



Medical Laboratory Technician

Dear MLA/T Student,

Congratulations and welcome to Northern College! I am quite pleased to welcome you to the MLA/T program. Health Science education is challenging but we are looking forward to helping you reach your academic and career aspirations. To this end, please review the enclosed information in order to prepare for your classroom experiences, laboratory sessions and clinical placements. There are a number of items that require your attention, many of which must be completed prior to beginning your studies. A detailed checklist is provided in this document package.

Experience has shown that the first few months of achievement in Health Sciences programs are critical to the success of each and every student. In an attempt to assist with your preparation for entry into the School of Health Sciences, an orientation will be offered again this year. **Orientation information and schedules will be posted on the Northern College website in August.**

The MLA/T program includes clinical practice hours beginning in spring semester. In order to protect their clients, their employees and placement students, the agencies that host these placements must ensure that you meet certain requirements prior to attending. **You are responsible for reviewing and completing all of the clinical requirements included in this package and submitting required documents by the indicated deadlines.**

You will also need to purchase some additional items required for laboratory and clinical attendance as outlined below. **Please refrain from purchasing these items** until after the program orientation in September as additional details will be presented at that time.

Program /Items	Uniform	Lab Coat	Shoes	Stethoscope	Lab Kit	Approximate Cost
MLA/T	2	2	X	-	-	\$100 - \$200

Once again, welcome to the School of Health Sciences. If we can be of assistance in any way please do not hesitate to contact us. We are looking forward to meeting you during the orientation session. Have a great summer!

Sincerely,

Daryl Corriveau
Medical Laboratory Technician Program
Coordinator



MLA/T Program 1st Year Student Clinical Requirements Checklist

Name: _____

- _____ **Completed - Immunization and Communicable Disease Testing Requirements¹**
- _____ **Criminal Reference Check with Vulnerable Person Sector Screen²**
(**1 original copy required**, send original document to Northern College)
- _____ **First/Aid CPR (HCP Level) Certificates**
(send/submit photocopies of certificates to Northern College)
- _____ **WHMIS Certificate**
(send/submit photocopies of certificates to Northern College)
- _____ **AODA Certificate**
(send/submit photocopies of certificates to Northern College)
- _____ **Worker Health & Safety in 4 Steps**
(send/submit photocopies of certificates to Northern College)

¹ Please ensure that you keep your originals/photocopies of requirements as instructed. Documents are to be submitted **prior to February 1, 2025** to ensure access to clinical placements. Titers for the mandatory immunizations are to be done before classes begin in September.

² Please ensure that you keep your originals/photocopies of requirements as instructed. Documents are to be submitted **prior to March 15, 2025** to ensure access to clinical placements.

MLA/T First Year Student Clinical Placement Requirements

Time Sensitive

Dear student:

The following requirements must be met in order to attend clinical placement beginning in the spring semester. Please note that an expectation of the MLA/T program is that every student must obtain and provide this required documentation annually. The documents include the following:

1. Completed **Immunization and Communicable Disease Testing Requirements** - enclosed
 2. **Standard First Aid/CPR certification - HCP (Health Care Provider Level)**
 - Note: Certification must have been obtained within the current year and must be renewed annually (recertification)
 - Courses are offered through Northern College Continuing Education. Please follow the link for more information: <http://northernc.on.ca/health-first-aid-cpr/>
 3. **WHMIS (2015) certification** - Workplace Hazardous Material Information System (2015) or newer
 - Courses are offered at Northern College Northern Training Division. Please follow the link for more information: <http://www.northernc.on.ca/online-training/>
 - WHMIS certificate obtained through employment is also acceptable, documentation required.
 4. **AODA** - Accessibility for Ontarians with Disabilities Act
 - Please follow the link for more information: <http://northernc.on.ca/aoda-training/>.
 5. **Worker Health & Safety in 4 Steps** <https://www.labour.gov.on.ca/english/hs/training/workers.php>
 6. **Criminal Record Check (CPIC)** including **Vulnerable Sector Screen** - please refer to information enclosed
 7. **Mask Fit** testing
 - Will be offered in winter semester, on campus
 - Mask fit testing completed through employment is also acceptable, documentation required.
- **Requirements 1-5 MUST be completed, **placed in a sealed envelope** by the applicant and submitted to the college

PRIOR TO FEBRUARY 1, 2025

Requirements 6-7 Must be completed and submitted to the college **PRIOR TO MARCH 15, 2025**

Please keep a copy of all forms, reports and records for your personal files.

Northern College School of Health Sciences
P.O. Box 3211
Timmins, ON P4N 8R6
Attention: Daryl Corriveau,
Program Coordinator

Northern College School of Health Sciences
4715 Hwy. 101 East
South Porcupine, ON P0N 1H0
Attention: Daryl Corriveau,
Program Coordinator

**Failure to meet all requirements will result in denial of access to clinical placements
which will result in failure for the course placement.**



IMMUNIZATION AND COMMUNICABLE DISEASE TESTING REQUIREMENTS

This form **MUST** be completed, placed in a sealed envelope, and submitted to the program coordinator in person **PRIOR TO February 1, 2025**, with all original copies of this form. Please keep a copy of all forms, reports and records for

your personal files.

Northern College School of Health Sciences
P.O. Box 3211

Timmins, ON P4N 8R6

**Attention: Daryl Corriveau, Program
Coordinator**

Northern College School of Health Sciences
4715 Hwy. 101 East

South Porcupine, ON P0N 1H0

**Attention: Daryl Corriveau, Program
Coordinator**

The applicant is responsible for any related costs/fees in meeting the required immunizations and laboratory testing. This form must be completed and submitted.

Your program has clinical or practical placement components for which there are specific health requirements. Hospitals and agencies expect that these health requirements will be fulfilled. **Failure to provide this information will jeopardize your placement and graduation eligibility.**

STUDENT CONTACT INFORMATION

NAME: (Last Name / First Name) _____

DATE OF BIRTH: (Month / Day / Year) _____

PROGRAM: _____

HOME OR PERMANENT ADDRESS: _____

HOME TELEPHONE #: _____

CELL PHONE#: _____

Contact in Emergency/Relationship:	Tel:
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NOTE: It is the applicant's responsibility to inform program personnel of health information that may need to be considered in order to protect the student and/or the clients. Please review the College of Nurses of Ontario, Requisite Skills and Abilities for nursing practice in Ontario, fact sheet at:

<http://www.cno.org/Global/docs/reg/41078%20SkillAbilities%204pager-Final.pdf?epslanguage=en>

THE STATEMENTS GIVEN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT FALSIFYING INFORMATION MAY RESULT IN MY REMOVAL FROM PLACEMENT AND/OR PRACTICUM.

Applicant's Signature

Date

Please complete **all** of the following sections in full, pages 1 to 7.

This form is to be completed by the student. The health care provider's signature is not required, immunization records and laboratory reports must be attached.

A. Varicella (Chicken Pox) - Mandatory

Titre Result:

Date (mm/dd/yy): _____

☐ Reactive/Immune (+)

☐ Non-reactive/Non-immune (-)

****ATTACH LABORATORY REPORT**

If Non-immune, dates of adult primary series

Vaccine #1

Date (mm/dd/yy): _____

Vaccine #2

Date (mm/dd/yy): _____

****ATTACH IMMUNIZATION RECORD**

Chicken Pox is highly communicable especially during the stage before lesions appear. For this reason, it is important for you to provide information regarding whether or not you are immune. **A blood test (titre) is required to measure the amount of antibody in your system.** If you are not immune to chicken pox, it is possible that your placement might have to be altered if you are working in a high risk area. If you do not have immunity it is recommended that you contact your health care provider or your local Health Unit for vaccination. Two doses of univalent varicella vaccine are required 6 weeks apart.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSUME THE COST OF IMMUNIZATIONS.

(Extended health plans may cover the cost of some immunizations.)

B. Measles/Mumps/Rubella (MMR) - Mandatory

Primary Series Complete:

Vaccine #1

Date (mm/dd/yy): _____

Vaccine #2

Date (mm/dd/yy): _____

****ATTACH IMMUNIZATION RECORD**

AND

Measles Titre Result:

Date (mm/dd/yy): _____

☐ Reactive/Immune (+)

☐ Non-reactive/Non-immune (-)

Mumps Titre Result:

Date (mm/dd/yy): _____

☐ Reactive/Immune (+)

☐ Non-reactive/Non-immune (-)

It is important to have immunity against Measles, Mumps and Rubella particularly when working with or around children or women of childbearing age. It is necessary for you to provide the dates when you were immunized against Measles, Mumps and Rubella; and **the results of a blood test which measures the amount of antibody in your system.**

Immunization to Measles and Rubella is usually given in the form of a triple vaccine called MMR (Measles, Mumps and Rubella). Health care workers and students in post-secondary educational settings should receive two doses of MMR vaccine at least 4 weeks apart.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSUME THE COST OF IMMUNIZATIONS.

(Extended health plans may cover the cost of some immunizations.)

<p><u>Rubella Titre Result:</u></p> <p>Date (mm/dd/yy): _____</p> <p><input type="checkbox"/> Reactive/Immune (+)</p> <p><input type="checkbox"/> Non-reactive/Non-immune (-)</p> <p>**ATTACH LABORATORY REPORT</p> <p><u>If Non-immune, dates of adult primary series</u></p> <p>Vaccine #1 Date (mm/dd/yy): _____</p> <p>Vaccine #2 Date (mm/dd/yy): _____</p> <p>**ATTACH IMMUNIZATION RECORD</p>	
<p>C. Tetanus/Diphtheria/Polio/Pertussis - Mandatory</p>	
<p><u>Tetanus/Diphtheria/Polio/Pertussis</u></p> <p><u>Primary Series:</u></p> <p>Vaccine #1 Date (mm/dd/yy): _____</p> <p>Vaccine #2 Date (mm/dd/yy): _____</p> <p>Vaccine #3 Date (mm/dd/yy): _____</p> <p>Vaccine #4 Date (mm/dd/yy): _____</p> <p>**ATTACH IMMUNIZATION RECORD</p> <p style="text-align: center;"><u>AND</u></p> <p>Tetanus/Diphtheria/Pertussis Booster (within last 10 years)</p> <p>Date (mm/dd/yy): _____</p> <p>**ATTACH IMMUNIZATION RECORD</p>	<p>After the initial series as a child, no further polio vaccination is required under usual circumstances.</p> <p>A Tetanus/Diphtheria/Pertussis booster is routinely administered at 14-16 years of age. Tetanus/diphtheria boosters should then be continued every 10 years in adulthood.</p> <p>A pertussis booster is required once in adulthood (18 years of age and older).</p> <p>IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSUME THE COST OF IMMUNIZATIONS.</p> <p>(Extended health plans may cover the cost of some immunizations.)</p>

D. Hepatitis B (Hep B) - **Mandatory**

Primary Series:

Vaccine #1

Date (mm/dd/yy): _____

Vaccine #2

Date (mm/dd/yy): _____

Vaccine #3 (if applicable)

Date (mm/dd/yy): _____

****ATTACH IMMUNIZATION RECORDS**

AND

ALL STUDENTS MUST PROVIDE PROOF OF SURFACE ANTIBODY LEVEL (ANTI-HBS)

Hep B Titre Results (Anti-HBs level):

Date (mm/dd/yy): _____

☐ Reactive/Immune (+)

☐ Non-reactive/Non-immune (-)

If Non-immune, date of Booster vaccination

Vaccine Date (mm/dd/yy): _____

****ATTACH IMMUNIZATION RECORDS**

Repeat Hep B Titre one month after receiving booster.

Repeated Hep B Titre Results (Anti-HBs level):

Date (mm/dd/yy): _____

☐ Reactive/Immune (+)

☐ Non-reactive/Non-immune (-)

If No, series to be repeated

****ATTACH LABORATORY REPORT**

Repeat 2nd series, and Hep B Titre

If you continue to be non-immune after repeating second series, you are considered to be a non-responder. Please see Clinical Facilitator.

Immunization and documented immunity for Hepatitis B is mandatory in most agencies at the present time and is highly recommended for those in higher risk occupations. In fact, it is a good protective measure for all individuals and is currently being given routinely to certain groups of school age children.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSUME THE COST OF IMMUNIZATIONS.

(Extended health plans may cover the cost of some immunizations.)

E. Tuberculosis - Tuberculin Skin Test (TST or Mantoux) - **Mandatory**

2-Step Test

Step 1 Date (mm/dd/yy): _____

Date Read (mm/dd/yy): _____

Result: _____ mm of induration

Step 2 Date (mm/dd/yy): _____

Date Read (mm/dd/yy): _____

Result: _____ mm of induration

****ATTACH IMMUNIZATION RECORDS**

If induration is ≥ 10 mm (positive), a chest x-ray is required

Chest x-ray Date (mm/dd/yy): _____

Results: _____

Bacille Calmette-Guerin (BCG) vaccine:

☐ Yes

Date (mm/dd/yy): _____

☐ No

Annual 1-Step Test

Date (mm/dd/yy): _____

Date Read (mm/dd/yy): _____

Result: _____ mm of induration

****ATTACH IMMUNIZATION RECORDS**

If induration is ≥ 10 mm (positive), a chest x-ray is required

Chest x-ray Date (mm/dd/yy): _____

Results: _____

A **2-step TB test** is required for all students. If the first test is negative, a second one is performed after 1-3 weeks in the opposite forearm using 0.1 ml of 5 TU strength vaccine for both. Results must be reported in mm of induration. Some agencies will not accept the results if this guideline is not strictly followed and retesting will have to be done.

Please provide the documentation for both the single and the original 2-step.

If you've had a previously documented 2-step test with a negative result, a single test will be sufficient. **Please provide the documentation for both the single and the original 2-step.**

Students who have a positive result (>10 mm induration) on their TB skin test must have appropriate follow-up by a physician and a chest X-ray. If the positive result was in the past, you must provide documentation that you have had medical follow-up and chest X-ray within the last 12 months.

Persons who have received BCG vaccination (against TB) more than 9 years ago, require a 2-step test unless the results of a previous 2-step test are available (in mm of induration).

F. Influenza - Flu Vaccination – **Mandatory**

Covid 19 immunization - Mandatory

The Influenza vaccination is available annually beginning in October. Documentation to be submitted to Clinical Facilitator once vaccination is received.

****Submit immunization records when vaccination received.**

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Covid 19 immunization 2 doses available through the Porcupine Health Unit

Proof of immunization is required before entering Northern College

Most Health Care and Emergency Services agencies have a mandatory requirements for immunizations and communicable disease testing prior to employment. Since clinical placements necessitate that students have the same immunization and occupational abilities as agency employees, failure to comply with immunization standards may preclude students from participating in clinical placements and will jeopardize success in the program.

Immunizations and communicable disease testing are not subject to accommodations for philosophical reasons and only a medical exemption will be accepted.

Documentation that will be accepted as proof of immunization and communicable disease testing include: the provincial Immunization Record (yellow card), a computerized Ontario Public Health immunization record or laboratory evidence (report).

If you do not have a Family Health Care Provider you may obtain a computerized immunization record from your local Ontario Public Health Unit. Contact information for all Ontario Public Health Units can be found on the following website:
<http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>



Freedom of Information and Protection of Personal Privacy

Personal information on this form is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, c.272, s.5; and the Regulated Health Professions Act, Sec 95 1.19, will be used to ensure students meet minimum health requirements for admission to their clinical facility.

Consent for Release of Information

I agree to the release of information about my immunization and communicable disease testing to placement agencies and appropriate faculty members as required.

Signature: _____

Name (Please Print): _____

Date: _____



Criminal Record Check and Vulnerable Person Sector Check

The Schools of Health Sciences, Community and Emergency Services require successful completion of placements and/or visits in a variety of agencies that may include schools, health, community and social agencies. Students will be working with or have unsupervised access to, **vulnerable persons*** while on placement and therefore must complete a satisfactory Criminal Record Check and Vulnerable Person Sector Check prior to having direct contact with vulnerable persons.

***Vulnerable persons** are defined by the Criminal Records Act as: “persons who because of their age, disability or other circumstances, whether temporary or permanent, are in a position of dependence on others or who are otherwise at a greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.”

Without a clear Criminal Record Check and Vulnerable Person Sector Check, **a placement agency may deny a student access to their premises.**

Medical Laboratory Technician students must provide **an original copy** of their Criminal Record Check and Vulnerable Person Sector Check (photocopies will not be accepted). Application **must be completed at your local Police Service**. Policies may vary between Police Services regarding the provision of Criminal Record Checks, and may require a letter stating that the student is enrolled in their program and must be signed by the Associate Dean of Health Sciences and Emergency Services. This letter will be prepared by the college and mailed to each student before July 15th, provided that the student has confirmed their attendance in a Northern College program and paid their seat deposit before July 1st. Students that confirm at a later date will experience a delay in obtaining their letter and must contact the college.

If you do not receive a letter or have any questions or concerns, please contact our program assistant at 705.235.3211 ext. 2187 or by email at riversm@northern.on.ca.

- Medical Laboratory Technician Program - 1 original copy no earlier than March 15, 2025

Any cost incurred when obtaining the Criminal Record Check and Vulnerable Person Sector Check is the student's responsibility. More information regarding this process can be found at <http://www.cpic-cipc.ca/English/index.cfm>.

Important: The Criminal Record Check and Vulnerable Person Sector Check are requirements of the school boards, institutions and agencies where students are assigned to complete their placements and are for that purpose ONLY. As such, individual agencies may require updated information prior to commencement of hire.