior to visiting me in person.

- Must have all requirement documentation prior to requesting to schedule an appointment, this save you and me time. 😊
- Schedule your appointment online:

As the Nursing & Allied Administrative Assistant:

I support the following programs: (125)

PTA program (56)

Pharmacy Technician Program (24)

C.NA Program (45)

EMT Program

HLTH 405 (Rehab Aide) /406 (AHA BLS CPR) Classes

Allied Health Division

Angela Iniguez
559-737-6135 (call or text)
angelai@cos.edu

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Post Program Resources

GED Transcripts:



High School Transcripts:



Self Query Order:



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