



Health Science Application Packet

Program Overview & Deadlines

Practical Nursing (PN) | Clearwater |

Practical Nursing

The purpose of the Practical Nursing Program is to provide training for employment in the health care industry. Graduates complete courses in caring for medical and surgical patients. Included in the program are courses that are designed to instruct students in the care of pediatric, obstetric, and geriatric patients, as well as convalescent, physically challenged, and rehabilitative physical and/or mental patients. Graduates are prepared to function within the rules and regulations as defined by the *Florida State Board of Nursing*.

The program length for Practical Nursing at Pinellas Technical College (PTC) is 1,350 hours. The first 450 hours of the program include classroom theory, laboratory experiences, and selected clinical experiences. A more detailed explanation of essential job functions is included in this packet. Upon successful completion of the program, graduates are eligible to sit for the national examination, which qualifies them as a *Licensed Practical Nurse*.

In total, students in the program will complete 675 clock hours in theory and 675 clock hours in clinicals (that will take place interchangeably) over the 15 months of enrollment. For clinicals, PTC utilizes specifically-approved, local sites; no provision is available for students wishing to participate in clinicals at other facilities.

The *Pinellas County School Board* and the *Department of Education* supervise the PTC Practical Nursing Program. It operates following the Standards established by the *Florida State Board of Nursing*, which include the number of program hours, the curriculum, and the types of clinical learning experiences that the student will successfully complete.

Hybrid Program – January and Fall 2021

Lectures and Class work completed online (675 hours of theory)

On campus 1-2 nights per month (days TBD) for practice labs from 3:00pm – 8:00pm

Clinicals – Every other weekend (Saturday and Sunday) 6:30am-4:00pm (after 80 hours of class instruction)

Traditional Program

Mon-Fri | 7:00 am – 12:15 pm | Class & Clinicals

Lectures and Class work completed in person (675 hours of theory)

Application Packet & Deadlines

Health Science programs at Pinellas Technical College have very specific application criteria and deadlines that must be met by every student applicant.

Check which session you are applying for:

___ Hybrid - January 18, 2020 Start Date - Application Deadline – January 8, 2020 by 12:00pm

___ Traditional – June 21, 2020 Start Date – Application Deadline – June 7, 2020 by 12:00pm

___ Hybrid – Fall 2021, Start Date TBD – Application Deadline - TBD

- Applicants should submit fully completed application packet (including immunizations) to Student Services, CLW

Student Services | Clearwater Campus | Bldg. 01

Monday – Thursday 7:00 am – 2:00 pm

Friday 7:00 am - Noon

If any questions, please contact Dr. Kimere Corthell, Counselor 727.538.7167, x 2017 or corthellk@pcsb.org



Getting Started (*Completing the Health Science Application Packet*)

Important information, and steps for the application process, listed below.

- Print out ALL pages and CAREFULLY READ through the ENTIRE packet:
 - Review the Health Science Application Process, Dates & Deadlines
 - Make note of any questions you may still have
- If you feel confident about the process, start completing the steps/forms in the packet
- If you are unsure about ANY step of the process, bring the packet (and your questions) to an admission seminar, to be held:

Application Notes & Tips:

- Applicants should follow the steps of the application process in the order given.
- Applicants should use the Checklist of Required Items to ensure ALL application packet items are accounted for, and in their proper order, before submitting the packet for consideration.
- Please paperclip all items together; no elaborate cover or folder is required to submit a packet. Most importantly, when submitting for consideration, the packet contents should be neat, and in order.
- **Accepted applicants will be required to provide proof of their own medical insurance.**
- Applicants who have completed PN/CNA training elsewhere (within 3 years), and want that training to be considered, must include an **Official Transcript**, from the previous school, when applying to the program.
- **Applicants must have consistent access to working computer equipment (with Internet connectivity, required software, etc.). All PN students are expected to have computer access away from school (throughout their enrollment).**
- **While (and/or before) preparing the application packet for completion, applicants should have established financial aid, and/or have secured program payment.**
- **NOTE: All students that are *accepted* into the Practical Nursing (PN) program must complete a 10-Panel Drug Screening.** Details, guidelines and a timeline for required lab and drug screening will only be given to students accepted into the program.
 - **Drug Screening must be completed within 30 days of the class start date.** See counselor for details.
 - **Students who fail the Drug Screening will be automatically withdrawn from the program and not allowed to seek enrollment again for one entire fee term, or until the next start date, whichever is sooner.**
 - Students who are withdrawn (and seeking readmission) must resubmit, and clear, a new Drug Screening at the time of readmission (within 30 days of the new start date).



Next Steps

1] Free Application for Federal Student Aid (FAFSA) – *Complete now, online*

Applicants should have their financial aid established, and/or secured payment for tuition, supplies and fees, at the time application packet is submitted. **Federal School Code for PTC-Clearwater Campus: 005605**

2] Essential Job Functions – *Review and complete*

Applicants must be able to perform ALL the essential functions either with, or without, reasonable accommodations. Please inform the PN admissions counselor if you will be requesting accommodations.

3] Comprehensive Adult Student Assessment Systems (CASAS) Test and/or Test of Adult Basic Education (TABE)

Consult with a PTC counselor regarding test scores.

Basic Skills [*Minimum Qualifying Test Scale Scores (SS)]*

*CASAS — Reading: 249, Math: 245 and TABE — (A Level 11/12) Language: 631
TABE — (A Level 9/10) Math: Grade 11, Language: Grade 11, Reading: Grade 11
TABE — (A Level 11/12) Math: ≥ 657, Language: ≥ 631, Reading: ≥ 617
Wonderlic Basic Skills — Verbal: 11 (297), Quantitative: 11 (288)*

OR – Consult with a PTC Counselor to explore acceptable testing exemptions:

- Submission of valid/current TABE, or Wonderlic, test scores from another school or organization (taken within the past two years).
- Submission of Official Transcripts of an Associates of Applied Science, or higher degree, from an approved U.S. accredited institution.

4] Test of Essential Academic Skills (TEAS)

Learn more about the TEAS at www.atitesting.com, or 1.800.667.7531. **Adjusted Individual Total Score must be at least 56% to apply for admission to the program** (this score does not guarantee the student a seat). Students may mix highest content area scores, to obtain the 56% minimum, between several *unexpired* tests. The TEAS may be taken at a PTC Testing Lab or an off-site testing facility. Students testing off-site must contact ATI directly, to pay the required Score Transfer Fee, to have the official scores emailed to the appropriate PTC Practical Nursing Counselor: Clearwater Campus: corthellk@pcsb.org (Kimere Corthell) or St. Petersburg Campus: stilla@pcsb.org (Arilee Still)



5] Required Documents – Provide all completed items below, with application packet

1. Completed **Checklist of Required Items** (Use as Cover Sheet for submitted packet)
2. Completed **Program Application**
3. Copy of **CASAS/TABE**, or **Wonderlic test scores** (if applicable) or **Official Transcript** of an **AAS/AA/AS Degree or higher**, from an approved, accredited U.S. Educational Institution. Documentation of other literacy test exemption.
4. Signed and dated **Essential Job Functions**
5. Copy of **TEAS test scores (must be 56%, or higher)** from PTC Testing Lab; for **off-site testers, only official scores** will be accepted (transferred/emailed from ATI to the appropriate PTC Practical Nursing Counselor); **no photocopies accepted.**
6. Copy of **READI score report** (first two pages only: Summary & Graphs)
7. **Official Transcript** of standard **High School Diploma** or **GED**, Non-U.S. citizens should use an Official Equivalency and Certified Degree to meet the High School Diploma requirement. **No photocopies accepted.**
8. Signed and dated **Criminal Background Check & Drug Screen Disclaimer**
9. Copy of **Paid Receipt** for **EZ FingerPrints Level 2 Background Check**
10. Signed and dated **Health Screening for Health Science Education (Proof of Immunization)** form and **Documentation of test results/immunizations** (refer to *FAQ* about form for details).
11. Signed and dated **Influenza Vaccination Proof of Immunization**
12. Signed and dated **Accident/Medical Insurance Proof of Coverage** and copy of **Medical Insurance Card** (front & back)
13. **Other Official (Postsecondary) Transcripts** being submitted; PTC first, followed by any others (optional)
14. Copies of current **Health Related Certifications**: CNA, CPR, First Aid, Health CORE, etc. (optional)
15. **Application Packet – Submit completed packet by application deadline**
 - a. Submit completed application packets to Student Services during regular office hours.

6] Completed application packets are evaluated, rated and ranked – by PTC Admissions

Class slots are filled working from the highest to lowest-ranking applicants (see *TEAS – Testing* for score criteria).

7] Applicants are notified of admission status by email – from PTC Admissions

Admission Status is specified as one of the following: A] Accepted. B] Alternate, with a possible opportunity to be offered a seat, if an accepted student declines. C] Not-Accepted, please reapply.



Basic Skills [*Minimum Qualifying Test Scale Scores (SS)*]

CASAS — Reading: 249, Math: 245 and TABE — (A Level 11/12) Language: 631
TABE — (A Level 9/10) Math: Grade 11, Language: Grade 11, Reading: Grade 11
TABE — (A Level 11/12) Math: ≥ 657 , Language: ≥ 631 , Reading: ≥ 617
Wonderlic Basic Skills — Verbal: 11 (297), Quantitative: 11 (288)

Mental/Cognitive Factors

- Ability to visually read calibrated equipment in increments of one-hundredth of an inch
- Ability to visually discriminate, describe and interpret depth and color perceptions
- Ability visually identify contours, sizes, and movements
- Ability to view, read, and physically manipulate health record information and pertinent data in a variety of formats, including paper-based records, handwritten documentation, computerized data bases, typed reports and other institutional sources
- Ability to use tactile sensory contact to assess size, shape, texture, temperature, moisture, density and tonicity of tissues
- Ability to identify and distinguish odors
- Ability to auscultate with stethoscope and differentiate body sounds
- Ability to appropriately discern, comprehend and demonstrate ethical written, verbal and non-verbal communication, and judgment in any given situation
- Demonstrate appropriate reading and writing skills for effective, expected, appropriate and professional communication with others, to include legible, understandable, concise, accurate documentation of course work and clinical paperwork
- Demonstrate critical thinking skills to problem solve and take appropriate indicated corrective action to include utilization of the nursing process
- Demonstrate ability to perform mathematical calculations correctly within a designated time
Demonstrate emotional health sufficient to respond to and maintain effective role-appropriate relationships with patients, families, and other healthcare members
- Demonstrate ability to interpret classroom and clinical computer data correctly

- Demonstrate ability to perform requirements of the student nurse
- Demonstrate appropriate student behaviors in class and clinical areas
- Demonstrate ability to recognize and protect self, patients, and other from safety and environmental risks and hazards

People Skills

- Demonstrate interpersonal skills sufficient to interact appropriately with individuals, families, staff and groups from a variety of psycho-social, spiritual, emotional, cultural and intellectual backgrounds

Physical Requirements

- Perform physical functions such as reaching, balancing, carrying, pushing, pulling, stooping, bending and crouching, including being able to stand on your feet up to 12 hours at a time
- Perform lifting and transferring of adults and children from a stooped to an upright position to accomplish bed-to-standing-to-chair transfer and back and patient ambulation
- Perform lifting and adjusting positions of bedridden patients
- Physically apply up to 10 pounds of pressure to bleeding sites and to the chest in the performance of CPR using hands, wrists and arms
- Ability to carry/lift 50 pounds
- Ability to maneuver in small spaces quickly and easily
- Perform gross and fine motor skills to include manual dexterity that require hand/eye coordination in use of small instruments, equipment and syringes
- Perform palpation to feel and compress tissues to assess for size, shape, texture, and temperature
Respond and react immediately to auditory instruction, request, signals and monitoring equipment

I have read and understand the Essential Job Functions above.

Applicant Name (PLEASE PRINT) _____

Applicant Signature x _____ Date _____



Health Science Application

Checklist of Required Items

Practical Nursing (PN) | Clearwater |

Required Items *(To be submitted in order)*

- ___ Completed Checklist of Required Items (Use as Cover Sheet for packet)
- ___ Completed Program Application
- ___ Copy of CASAS/TABE, or Wonderlic test scores (if applicable) or Official Transcript of an AAS/AA/AS Degree or higher, from an approved, accredited U.S. Educational Institution. Documentation of other literacy test exemption.
- ___ Signed and dated Essential Job Functions
- ___ Copy of TEAS test scores (must be 56%, or higher) from PTC Testing Lab; for off-site testers, only official scores will be accepted (transferred/ emailed from ATI to the appropriate PTC Practical Nursing Counselor); no photocopies accepted.
- ___ Official Transcript of standard High School Diploma or GED, Non-U.S. citizens should use an Official Equivalency and Certified Degree to meet the High School Diploma requirement. No photocopies accepted.
- ___ Signed and dated Criminal Background Check & Drug Screen Disclaimer
- ___ Copy of Paid Receipt for EZ FingerPrints Level 2 Background Check
- ___ Signed and dated Health Screening for Health Science Education (Proof of Immunization) form and Documentation of test results/immunizations (refer to FAQ about form for details).
- ___ Signed and dated Influenza Vaccination Proof of Immunization
- ___ Signed and dated Accident/Medical Insurance Proof of Coverage and copy of Medical Insurance Card (front & back)

COMPLETE this checklist and include it as the cover sheet for your application packet. **ENTIRE** application packet must be completed, and ALL fees paid, prior to the start of the program. Application packet is considered incomplete unless ALL required items are turned in. **DO NOT** attempt to **email or fax** any paperwork from this packet to Pinellas Technical College (*none will be accepted*).

SUBMIT completed application packet...

In-Person to: Student Services during regular office hours.

By Mail (US Postal Service w/tracking #) to: Student Services c/o Dr. Kimere CortHELL: Practical Nursing
PTC – Clearwater Campus
6100 154th Ave N
Clearwater, FL 33760

Optional Items

- ___ Other Official (Postsecondary) Transcripts being submitted; PTC first, followed by any others
- ___ Copies of current Health Related Certifications (CNA, CPR, First Aid, Health CORE, etc.)

(PLEASE PRINT)

Applicant Name _____

Email _____

Telephone _____

Select Program Type and Session

___ Hybrid January 2021 ___ Traditional June 2021 ___ Hybrid Fall 2021

Applicant assumes full responsibility for accuracy and confirmation of packet completion, prior to submission (PTC staff will not check packets for completion).

x _____
Applicant Signature

Date



Health Science Application

Program Application: Practical Nursing

Applicant Information (PLEASE PRINT)

Full Name _____
Last First M.I. Date

Address _____
Street Address Apt/Unit# City State Zip

SSN (Last 4 digits) _____ Email _____

Telephone (Home) _____ (Mobile) _____ (Work) _____

Gender Male Female Age _____ DOB _____

Race White, Non-Hispanic Black, Non-Hispanic Hispanic Asian American Indian/Alaskan Native Multiracial

Emergency Contact (Name & Telephone) _____

Are you a citizen of the United States? YES NO If not, provide Country of Origin _____

Are you a military veteran? YES NO If yes, list Branch of Service _____

Have you previously applied for the Practical Nursing Program at PTC? YES NO

If yes, Date Applied _____ Campus _____

Educational Background

Highest Level of Education HS Diploma/GED AA/AS BA/BS MA/MS PhD

Major in College (or program of concentration) _____

TEAS		CASAS		TABE			WONDERLIC		READI	
Date	Date	Date			Date		Date		Date	
Score	Scores	Scores	L/F	G/E/SS	Scores	Norm LF	Results	%		
	Reading	Reading			Verbal		Reading Recall			
	Math	Math			Quantitative		Technical Competency			
		Language					Technical Knowledge			
							Personal Attributes			

List any medical and/or health care training/education below. NOTE: If you are a CNA, include a copy of your license in your application packet.

TYPE OF TRAINING	DATES	SCHOOL	LENGTH

Work Experience

List your last three years of work experience below (with MOST RECENT/CURRENT employment first)

JOB TITLE	DATES	BUSINESS NAME	REASON FOR LEAVING

Transfer/PTC Re-entry Student Request

If applicable, check which statement applies to your admission request:

I am requesting Advanced Standing to enter a Practical Nursing class and be given credit for previously completed coursework. See attached syllabus describing coursework completed, and a transcript detailing coursework to be considered, as part of my PTC Practical Nursing training.

If I cannot be placed with credit, for previously completed coursework, I would like to start the PTC Practical Nursing program from the beginning, and I agree that I will complete all assignments required of the curriculum.

Disclaimer

I certify that my answers are true and complete, to the best of my knowledge. I understand that misrepresentation, or omission of facts, is an acceptable reason for denial into the program.

X _____
Applicant Signature

Date



Pinellas Technical College follows the mandated literacy testing as required by the Florida Department of Education. *

Students take the CASAS for Reading and Math skills assessment and the TABE for a measure of Language skills. The tests are free, and scores are valid for two years.

- Photo ID required to enter the building and to test
- No Backpacks, Large Bags or Electronic Devices**
- Arrive 30 minutes before testing time for processing
- Test sessions begin promptly; late arrivals are not permitted to test

Testing Schedule

(by Appointment Only – Contact Student Services 727-538-7167 x2006)

CLEARWATER CAMPUS

6100 154th Ave N, Clearwater, FL 33760

- Mon & Tues 8:00 am Bldg. 01
- Wed & Thu 8:00 am Bldg. 01

Test Prep Resources

<https://www.casas.org/> (free sample test items)

<https://www.mometrix.com/> (free CASAS practice test)

<http://www.fldoe.org/> (free Preparing for the TABE booklet)

<https://www.studyguidezone.com/TABE/> (study resources)

** These tests are not required if you have a test exemption or an associate degree, or higher, from an accredited U.S. college.*

*** Pinellas Technical College is not responsible for student's lost or missing items*



Test of Essential Academic Skills (TEAS) at PTC

The TEAS evaluate 4 areas essential to academic success: Reading, Mathematics, English and Language Usage, and Science.

The TEAS is comprised of 170 questions related to medical technology. Test attempts are timed and permit about 3.5 hours to complete.

To be eligible to apply for *Practical Nursing* the candidate must score at least 56%. To be eligible to apply for the *Dental Assisting, Pharmacy Technician or Surgical Technology* programs tester must score at least 60%. *Note:* The TEAS may be taken only four (4) times within

a 12-month period. A 30-day waiting period is required between test attempts.

Remote Test Fee \$70.00 (each attempt)

PRIOR to taking the TEAS, please read the “Remote TEAS testing” information in its entirety.

Test Prep Resources Approximately 40% of students must take the TEAS more than once. Test preparation is strongly encouraged before taking this comprehensive test. Several computer-based practice assessments and study manuals are available for free and for fee. Some resources include:

<https://mometrix.com/academy/teas-test-study-guide/> (Test prep, free)

<https://www.teaspracticetest.com/> (Practice test, free)

<https://www.test-guide.com/free-teas-practice-tests.html> (Test prep, free)

<https://www.purplemath.com/> (Math course, fee)

<https://www.atitesting.com/> (Test maker's site; test prep, study manual, fee)

Call 727-538-7167 or email knightjen@pcsb.org to obtain instructions about how to register for the TEAS test.

TEAS PTC Testing Lab Schedule

Clearwater Campus (Online)

Wednesday and Thursdays 8:00

Late arrivals will not be permitted to test. Testers requiring special accommodations must schedule at least 48 hours in advance (provide documentation of disability when scheduling).

TEAS Score Ranking Criteria

TEAS Score Values	Points
TEAS Score 91.0-100	6
TEAS Score 84.0-90.9	5
TEAS Score 77.0-83.9	4
TEAS Score 70.0-76.9	3
TEAS Score 63.0-69.9	2
TEAS Score 56.0-62.9	1



Background Check & Drug Screening Information & Disclaimer

By law, criminal background checks and drug screenings are required for employment in the health care industry and to take licensing exams for 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.

Additional information can be found online on *Florida Department of Health* websites:

- **Nursing/CNA** student inquiries > <https://floridasnursing.gov/certified-nursing-assistant-faqs/background/>

I fully understand that, as a prospective student applying to a Health Science program at Pinellas Technical College,

- **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/dismissal occurs within the first 50 hours, I will receive a refund as allowed according to school policy.
 - If the withdrawal/dismissal occurs after the first 50 hours, I will not be entitled to a refund.
- **Passing the background check and drug screening does not guarantee certification, or registration, in the field I have chosen.**

I acknowledge that I have read and understand the above disclaimer and information.

Student Name *(PLEASE PRINT)* _____

Student Signature x _____ Date _____

Please attach your receipt to this form.

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 Eastbay Drive, Suite B (Inside the Lakeside Professional Building)

Largo, Florida, 33771.

The cost is \$45.00. Cash, personal checks, and credit cards are accepted. (VISA, MC, AmX)

*Please specify that you are applying to a HEALTH EDUCATION PROGRAM



Health Screening for Health Science Education

Proof of Immunization (1 of 2)

**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	Pertussis	Hep B	Neg Drug
Allied Health Assistant (Phlebotomy)	X	X	X	X	X	X	X	X	X
Central Sterile Processing	X	X	X	X	X	X	X	X	X
Dental Aide	X					X	X	X	
Dental Assistant	X				X	X	X	X	X
Emergency Medical Technician	X	X	X	X	X	X	X	X	X
Health Career II	X	X	X	X	X	X	X	X	
Health Unit Coordinator	X	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	X
Patient Care Technician	X	X	X	X	X	X	X	X	X
Pharmacy Technician	X	X	X	X	X	X	X	X	X
Practical Nursing	X	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)

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.



V. TETANUS

within last 10 years

VI. DIPHTHERIA

within last 10 years

VII. PERTUSSIS

within last 10 years

VIII. 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

IX . NEGATIVE DRUG TEST

within 30 days prior to class start 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 _____

Healthcare Provider Name (PLEASE PRINT) _____

Healthcare Provider Signature X _____ Date _____



Note: Your Health Screening for Health Science Education form must be signed by your healthcare provider.

What tests or immunizations are required for Practical Nursing students?

The following tests/immunizations are required:

- **Tuberculosis**
- **Rubella** (German Measles)
- **Rubeola** (10-day Measles)
- **Varicella** (Chicken Pox)
- **Tetanus**
- **Diphtheria**
- **Hepatitis B**
- **Hepatitis C** (immunization is **not required** for Practical Nursing students)

When do I need to submit the completed Health Screening form and official documentation?

All documentation, except for the second TB skin test, must be included in the application packet submitted by the stated deadline. The second TB skin test or x-ray will need to be done after you have been in class for approximately three weeks. It can take up to two weeks for some test results to come back or you may need to wait several weeks between injections. Therefore, it is strongly recommended that you start this process as soon as possible so that you can meet the stated deadline. You will not be admitted to class unless all required documentation has been received.

Note: A *copy of a bill from a healthcare provider is unacceptable as proof of immunizations.*

Which diseases must I provide test/immunization documentation for?

- **Tuberculosis** – You need to provide a copy of the **negative** results of the Mantoux (dated within 12 months prior to the start of class), or if you have had the disease, a Doctor's statement regarding the prescribed medication you are taking or have completed. **Note: All students will need either a chest x-ray, or negative Mantoux, within 30 days of starting clinical experience.** Your instructor will inform you of the acceptable dates.
- **Rubella** – If you have had the disease, you need to provide documentation of a **positive** titer (blood test) showing the presence of antibodies in your system. A **Doctor's statement**, that you have had the disease, **is insufficient**. If the titer is negative (meaning the antibodies are not present in your system), you will need to provide documentation that you have received the appropriate immunizations. **Note: You may also provide documentation of having the appropriate immunizations, based on your age.** Refer to the Health Screening for Health Science Education form to determine the immunizations you need.
- **Rubeola** – If you were born prior to 1957 you do not need to provide documentation. If you have had the disease, you need to provide documentation of a **positive** titer (blood test) showing the presence of antibodies in your system. A **Doctor's statement** that you have had the disease **is insufficient**. If the titer is negative (meaning the antibodies are not present in your system), you will need to provide documentation that you have received the appropriate immunizations. **Note: You may also provide documentation of having the appropriate immunizations, based on your age.** Refer to the Health Screening for Health Science Education form to determine the immunizations you need.
- **Varicella** – If you have had the disease, you need to provide documentation of a **positive** titer (blood test) showing the presence of antibodies in your system. A **Doctor's statement** that you have had the disease **is insufficient**. If the titer is **negative** (meaning the antibodies are not present in your system), you will need to provide documentation that you have received the appropriate immunizations. **Note: You may also provide documentation of having the appropriate immunizations based on your age when you received the immunizations.** Refer to the Health Screening for Health Science Education form to determine the immunizations you need.



Health Screening for Health Science Education

FAQ (2 of 2)

Note: Your Health Screening for Health Science Education form must be signed by your healthcare provider.

- **Tetanus & Diphtheria** – You need documentation that you have had the injections within the last ten years.
- **Hepatitis B** – You need documentation of having had the three required injections, or a copy of a blood test showing the presence of antibodies.

Where should I go for the immunizations and blood tests?

You can go to your primary care physician or to any county health department:

- Pinellas County: <http://pinellas.floridahealth.gov/>
- Pasco County: <http://pasco.floridahealth.gov/>
- Hillsborough County: <http://hillsborough.floridahealth.gov/>
- U.S. HealthWorks Medical Group: <http://www.lakesideoccmcd.com/>



Influenza Vaccination

Proof of Immunization

I fully understand that, as a student in a Health Science program at Pinellas Technical College and being in contact with patients during the influenza (flu) season, I will need to follow the hospital requirements.

- Students must provide proof of receiving an influenza vaccination to their instructor, so that it can be submitted to the hospital (prior to November 30).
- Students who decline receiving an influenza vaccination, or fail to provide proof of same, 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/all immunizations.
- Time missed from school as result of immunization or exposure.

I acknowledge that I have read and understand the above vaccination information and have had the opportunity to ask related questions.

Student Name (PLEASE PRINT) _____

Student Signature x _____ Date _____



Accident/Medical Insurance

Proof of Coverage

School Board of Pinellas County, Florida
Pinellas Technical College Health Science Programs

Verification of Accident/Medical Insurance (PLEASE PRINT)

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

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 APPROPRIATE SECTION(S) & PROVIDE INFORMATION 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 enrolled in the program beyond my policy's 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 understand the contents of this entire form, and have selected the appropriate insurance option(s) above for my situation.

Student Name (PLEASE PRINT) _____

Student Signature x _____ Date _____

Note: Staple Proof of Insurance (Copy of Medical Insurance Card, front & back) to this form and return it with your Application Packet.

The School Board of Pinellas County, Florida, prohibits 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.