

Health Science Program Application Checklist/Cover Sheet Surgical Technology

Please complete this checklist and include it as the cover sheet for your application packet. Your application packet is not complete unless all required items are checked. **The application packet and all fees must be paid prior to the start of the program.**

Completed application packets may be returned to the St. Petersburg campus Guidance Office during regular office hours:

Monday and Wednesday from 7:00 am to 2:00 pm
Tuesday and Thursday from 7:00 am to 7:00 pm
Friday from 7:00 am to 12:00 pm

Please do NOT mail, fax or email any paperwork from this packet to Pinellas Technical College.

Applicant Name: _____

Address: _____

Email: _____ Phone: _____

√	Required Items in Order
	Health Science Application Checklist/Cover Sheet
	Copy of TABE scores or documentation of literacy exemptions
	Mandatory Information Session – upcoming dates on Surgical Technology webpage
	Signed and dated Understanding of Distance Education Class Format
	Essential Job Functions for a surgical technologist
	Copy of TEAS test scores
	Completed EZ Finger Prints Background Check (instructions enclosed); submit a copy of your receipt
	Signed and dated Criminal Background Check & Drug Screen Disclaimer
	Copy of standard high school diploma/transcript or GED
	Completed copy of the Application for Health Science programs
	Completed Health Screening for Health Sciences Education with documentation of test results and immunization updates
	Completed Influenza Vaccination Notice form
	Signed and dated verification of accident/medical insurance and proof of insurance coverage
	Signed and dated Notification of Exposure form
	Signed and dated Confidentiality Statement
	All fees must be paid 10 days prior to the start of the program (including \$15 application fee)
Optional Items	
	Postsecondary transcripts if applicable
	Copies of current health related certifications, CPR, First Aid, Health CORE, etc.

If you have any questions, please contact Nancy Stevens, Guidance Counselor, at 727-893-2500, extension 2522 or stevensn@pcsb.org.

Understanding of Distance Education Format

Pinellas Technical College
St. Petersburg Campus

As a student entering the Surgical Technology program at Pinellas Technical College, I _____, understand the following:

1. This is an online hybrid program and the delivery mode of classes is not presented in a traditional, lecture format.
2. The curriculum is extensively online. However, I am required to attend class to complete the necessary work.
3. There will be distance learning days during the first two (2) terms. This will allow for me to complete and submit work from home. These distance learning days will be determined by the instructor.
4. Distance learning days will NOT continue to be an option if I fall behind in my work.
5. Fewer distance learning days will be offered as I progress through the program. This will allow for more hands on/lab skills.
6. If I am a VA student, I am NOT allowed to take ANY distance learning days.

Student Signature _____ Date _____

Instructor Signature _____ Date _____



Opportunity starts here

ESSENTIAL JOB FUNCTIONS Surgical Technology

Basic Skills

Math - Grade 10

Language - Grade 11

Reading - Grade 11

Health and Safety Requirements

- ✦ Must be able to adjust to additional body covering (gown, gloves, hat, mask, eye protection, shoe covers, lead apron, and orthopedic hood for the duration of surgical procedures as stated by the dress code and OSHA requirements)

Mental/Cognitive Factors

- ✦ Visually monitor the sterile field at all times with unlimited bilateral central and peripheral vision and depth perception
- ✦ Be able to hear, comprehend and respond appropriately to verbal commands in English from a masked individual and able to communicate verbally and in writing
- ✦ Able to perceive, process, and respond accurately, quickly, and efficiently to situations of an anticipated or emergency nature
- ✦ Able to recall previously learned material in a timely and organized manner
- ✦ Able to function calmly and efficiently with proper decorum in a fast-paced, stress-producing environment

People Skills

- ✦ Work with an assigned team for the duration of cases and/or shift of work

Physical Requirements

- ✦ Ability to stand for duration of a surgical procedure
- ✦ Using fingers or hands to grasp, move, or assemble very small and very large and heavy objects, instruments, and equipment
- ✦ Make fast, simple, repeated movements of fingers, hands, and wrists
- ✦ React quickly using hands, fingers, or feet
- ✦ Use muscles to lift, pull, or carry heavy objects; lift up to forty pounds and push up to fifty pounds
- ✦ Use abdominal and lower back muscles to support the body for long periods of time without getting tired
- ✦ Hold the arm and hand in one position or hold the hand steady while moving the arm
- ✦ Use hands to handle, control, or feel objects, tools, or controls

Technical Skills

- ✦ Operation of computer, intercom, and paging systems

Tools and Equipment

- ✦ Operate: Electro surgical unit, pneumatic/battery operated equipment, fiber-optic equipment, audio-visual equipment, operating room light, operating room tables and stretchers

Working Conditions

- ✦ Must be able to work in a confined space
- ✦ Exposed to noxious gasses and other materials
- ✦ Adapt to controlled room temperatures as to patient condition
- ✦ Standing on wet and hard floors
- ✦ Exposed to controlled and sometimes limited lighting

TEAS Test

The Test of Essential Academic Skills (TEAS) evaluates four areas that are essential for academic success. These areas are: reading, mathematics, English and language usage, and science. The science section will not be averaged into your final score.

You must score at least 60% to be eligible to apply for the Dental Assisting, Pharmacy Technician or Surgical Technology programs. The TEAS may be taken only two times during a year's time. There is a required 30 day minimum waiting period before retaking the TEAS a second time.

The TEAS costs \$55.00 each time you take it and must be purchased at the PTC bookstore. Space is limited and will be filled on a first-come, first-served basis. Testing lab is Room G-2.

Before you take the TEAS, **you must go online and create a new user account with ATI** as follows:

1. Go to www.atitesting.com
2. Select "Create an Account" which is located on the top right side of the page.
3. Complete the User Information page. For "Institution" choose "Pinellas Tech Center St. Petersburg".

Student/Employer ID: Leave blank

Credentials: Leave blank

Check the "non-degree seeking" box

4. Leave graduation blank.
5. Click on REGISTER at the bottom of the page when finished.
6. You **must** print this page with your user name and ID.
7. Remember your password.

VERY IMPORTANT!

You will NOT be allowed in the test session without these items:

1. Pink copy of paid TEAS receipt.
2. Photo ID with your signature.
3. ATI registration page with user name and ID and password.

You can purchase computer based practice assessments and study manuals at www.atitesting.com. A study manual is also available for purchase in the PTC bookstore.

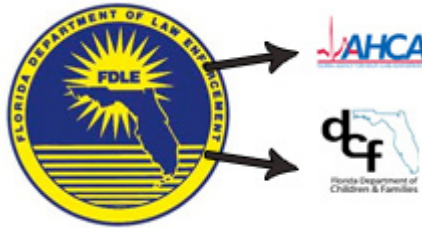
TEAS Testing Schedule

Every Thursday at 9:00 am and 5:00 pm



INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK FOR A CLINICAL EDUCATION PROGRAM

To begin the fingerprinting process, you will need to supply EZ Finger Prints with a valid driver's license and social security card. Identify yourself as a Pinellas Technical College student. You do not need to know the ORI or OCA code numbers.



Prints are taken using the Live Scan, which scans the fingerprints electronically. No need for messy black ink.

Once the fingerprints are scanned, we send them to the FDLE, which then sends them to the appropriate governing agency, i.e. AHCA or DCF. No need for mailing.

The fingerprinting process results take approximately 7-14 days, depending on the agency.

You may walk in or schedule an appointment with EZ Finger Prints at www.ezfingerprints.com or call 727 479-0805.

EZ Finger Prints is located at 1715 East Bay Drive, Suite B, Largo, Florida, 33771.

The cost is \$45.00. Cash, personal checks, and credit cards are accepted. (VISA, MC, AmX); call to learn about the voucher payment process. Ask about the new service...Drug Screening!

We cannot determine if previous offenses will or will not clear the background check. The results will be sent directly to the School Board's Administration Building and you will be contacted only if there is a problem.

HEALTH SERVICES STUDENT FINGERPRINT REQUEST FORM / RECEIPT

Instructions for REFERRING COMPANY (If applicable):

- Give this completed REQUEST FORM/RECEIPT to individual to be fingerprinted

Instructions for INDIVIDUAL:

- Review and complete **SECTION 1** below
- You can make an Appointment **OR** You can Walk-In (no appointment needed)
- To Make an Appointment → Call **(727)479-0805** or go to www.ezfingerprints.com
- For Walk-Ins → Call **(727)479-0805** and let us know you are coming
- Go to EZ Fingerprints at **1715 East Bay Drive, Suite B, Largo, Florida, 33771**
- **BUSINESS HOURS** - Monday thru Friday 8:30 AM-5:00 PM
- **Remember to bring the following with you:**

1. This completed REQUEST FORM/RECEIPT
2. Your Driver's License
3. Your Social Security Card

SECTION 1: TO BE COMPLETED BY INDIVIDUAL

Individual Name _____

Reason for Screen: Employment Volunteer Other → _____

What Company is this screening for? **VECHS – PINELLAS COUNTY SCHOOL BOARD**

SECTION 3: FOR EZ FINGERPRINTS USE ONLY

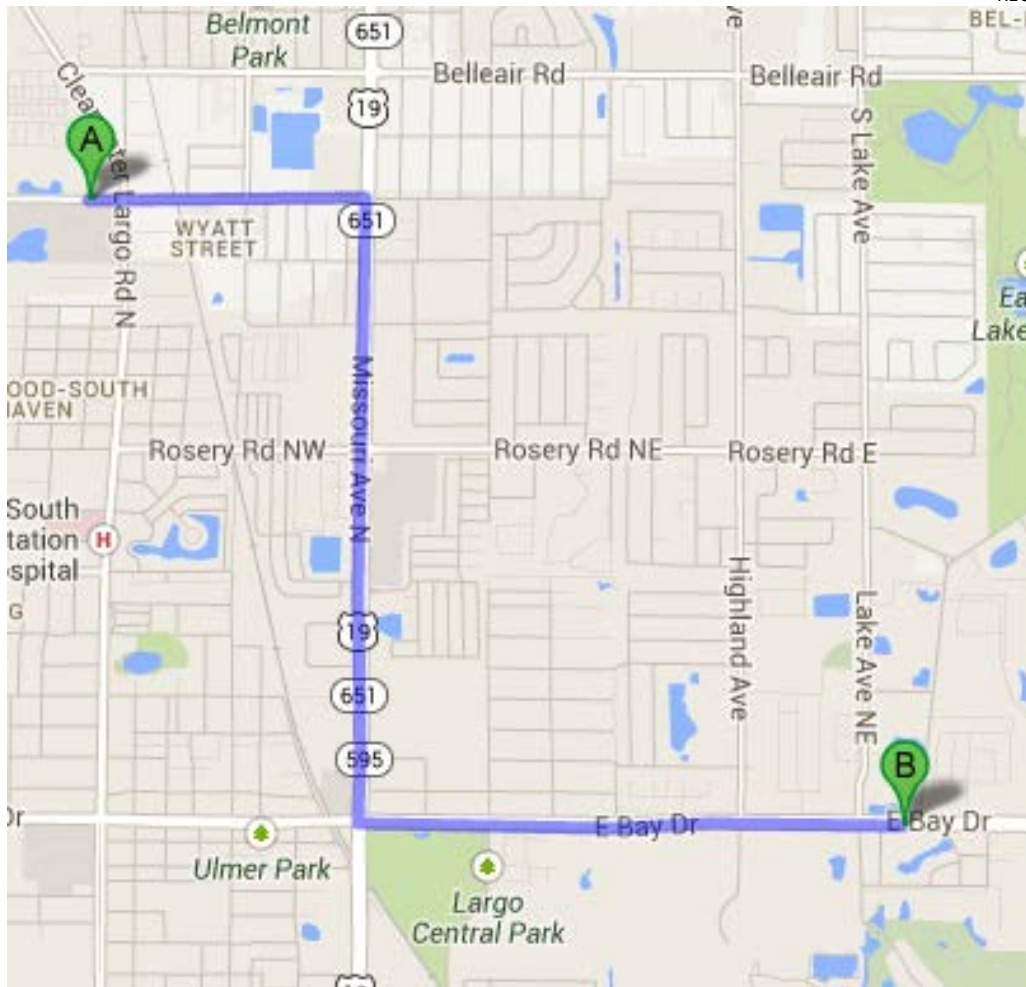
TCN # _____ R # _____

Payment Method: (Circle One): Check / Cash / Credit Card _____

Screen Date _____ Pend for Payment Submission Date _____

EZFP Rep Signature _____

RECEIPT.doc (Rev 08/06/13)



Criminal Background Check and Drug Screening Disclaimer

Background screenings are required for employment in the health care industry and to take licensing exams in the medical professions. Disqualifying offenses may be a history of felony and/or misdemeanor convictions or substance abuse. It is your responsibility as a program applicant/participant to understand all disqualifying offenses that may impact your ability to become employed in the health care field or enroll/remain in a health care program at an educational institution.

You can find additional information at the Florida Department of Health website. For Nursing/CNA student inquiries go to – <http://www.doh.state.fl.us/mqa/nursing>; for Pharmacy student inquiries please check – <http://www.doh.state.fl.us/mqa/pharmacy/info-ptfaq-pdf>.

As a prospective student applying to a Health Science program at Pinellas Technical College, **I fully understand that if my background check reveals any disqualifying offenses or the drug screening indicates a positive result, I will not be allowed to enter the program to which I am applying and I may be withdrawn if I have already started.** If the withdrawal occurs within the first 50 hours, the student will receive a refund as allowed according to school policy. If the dismissal occurs after the first 50 hours, the student will not be entitled to a refund.

Passing the background check and drug screening does not guarantee certification or registration in the field you have chosen.

Student Signature

Print your name

Date

Health Science Program Application

Pinellas Technical College – St. Petersburg Campus

Personal Information

Name (please print) Last _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (cell) _____ (work) _____

Email address _____

Emergency contact (name, address and phone number) _____

Educational Background

Indicate highest level of education: HS diploma, GED, A.S., A.A., B.A., B.S., M.A., M.S., PhD.

Major in college _____

Other training/education in medical and/or health care. If yes, list type of training and length of time in the medical field. _____

Work Experience

List work experience for the last *three* years, listing your MOST RECENT employment first.

Job Title	Dates	Name of Business	Reason for Leaving

If you are currently working:

Name of Company _____

Address _____

Work Phone Number _____

Job Title _____ Supervisor's Name _____

PINELLAS COUNTY SCHOOLS
HEALTH SCREENING FOR HEALTH SCIENCE EDUCATION

Student Name (Print) _____

Students enrolling in a Health Science Education Program with a clinical component must have the items identified for their health program completed **prior** to the class start date except TB screening requirement as stated below. Students recognized to be non-immune to any of the diseases must seek appropriate medical attention before entering the class.

**ATTACH THIS COMPLETED FORM TO OFFICIAL DOCUMENTATION,
 INCLUDING LAB REPORTS, BEFORE PAYING TUITION, STARTING CLASS, AND/OR CLINICAL EXPERIENCE.**

Your Health Program (one from list below) _____

HEALTH PROGRAM REQUIREMENTS *	TB	Rubella	Rubeola	Varicella	Tetanus	Diphtheria	Hep B	Neg Drug	Hep C
Allied Health Assistant (Phlebotomy)	X	X	X	X	X	X	X	X	
Dental Aide	X					X	X		
Dental Assistant	X				X	X	X	X	
Health Career II	X	X	X	X	X	X	X		
Health Unit Coordinator *	X	X	X	X	X	X	X		
Home Health Aide	X								
Medical Assistant	X	X	X	X	X	X	X	X	X
Nursing Assistant	X	X	X	X	X	X	X	X	
Patient Care Technician	X	X	X	X	X	X	X	X	
Pharmacy Technician	X	X	X	X	X		X	X	
Practical Nursing	X	X	X	X	X	X	X	X	
Surgical Technician	X	X	X	X	X	X	X	X	X

*Depending on requirements of clinical site.

I. TUBERCULOSIS

- A. 2 TB skin tests (Mantoux), 1 within past year and 1 within 30 days prior to clinical experience, **OR**
- B. 2 TB skin tests (Mantoux), 1 week apart 30 days prior to clinical experience, **OR**
- C. negative chest x-ray within 30 days of clinical experience, **OR**
- D. taking or have completed a prescribed medication **OR**
- E. documentation of negative IGRA blood test

II. RUBELLA (German measles)

If under 40 years of age:

- A. positive Rubella serology, **OR**
- B. immunization with live vaccine since January 1, 1980, **OR**
- C. 2 immunizations with live vaccine after 12 months of age

If over 40 years of age:

- D. positive Rubella serology, **OR**
- E. Measles, Mumps, Rubella (MMR) vaccine after 1970

III. RUBEOLA (10 day measles)

- A. born prior to 1957, **OR**
- B. positive Rubeola serology, **OR**
- C. immunization with live vaccine since January 1, 1980, **OR**
- D. 2 immunizations with live vaccine after 12 months of age

IV. VARICELLA (Chickenpox)

- A. 1 vaccine, if administered under age 13, **OR**
- B. 2 vaccines, 4-8 weeks apart, if administered 13 years of age or older, **OR**
- C. positive Varicella serology (allow 2 months for blood testing process)

V. TETANUS

within last 10 years

VI. DIPHTHERIA

recommended in last 10 years

VII. HEPATITIS B VACCINE (Dental Assisting applicants are required to complete Injection #1 by class start date and Injections #2 and #3 by external clinical component.)

Some clinical facilities for the other health programs will require the Hepatitis B Vaccine series before your externship. Therefore, you will not be able to complete your program without completing the HBV series.

- A. injections #1, #2, #3, **OR**
- B. titer, **OR**
- C. completion of DECLINATION OF HEPATITIS VACCINE (below)

VIII. NEGATIVE DRUG TEST

within 30 days prior to class start date

IX. HEPATITIS C

negative lab report

* Varicella titer is a blood test for antibodies to Chickenpox. We are finding that even if a student had Chickenpox, he may not have the antibodies to protect him from the disease as an adult. The blood test is necessary if students cannot document the 2 vaccines. If the test comes back negative then the student must have the 2 vaccinations prior to entering a clinical area. You may obtain further information from the web site: CDC.GOV. Click on V-Varicella. Please allow two months prior to clinicals to begin the blood testing process.

DECLINATION OF HEPATITIS VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised to be vaccinated with HBV at my own expense. However, I decline the Hepatitis B Vaccine at this time or have not completed the vaccination series. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination at my own expense.

Student Signature _____ Date _____

Witnessed by a Pinellas County Schools Representative _____

Date _____

I, _____ hereby grant my licensed physician and/or the physician/laboratory/facility performing the procedures to release this information to the Pinellas County Schools.

Student Name (Printed) _____ Date _____

Parent Signature for Student Under Age 18



Opportunity starts here
Health Science Programs

Influenza Vaccination Notice

I understand that as a student in a Health Occupations Education Program, and being in contact with patients during the flu season, I will need to follow the hospital requirements.

Students need to provide proof of receiving a flu vaccination to their instructor, so it can be submitted to the hospital prior to November 30.

Those who decline to receive a flu vaccination will be required to wear a surgical mask while at clinical from December 1 to March 31.

I accept full responsibility for:

- All costs incurred for any immunizations.
- Time missed from school as result of immunization or exposure.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND HAD AN OPPORTUNITY TO ASK QUESTIONS.

Signature of Student _____ Date: _____

Printed Student Name _____

**School Board of Pinellas County, Florida
Pinellas Technical College Health Science Programs
Verification of Accident-Medical Insurance**

I, _____ verify that I am enrolled in a Health Science Program through Pinellas Technical College. Clinical sites and facilities require students to have their own medical insurance to participate in the clinical assignment. **Clinical hours are required for Health Science program completion.** You cannot complete the program without clinical hours.

Should the need arise for medical care due to an accident or other injury or loss while participating in my regularly scheduled theory or clinical learning activity, my medical expenses will be covered by: (check the appropriate section below)

1. _____ **Medical insurance policy**

- Insurance company _____
- Policy number: _____
- Effective Date: _____ Expiration Date*: _____

2. _____ **Medicaid, Medicare, or Department of Veterans Affairs, etc.**

- Insurance company _____
- Policy number: _____
- Effective Date: _____ Expiration Date*: _____

***I am aware that if I am in the program beyond the policy expiration date I must purchase another policy.**

I understand that, in the event my insurance policy does not cover my complete loss or damages, I agree to be personally responsible for such uncovered injury, loss, or damages I sustain while participating in my regularly scheduled theory or clinical learning activity.

I further understand that I am not entitled to any benefits or workers compensation in the event of any injury occurring on the premises of the class/clinical learning experience.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS ENTIRE FORM, AND HAVE SELECTED THE APPROPRIATE INSURANCE OPTION ABOVE FOR MY SITUATION.

Student's Printed Name: _____

Signature of Student: _____ **Date:** _____

STAPLE PROOF OF INSURANCE TO THIS FORM. Return with your application packet.

The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color sex, religion, national origin, marital status, age, sexual orientation or disability in any of its programs, services or activities.

Pinellas Technical College Notification of Exposure

I understand that as a student at Pinellas Technical College in the Dental Assisting, Pharmacy Technician or Surgical Technology programs, I may come in contact with toxic chemicals, infectious organisms, and communicable diseases.

In addition, **I understand** I am to be tested, treated or vaccinated against any condition warranted according to the clinical experience facility and the Pinellas County Schools immunization requirements policy. (*Health Screening for Health Science Education*)

I accept full responsibility for:

- All costs incurred for any testing/immunizations.
- Time missed from school as a result of testing, immunizations or exposure.

I also understand that it is **my responsibility** to wear and/or use the following protective clothing and/or gear when carrying out my clinical duties:

- Gloves, face masks/shields, lab coats, goggles, disposable gowns, fluid resistant clothing, head coverings, shoe coverings, lead aprons and laser goggles.
- And follow proper safety procedures as required by OSHA and the facilities.

I acknowledge that I have read and understand the above exposure notice and safety procedures.

Student Signature

Print your name

Date

Pinellas Technical College Confidentiality Statement

The Health Science programs at Pinellas Technical College expect its students to represent the school in a manner that reflects high standards of personal integrity, education and service to patients.

As a student in the Dental Assisting, Pharmacy Technician or Surgical Technology program, you will conduct yourself according to the highest ethical standards. Underlying principles are based on common courtesy and ethical/moral behavior. These are essential for you to grow professionally and to receive the desired trust and respect of all members of the health care profession.

I agree to the following items:

- Will not discuss patients or any identifying data in public settings such as cafeterias, elevators, hallways, over the phone, with family or friends, with other patients, or where patients might overhear you.
- Discussion of your patient should only occur in approved settings such as giving or taking reports or in clinical conference.
- Use patient initials in all discussions and on written documents.
- Destroy all notes and computer generated papers after completing your daily assignment.
- Protect the integrity of the medical record and do not photocopy material from the medical record.
- If there are concerns about patient confidentiality, check with your instructor to obtain guidance.

I acknowledge that I have read and understand the above confidentiality procedures.

Student Signature

Print your name

Date