

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

Dear Student: Welcome and thank you for your interest in our upcoming EKG 40 hour course.

Course dates and information are as follows

Classes will be held on the Hollister campus: 505 Fairview Road Hollister, CA 95023 January 12, 2026- January 16, 2026

> Monday -Friday 8:00am to 5:00pm

<u>Included in this informational packet are the following documents:</u>

- 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 hhttps://www.gavilan.edu/student/aec/index.php

Required Textbooks for the EKG 40 Hour course:

Hartman's Complete Guide for the EKG Technician

ISBN13: 9781604251517ISBN10: 1604251514

Workbook for Hartman's Complete Guide for the EKG Technician

ISBN13: 9781604251524ISBN10: 1604251522

For updates and information, please:

Visit our website: www.community.gavilan.edu

Email us: mgalvez@gavilan.edu

Call our offices: (408) 848-4732

Thank you,

Gavilan College Community Education

EKG (Electrocardiogram) 40-Hour course

Course Summary: This 40-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: 40

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 or Grey)
- 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

1/12/2026-01/16/2026

Monday-Friday

8:00am-5:00pm

Program Meets

Hollister Campus

505 Fairview Road Hollister, CA 95023

For Additional Program Information

Online Info.: 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 <u>completed and signed</u> registration form

Submit Your Application

By E-mail: mgalvez@gavilan.edu

By Mail: Gavilan College, 5055 Santa Teresa Blvd.,

Gilroy, CA 9520

EKG (Electrocardiogram) 40-Hour course

Gavilan College Community Education (408) 848-4732

		(,				
Student Name:						
Address:						
City:		State:		Zip:		
Day Phone: ()			ne ()		
Email Address:				(501)		
Birth Date:	class?	ever taken an Engi	ish as a Second Lan	guage (ESL)	Yes	☐ No
Preferred Language Other:			anguage other than Engl	iish? Ye	es	No
Start Date/Time		Title	of Course			Fee
Monday - Friday 8:00 am – 5:00pm	I	EKG Training 40-l	Hour Course			\$1,000
Payment Options					Total	\$1,000
Cash (exact change) Ch	eck M	oney Order	Credit Card vis			Paying Full Amount \$1,000
Payment Option Plan through Gavilan College Community Education. The 6 5500.00 plus a \$100.00 Payment Plan Fee. T then be due throughout the duration of the	Class Fee Payment Pl hese payments are o	an option will be broke lue to the Gavilan C.E. o	n into an initial non-refu office upon registration.	ndable deposit of 2 equal payments	of \$500.00 w	rill
Make checks or mone	ey orders payab	<u>le to: Gavilan Col</u>	ege (\$ 20 charge f	or all returne	d checks)	
MO#	Check#	Name on 0	Check			
Credit Card Info Visa	MasterCard	Expires	/	Security Co	de	
Card #						
Cardholder Name						
Authorized Signature						
		Cancellation Policy	,			
taking part in the Cla part in the Class Fee I	iss Fee Payment Pla Payment Plan who ca	n will forfeit their depo ancel, drop, or are drop	efully. All cancellations sit of \$500.00 plus the ped after the first day of thing balances will be for	\$100.00 Payment class are	Plan Fee. St	
<u> </u>	. ,	No exceptions to can	•			
To complete registration, students must p policy. Please note that students are not r Education Office	egistered in this pro	gram until they receive	nat they have read and u	email from the Ga		
				/_		/
Student Name		Student Signat	ure		Date	



		Community Education								
EKG (Electrocardiogram) 40-Hour course Payment Plan										
	Instructor Name	Semester	Total Cost	Start Date	End Date					
	Gloria Traslavina	Spring 2026	\$1,100.00	1/12/2026	1/16/2026					
P	ayment Deadlines	Amount		Office Use						
1st pmt - At	time of registration	\$500.00 + \$100 = \$600.00								
2nd pmt - W	/ednesday, 2/4/2026	\$500.00			_					
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fee- based, not for college credit Certified Phlebotomist Training Program. This plan requires that full payment of the program fees be paid in 5 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 4 more installments. **Payments may only be made through the Community Education office.** 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.										
Initial:	I have read, understand and agre payment on or before the due d program. I have received a copy	Federal or State student aid prose to the conditions of this Class Fee Plate and I promise to do so. Failure to fithis Payment Plan form. Failure to adding balances will be forwarded to	ayment Plan. I further ur to do so may result in m	nderstand that it is my respo	nsibility to make each ete the training					

Student Signature	Date	Community Education Signature	Date				
Not Valid Unle	ss All Inforn	nation is Provided					
Student Name:		Student Full Address:					
Student Social Security Number:		Student Cell Phone/Home Phone:					
Student Email:	Stı	ident Date of Birth:					
Reference Information							
Reference Person Name:	Re	ference Person Daytime Phone:					
Reference Person Address:	Re	ference Person Email:					
City: State: Zip:							