



Health Science Application Packet

Program Overview & Deadlines (1 of 2)

Central Sterile Processing

Central Sterile Processing

Mission

To provide education, professional development, and certification.
To promote patient safety by raising the level of expertise needed to be better equipped to handle the increasingly specialized requirements of medical device reprocessing

Length 650 Hours

Program (H170222) consists of a planned sequence of courses

- **Central Supply Assistant** – Course STS0015 (210 hours) – Consists of theory and application of central services departmental organization and function; basic anatomy, physiology, microbiology and chemistry related to central service activities; quality assurance; infection control and isolation techniques, principles of safety; principles, methods and controls of sterilization processes; cleaning, processing packaging, distributing, and storing.
- **Basic Healthcare Worker** – Course HSC0003 (90 hours) – Instruction covers basic health care and safety procedures, employability, communications, interpersonal skills, basic mathematics, science, and computer literacy.
- **Central Sterile Service Materials Management** – Course STS0019 (150 hours) - Instruction covers supply distribution and inventory control, Procurement skills, and Sterile supplies.
- **Central Sterile Processing Technician** – Course STS0013 (410 hours) – Students will practice language knowledge, critical thinking, leadership and teamwork as well as demonstrating roles and responsibilities of the central supply worker.

Core Content

- Clean, disinfect, inspect, assemble and sterilize surgical instruments
- Students create a portfolio for employment purposes
- Students complete the first 240 clock hours of 24 quizzes, 6 tests related to theory and curriculum, then complete 410 hours of hands-on experience which include: General Cleaning, Wrapping Packaging, Assembling Instrument Tray, Sterilization, Storage Clean & Sterile, Patient Care Equipment, Linen Folding, Case Carts, Distribution and Miscellaneous Policies & Procedures
- Prepare for international certification by the *International Association of Healthcare Central Service Material Management (IAHCSMM)*

Note: The Pinellas Technical College Surgical Technology program is unable to accommodate students who wish to participate in clinicals at sites other than those approved for use locally. Only day hours are available.

Special Admission Requirements

A High School Diploma, or a GED, is required for this program. Other, specific health occupations admission guidelines (immunizations, drug screening, background check, etc.) are listed in this application packet.

Students enrolled in the program must be 18 years of age at the time of graduation from the program.

Student Services | St. Petersburg Campus

Monday & Wednesday 7:00 am – 2:00 pm

Tuesday & Thursday 7:00 am – 7:00 pm

Friday 7:00 am – 1:00 pm

*If any questions, please contact Arilee Still,
Counselor 727.893.2500, x 2523 or stilla@pcsb.org*



Health Science Application Packet

Program Overview & Deadlines (2 of 2)

Central Sterile Processing

Central Sterile Processing Distance Education

Not available at this time.

Accreditation

- Council on Occupational Education (COE) | 7840 Roswell Road, Building 300 Suite 325, Atlanta, GA 30350 | 770.396.3898 or 1.800.917.2081

Industry Certification(s)

- Upon completion of this course, students will be able to sit for the *CRCST (Certified Registered Central Service Technician) Certification Exam*

Related Resources

- O-NET Online (U.S. Department of Labor) Occupational Data for *Medical Equipment Preparers* – www.onetonline.org/link/summary/31-9093.00

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Application Packet

Health Science programs at Pinellas Technical College have very specific application criteria and deadlines.

This comprehensive application packet is VALID ONLY FOR:

Central Sterile Processing | St. Petersburg

Mon-Fri | 7:00 am – 12:15 pm | Class & Clinicals (Summer Schedule: Mon-Thu | 7:00 am – 2:15 pm)



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 the program Counselor, in Student Services at Pinellas Technical College, St. Petersburg Campus

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 the packet contents should be neat, and in order, when submitting for consideration.
- **Accepted applicants will be required to provide proof of their own medical insurance.**
- Applicants who have completed Health related training elsewhere (and want that training to be considered) must include an Official Transcript, from the previous school, when applying to this program.
- **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 Central Sterile Processing 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).

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Friday 7:00 am – 1:00 pm

DUE TO COVID, HOURS MAY HAVE CHANGED. If any questions, please contact Arilee Still, Counselor 727.893.2500, x 2523 or stilla@pcsb.org



Health Science Application

Application Process (2 of 3)

Central Sterile Processing

Next Steps

01] 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-St. Petersburg Campus: 013917**

02] Essential Job Functions – *Review and complete now*

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

03] Comprehensive Adult Student Assessment Systems (CASAS) Test and/or Test of Adult Basic Education (TABE) – *Take test(s) ASAP*

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.

04] Health Science/Admission Seminar – *Attend one session, with your questions*

Attending an Admission Seminar is mandatory for this program. Sessions may be virtual due to COVID. For any questions about PTC application process please contact Mrs. Arilee Still, Admissions Counselor at 727.893.2500 x 2523 or email stilla@pcsb.org

05] Readiness for Education at a Distance Indicator (READI) — *Take online assessment*

This free assessment measures learner readiness for taking online and/or technology rich courses. READI is not a pass/fail assessment, rather it provides a score report to help learners understand their strengths and opportunities for improvement. Take the READI assessment by visiting <http://myptec.smartermeasure.com/> and logging in with **Username: ptec Password: nursing** Once complete, print out your score report and include copies of the first two pages in your application packet.



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

1. Completed **Checklist of Required Items** (Use as Cover Sheet for submitted packet)
2. Signed and dated **Essential Job Functions**
3. Completed **Program Application**
4. 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.
5. Signed and dated **Instructor Interview/Admission Seminar FAQ & Notes**
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. Signed and dated **Notification of Exposure**
14. Signed and dated **Confidentiality Statement**
15. **Other Official (Postsecondary) Transcripts** being submitted; PTC first, followed by any others (optional)
16. Copies of current **Health Related Certifications**: CNA, CPR, First Aid, Health CORE, etc. (optional)
17. **Application Packet** –Submit completed application packets to the Guidance Office during regular office hours.

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Counselor 727.893.2500, x 2523 or

stilla@pcsb.org



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)

Basic Skills

- A LEVEL GE scores
 - Math – Grade 9
 - Language – Grade 9
 - Reading – Grade 9

Health & Safety Requirements

- Must be able to adjust to additional body covering (gown, gloves, hat, mask, eye protection, shoe and boot covers) for the duration of decontamination procedures as stated by the dress code and OSHA requirements
- Work around high temperature and chemical equipment

Mental/Cognitive Factors

- Visually monitor the dirty and clean instruments 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 the duration of a shift of work
- 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 fifty 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, and feel objects, tools, or controls

Technical Skills

- Operation of computer, intercom, and paging systems

Tools & Equipment

- Operate: Various sterilization units both steam and chemical, ultrasonic units, heat sealing units, handle heavy instrument trays, handle sharp instruments and work with various sized movable carts

Working Conditions

- Must be able to work in a spaces exposed to chemical agents used for cleaning and sterilization
- Adapt to controlled room temperatures
- Working while wearing PPE (mask, gown, gloves and hats)
- Stand on wet and/or hard floors
- Exposed to controlled and sometimes limited lighting

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

Central Sterile Processing

Required Items *(To be submitted in order)*

- ___ Completed Checklist of Required Items (Use as Cover Sheet for packet)
- ___ 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 Instructor Interview/Admission Seminar FAQ & Notes
- ___ Signed and dated Essential Job Functions
- ___ Signed and dated Criminal Background Check & Drug Screen Disclaimer
- ___ Copy of Paid Receipt for EZ FingerPrints Level 2 Background Check
- ___ 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.
- ___ Completed Program Application
- ___ 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)
- ___ Signed and dated Notification of Exposure
- ___ Signed and dated Confidentiality Statement

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 **mail, 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.

Student Services c/o Mrs. Arilee Still
 Central Sterile Processing
 PTC – St. Petersburg Campus
 901 34th St S
 St. Petersburg, FL 33711

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 _____

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

(CSP|SP)

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 Friday 7:00 am – 1:00 pm

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Health Science Application

Program Application: Central Sterile Processing

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 Central Sterile Processing 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) _____

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 Central Sterile Processing 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 Central Sterile Processing training.

If I cannot be placed with credit, for previously completed coursework, I would like to start the PTC Central Sterile Processing 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 require no appointment. Test scores are valid for two years.

Both tests can be completed in one test session. The entire testing session may take between 2 ½ – 6 hours to complete. For some, completion of the CASAS and TABE tests may take two, or more, testing sessions. For example, combining Session 1 (1 – 3 hours) + Session 2 (1 – 3 hours).

- 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
- Seating availability is first come, first served, basis

Testing Schedule – BY APPOINTMENT ONLY

CALL (727) 893-2500, EXT. 2544

ST. PETERSBURG CAMPUS
901 34th St S, St. Petersburg, FL 33711

- Mon 9:00 am Rm G2
- Tue 9:00 am & 5:00 pm Rm G2
- Wed 9:00 am Rm G2

Test Prep Resources

- www.casas.org (free sample test items)
- www.mometrix.com (free CASAS practice test)
- www.fldoe.org (free Preparing for the TABE booklet)
- 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*



Instructor Interviews and/or Admission Seminars are provided at Pinellas Technical College because we want you to be successful in your chosen

technical program. Instructors are generally available to meet incoming students (in scheduled interviews) and answer questions about their specific program. The purpose of both the interview, and admission seminar, is to provide you with additional information about the program. Please ask as many questions as you wish; some common topics are listed below.

(PLEASE PRINT)
Applicant Name _____
Instructor _____

Interview/Admission Seminar FAQ

- What is the length of the program and what will I be required to learn?
- What is the cost of books, tools, and materials and when will they be needed?
- How are the classes taught (lecture, demonstrations, hands-on experiences)?
- What will be expected of me while in the program?
- What, and where, are the job opportunities in this technical field?
- Do you assist with job placement?
- What is the starting pay? What is the range of earnings?
- Is there a final examination, certification, or licensing required to be employed in this field?
- What is the graduation rate for this program?

Schedule an Instructor Interview
For these programs, please call the program instructor:
Dental Assisting (SP)
727.893.2500 x 2573
Pharmacy Technician (SP)
727.893.2500 x 2601

Attend an Admission Seminar
For these programs, refer to the *Program Overview & Deadlines* page of this *Health Science Application Packet* for schedule (and whether attendance is mandatory or optional):
Central Sterile Processing Technology (SP)
Practical Nursing (CLW)
Practical Nursing (SP)
Surgical Technology (SP)

Notes

Counselor Comments _____

Counselor Signature x _____

Instructor Comments _____

Instructor Signature x _____ Date _____



Readiness for Education At a Distance Indicator (READI) – Assessment

This free assessment measures learner readiness for taking online and/or technology rich courses. The READI assessment is an indicator of the degree to which distance learning will be a good fit for you.

- READI is not a pass/fail assessment; there is no penalty for guessing
- READI score report helps learners understand their strengths and opportunities for improvement
- READI website also offers resources that will help you prepare for success as a distance learning student
- READI assessment is free of charge
- As the applicant for this program, it is imperative that you **complete the READI assessment by yourself...** without assistance from any other persons
- **To take the READI assessment:**
 - Visit <http://myptec.smartermeasure.com/>
 - **Username: ptec**
 - **Password: nursing**
- **Once the assessment is complete**
 - **Print out your score report and**
 - **Include copies of the first two pages in your application packet**



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/>
- **Pharmacy** student inquiries > <https://floridaspharmacy.gov/registered-pharmacy-technician-faqs/>

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.**
- **Any interruption in enrollment, will require re-screenings prior to re-enrollment.**

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

Student Name (PLEASE PRINT) _____

Student Signature x _____ Date _____

Fingerprinting Process

Information & Steps

Background Checks for Health Science/Clinical Education Programs begin with Fingerprinting.

EZ FingerPrints is PTC's official provider for fingerprinting and background checks. Fingerprinting is conducted on-site, at their location (walk-in, or by appointment).

At EZ FingerPrints, you must:

- Present EZ FingerPrints with your valid Driver's License
- Present EZ FingerPrints with your Social Security Card
- Identify yourself as a *Pinellas Technical College* student, applying for a *Health Science/Clinical Education* program
(*You do not need to know ORI, or OCA, code numbers*)

Fingerprints are scanned electronically using an ink-free process. Once scanned, the fingerprints are sent electronically to the *Florida Department of Law Enforcement FDLE* (which forwards them to the appropriate governing agency, i.e. *AHCA* or *DCF*); no mailing is necessary. Depending on the agency, the entire fingerprinting process requires approximately 7-14 days to receive the results.

PTC cannot determine if previous offenses will, or will not, clear the background check. The results will be sent directly to the Pinellas County School Board Administration Building (you will be contacted only if there is a problem).

Instructions for Individual using EZ Fingerprints:

- Complete **SECTION 1** below
- Make an Appointment, OR Walk-In (no appointment needed)
 - **Appointments:** Call 727.479.0805 or visit <https://ezfingerprints.com/>
 - **Walk-Ins:** Call 727.479.0805 and let them know you are coming

- Go to *EZ Fingerprints:*
1725 East Bay Drive,
Suite D, Largo, Florida, 33771
Monday – Friday | 8:30 am – 6:00 pm
- Bring the following with you:
 - Completed Request Form/Receipt (below)
 - Your valid Driver's License
 - Your Social Security Card



Instructions for Referring Company (if applicable):

- Give this completed request form/receipt to individual to be fingerprinted

Health Services Student Fingerprint Request Form/Receipt

SECTION 1 (Completed by individual)

Individual Name (PLEASE PRINT) _____

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 x _____



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
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.



Health Screening for Health Science Education

Proof of Immunization (2 of 2)

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 Pharmacy Technician 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 week 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: www.pinellashealth.com
- Pasco County: www.doh.state.fl.us/chdpasco/default.html
- Hillsborough County: www.hillscountyhealth.org/
- U.S. HealthWorks Medical Group: 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 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.



Notification of Exposure

Pinellas Technical College

I understand that, as a student at Pinellas Technical College in the *Central Sterile Processing, 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 that 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.
- 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 Name *(PLEASE PRINT)* _____

Student Signature x _____ Date _____



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

I understand that, as a student in the *Central Sterile Processing, Dental Assisting, Medical Coder/Biller, Pharmacy Technician or Surgical Technology* program, I will conduct myself according to the highest ethical standards. Underlying principles are based on common courtesy and ethical/moral behavior. These are essential for me 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:

- I 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 me.
- Discussion of my patient should only occur in approved settings, such as, giving or taking reports or in clinical conference.
- I will use patient initials in all discussions and on written documents.
- I will destroy all notes and computer generated papers after completing my daily assignment.
- To protect the integrity of the medical record I will not photocopy material from the medical record.
- If there are concerns about patient confidentiality, I will check with my instructor to obtain guidance.

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

Student Name *(PLEASE PRINT)* _____

Student Signature **x** _____ Date _____



PTC program uniforms, shoes, and medical equipment (required for program)

Fashion Scrub Depot is the local provider for uniforms, shoes, and medical equipment for (PTC students and) professionals in the medical and food service industries. Health Science Students purchase PTC program uniforms/scrubs from their retail store located in St. Petersburg, FL. **Note:** Before making any purchases specific program-mandated color, style/type, etc. should be discussed with program instructor.



Fashion Scrub Depot

2604 Central Avenue, St. Petersburg, FL 33712
727.498.8892 | www.fashionscrubdepot.com

Price sheet for PTC Health Science Students

All scrub/uniform tops and jackets are embroidered with the PTC logo (all prices include embroidery).

<i>Item</i>	<i>Description</i>	<i>XS-XL*</i>	<i>2XL-Up*</i>
4777	<i>One-Pocket Unisex Top</i>	\$22.99	\$25.99
4700	<i>Two-Pocket Top</i>	\$24.99	\$27.99
4876	<i>Three-Pocket Top</i>	\$25.99	\$28.99
4350	<i>Warm-Up Jacket</i>	\$29.99	\$32.99
4100	<i>Unisex Pants</i>	\$19.99	\$22.99
4200	<i>Elastic Waist Pants</i>	\$20.99	\$23.99
4020	<i>Women's Pants</i>	\$24.99	\$27.99
4000	<i>Men's Pants</i>	\$23.99	\$26.99
	<i>Nurse Duty Shoes – Female</i>	\$59.99	
	<i>Nurse Duty Shoes – Male</i>	\$69.99	

** Tall sizes add \$3.00*