



5055 Santa Teresa Blvd  
Gilroy, CA 95020  
(408) 848-4732

Dear Student: Welcome and thank you for your interest in our upcoming EKG 20 hour course.

***Course dates and information are as follows***

Classes will be held on the Hollister campus:

505 Fairview Road  
Hollister, CA 95023

**Program Schedule**

6/22/2026-6/27/2026

Monday – Friday

Morning Session: 9:00 AM – 1:00 PM

Evening Session: 5:00 PM – 9:00 PM

**Included in this informational packet are the following:**

- Program Summary
- Registration Form with Cancellation Policy
- Gavilan College provides educational services and access for eligible students with verified disabilities who intend to pursue coursework at Gavilan College
- Student support program website link  
<https://www.gavilan.edu/student/aec/index.php>

**Required Textbooks for the EKG 20 Hour course:**

**Hartman's Complete Guide for the EKG Technician**

- ISBN13: 9781604251517
- ISBN10: 1604251514

**Workbook for Hartman's Complete Guide for the EKG Technician**

- ISBN13: 9781604251524
- ISBN10: 1604251522

**For updates and information, please:**

- Visit our website: [www.community.gavilan.edu](http://www.community.gavilan.edu)
- Email us: [mgalvez@gavilan.edu](mailto:mgalvez@gavilan.edu)
- Call our offices: (408) 848-4732

Thank you,

Gavilan College Community Education

# EKG (Electrocardiogram) 20-Hour course

**Course Summary:** This 20-hour EKG course provides students with the foundational knowledge and hands-on skills needed to perform electrocardiograms in clinical settings. Students will learn the anatomy and physiology of the heart, basic cardiac electrophysiology, medical terminology, patient preparation, proper lead placement, operation of EKG machines, and recognition of normal and abnormal heart rhythms.

## Course Highlights:

The course includes both classroom instruction and practical lab experience, allowing students to practice performing 12-lead EKGs, rhythm strip interpretation, infection control procedures, patient communication, and safety standards. Emphasis is placed on accuracy, professionalism, and patient care.

Upon successful completion of the course, students will be prepared for entry-level EKG technician positions in hospitals, clinics, and physician offices. Students may also be eligible to sit for the National Healthcareer Association (NHA) Certified EKG Technician (CET) exam, depending on additional requirements.

## Who Should Enroll:

This course is ideal for individuals who are interested in pursuing a career in healthcare and want foundational skills in cardiac monitoring and electrocardiography. Students who should enroll include:

Aspiring EKG technicians or cardiology assistants  
Current healthcare professionals seeking additional certification or skill enhancement  
Individuals preparing for entry-level positions in hospitals, clinics, physician offices, or outpatient facilities

## Requirements:

**Total Hours: 20**

**Format:** Lecture and Hands-on Lab

## Prerequisites:

- Must be at least 18 years old
- High school diploma or GED

## Dress Code:

**Students will be required to wear scrubs during all lab/practical sessions:**

- Solid color scrubs (Navy blue)
- Closed-toe shoes (no sandals/crocs)
- Hair tied back if long
- No excessive jewelry

**This prepares students for clinical environments.**

## Physical Requirements:

Students must be able to safely perform the following activities in order to complete the EKG course and meet clinical expectations:

- Stand or sit for extended periods during lab sessions (up to 2–4 hours at a time)
- Lift, move, or position patients or mannequins (up to 25–30 lbs) for proper lead placement
- Use fine motor skills to place electrodes accurately and operate EKG equipment
- Communicate clearly with patients and instructors, including verbal and non-verbal cues
- Maintain safe body mechanics during all lab and practical exercises

Follow infection control procedures, including proper hand hygiene and use of gloves.

**Note:** Students with physical limitations should inform the program coordinator prior to course start so accommodations can be discussed.



## Program Schedule

6/22/2026-6/27/2026

**Monday-Friday**

**Morning Session**

9:00am-1:00pm

**Evening Session**

5:00pm-9:00pm

## Program Meets

Hollister Campus

505 Fairview Road  
Hollister, CA 95023

## For Additional Program Information

**Online Info.:** [www.community.gavilance.edu](http://www.community.gavilance.edu)

**Call for Info.:** (408) 848-4732

**Walk-in Info.:** *Gavilan College Community*

*5055 Santa Teresa Blvd  
Gilroy, CA 95020*

**To register in this program:** Students must submit either a completed and signed registration form

## Submit Your Application

**By E-mail:** [mgalvez@gavilan.edu](mailto:mgalvez@gavilan.edu)

**By Mail:** Gavilan College, 5055 Santa Teresa Blvd.,  
Gilroy, CA 9520

**REGISTRATION FORM**

# EKG (Electrocardiogram) 20-Hour course

Gavilan College Community Education  
(408) 848-4732

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Day Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Have you ever taken an English as a Second Language (ESL) class?  Yes  No

Preferred Language \_\_\_\_\_ Do you speak a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Other: \_\_\_\_\_

Start Date/Time	Title of Course	EKG Training 20-Hour Course	Fee
Morning Session Monday - Friday 8:00 am – 12:00pm <input type="checkbox"/>		Evening Session Monday - Friday 5:00 pm – 9:00pm <input type="checkbox"/>	\$1,000
<b>Payment Options</b>			<b>Total</b>
			\$1,000

Cash (exact change)  Check  Money Order  Credit Card    Paying Full Amount \$1,000

**Payment Option Plan through Gavilan College Community Education** A payment option plan may be available to you through Gavilan College Community Education. The Class Fee Payment Plan option will be broken into an initial non-refundable deposit of \$500.00 plus a \$100.00 Payment Plan Fee. These payments are due to the Gavilan C.E. office upon registration. 2 equal payments of \$500.00 will then be due throughout the duration of the program on specified dates; for specific details, see the Class Fee Payment Plan Form in this packet.

**Make checks or money orders payable to: Gavilan College (\$ 20 charge for all returned checks)**

MO # \_\_\_\_\_ Check# \_\_\_\_\_ Name on Check \_\_\_\_\_

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**CreditCardInfo**  Visa  MasterCard Expires \_\_\_\_\_ / \_\_\_\_\_ SecurityCode \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_

**Cancellation Policy**

There are **NO REFUNDS** for this program, so please choose carefully. **All cancellations require a 7-day advance notice.** Students taking part in the Class Fee Payment Plan will forfeit their deposit of \$500.00 plus the \$100.00 Payment Plan Fee. Students taking part in the Class Fee Payment Plan who cancel, drop, or are dropped after the first day of class are

**Initial:** \_\_\_\_\_ responsible for the entire course fee of \$1,100. **All unpaid outstanding balances will be forwarded to collections.**

**No exceptions to cancellation policy!**

**STUDENT ACTION REQUIRED**

To complete registration, students must print, sign & date this form as confirmation that they have read and understood the above program cancellation policy. Please note that students are not registered in this program until they receive direct confirmation via email from the Gavilan College Community Education Office. This is an intensive program and we make no guarantee of completion or passage.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Student Name Student Signature Date



EKG (Electrocardiogram) 20-Hour course Payment Plan				
Instructor Name	Semester	Total Cost	Start Date	End Date
Gloria Traslavina	Spring 2026	\$1,100.00	6/22/2026	6/27/2026
Payment Deadlines	Amount	Office Use		
1st pmt - At time of registration	\$500.00 + \$100 = \$600.00			
2nd pmt - Wednesday, 7/4/2026	\$500.00			

### Terms and Conditions

The Gavilan College Community Education Department has implemented a payment plan option for students enrolling in our fee-based, not for college credit Certified Phlebotomist Training Program. This plan requires that full payment of the program fees be paid in 2 installments. A deposit of \$500.00 + \$100.00 payment plan fee = \$600 is due upon registration (see schedule above). The balance is then paid over 1 more installment.

Initial: \_\_\_\_\_

Payments may only be made through the Community Education office.

There is no penalty for early payment.

Students who have not completed each installment by each due date will not be allowed to continue in the class and will be ineligible to receive their certificate. Students will not receive any refund of previous payments if they are not allowed to complete the training program for non-payment. **A \$25 NSF Fee will be charged to the student every time the C.C. # is not**

Initial: \_\_\_\_\_ **valid, not working or NSF. Payment will be deducted automatically on specified dates.**

Initial: \_\_\_\_\_ AutoPay. Payment will be automatically processed every month by due date.

This course is not eligible for Federal or State student aid programs because these are not college credit-bearing courses.

I have read, understand and agree to the conditions of this Class Fee Payment Plan. I further understand that it is my responsibility to make each payment on or before the due date and I promise to do so. Failure to do so may result in my being ineligible to complete the training program. I have received a copy of this Payment Plan form. Failure to successfully complete this training program does not release me from

Initial: \_\_\_\_\_ this obligation. **All unpaid outstanding balances will be forwarded to collections.**

Student Signature	Date	Community Education Signature	Date

### Not Valid Unless All Information is Provided

Student Name:	Student Full Address:
Student Social Security Number:	Student Cell Phone/Home Phone:
Student Email:	Student Date of Birth:

### Reference Information

Reference Person Name:	Reference Person Daytime Phone:
Reference Person Address:	Reference Person Email:
City: State: Zip:	