



Class of 2025

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:
May 28, 2021.

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) 215-4010

ALL REQUIREMENTS MUST BE COMPLETED BY MAY 28, 2021.

Office of Occupational Health

Is the policy of Texas Tech University Health Sciences Center El Paso to maintain a health program that conforms to the guidelines and recommendations established by the Centers of Disease Control and Prevention (CDC). This program is directed toward primary prevention, early detection, and diagnosis of exposure-related illnesses.

Immunization records are kept on file in the Office of Occupational Health. As immunizations are updated, written documentation must be submitted to this office.

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

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

Immunization Requirements

- 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 negative annual testing for two consecutive years, with the last being within the last 12 months, OR documentation of a negative TB lab test (T-SPOT, QFT-Gold) within the last 12 months.
 - 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.**
- Hepatitis B:** Series of three vaccines followed by an *antibody titer*. If immunity is not developed after the initial series, a second series and re-titer is required as recommended by the Center for Disease Control and Prevention.
This series must begin prior to matriculation, but may be completed after arrival.
- Tetanus/Diphtheria/Pertussis:** 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)**
- Flu vaccine: when in season ~ Sept thru March.**

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 immunization records through the OmniMD portal

IMPORTANT – please use Internet Explorer ONLY

To register: Go to the OmniMD Patient Portal Link: <https://ehr5.omnimd.com/Portal/3683/index.jsp>

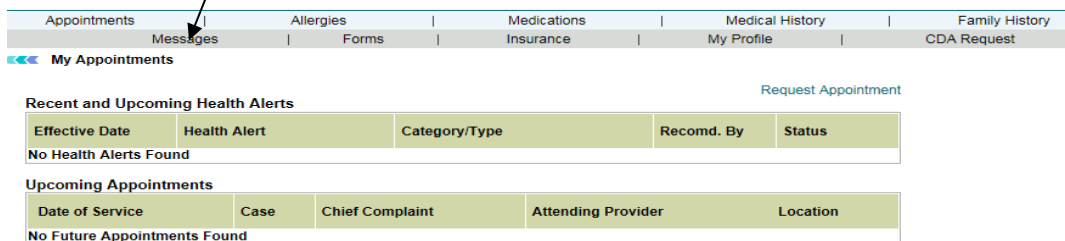
Click on the “New User Registration” link.



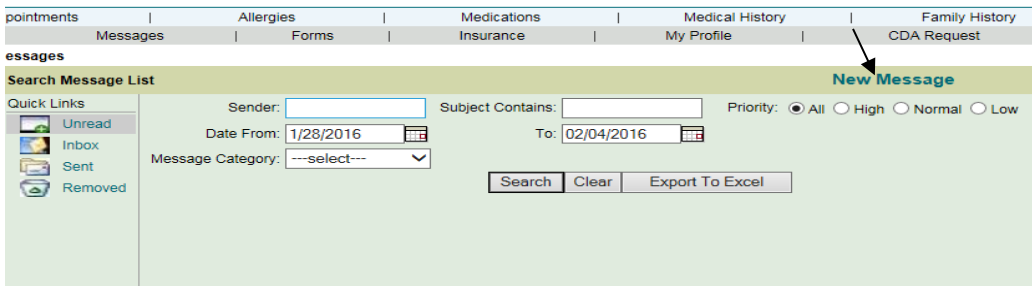
Once you register, the system will email you your login credentials. If you register on a weekend/holiday, your login credentials will be emailed on the next business day. If necessary, check your spam/junk mail folder. Login credentials are case sensitive; **DO NOT COPY AND PASTE**. If you don't receive your login credentials, please don't register again, call (915) 215-4429 or email maria.ramirez@ttuhsc.edu for assistance.

To upload documents:

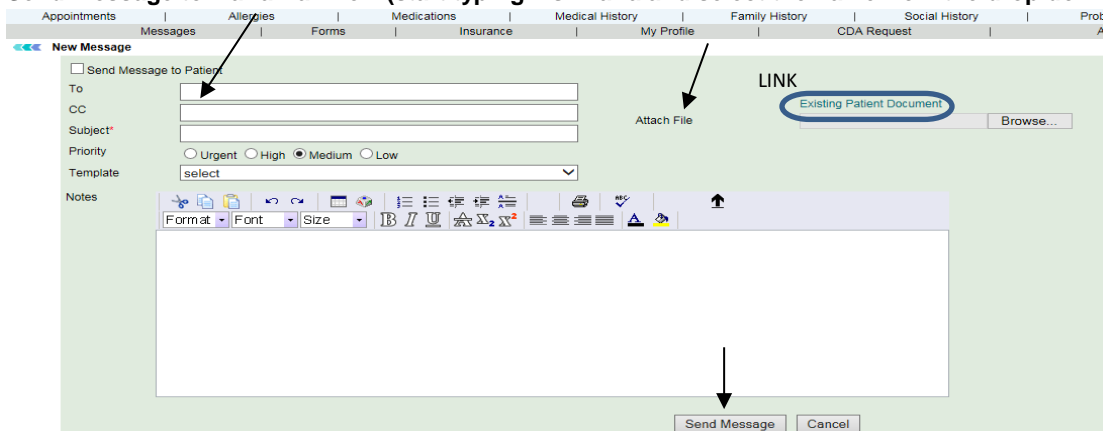
1. Click on “Messages”



2. Click on “New Message”



3. Send message to Maria Ramirez (start typing Ms. Maria and select the name from the drop down box)



You can access your immunization records by clicking on the “Existing Patient Document” link.

IMPORTANT: Filename must not contain special characters, and attachments must not exceed 10 MB.

Once documents have been submitted, you will be notified of any missing requirements. You are expected to log in to the portal and check messages regularly. Occupational Health will notify you once immunization requirements have been met. Questions regarding immunization requirements may be directed to Maria Ramirez through the OmniMD portal or maria.ramirez@ttuhsc.edu.



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 Cynthia Galvez at 915-215-5635 or cynthia.galvez@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 –<https://academic.elpaso.ttuhscc.edu/ACME/roles/default.aspx>

Click on **Required Courses** in left navigation bar



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</u> including uses for patient treatment or payment.)	<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 <u>within</u> 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 <u>outside</u> 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 2025, 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, August 28, 2021.**

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.

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?