

CLEARWATER TRADITIONAL CLASS PRACTICAL NURSING (PN) PROGRAM

General Information and Admissions Packet June 04, 2019 (Previously June 03, 2019)



The purpose of the Pinellas Technical College (PTC) 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 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 at PTC is 1350 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.

Students entering 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. We are unable to accommodate students wanting to participate in clinicals at sites other than those approved for our use locally.

June 04, 2019 is a traditional class on the Clearwater campus which meets Monday through Friday from 7:00 AM – 12:15 PM*. [*Pinellas County School District may run on a Summer schedule for about 6 weeks. This will result in class times being 7:00 a.m. – 2:00 p.m. – Monday-Thursday with Friday's off. Normal class hours (7:00 a.m. – 12:15 p.m. – Monday-Friday) will resume in August, 2019].

The Practical Nursing Program is supervised by the Pinellas County School Board and the Department of Education. It is governed by 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.

This admissions packet is valid only for the June 04, 2019 Clearwater Traditional class. Two Admissions Seminars will be held: Wednesday, February 27, 2019 at 5:30 PM and Wednesday, March 27, 2019 at 5:30 PM at PTC-Clearwater Campus, Building #3, Nursing Lecture Hall.

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Please follow these steps to start completing the application:

- Step 1: Print out all pages and carefully read through the packet, making note of any questions you have. Review the FAQs for the Practical Nursing admissions process.
- Step 2: If you feel comfortable, begin to complete the forms in the packet.
- Step 3: Bring the packet and your questions to an Admissions Seminar on either Wednesday, February 27, 2019 at 5:30 PM or March 27, 2019 at 5:30 PM to the PTC-Clearwater campus, Building #3, Nursing Lecture Hall.

Please note... <u>After Acceptance</u> Pinellas Technical College PN students must complete a 10 Panel Drug Screening

This only applies to students accepted into the PTC-PN program

Details about required lab and drug screening guidelines and a timeline will be given to those students accepted to start the PN program.

- Drug Screening must be completed within 30 days of the class start date. See your 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 withdraw must resubmit and clear a new Drug Screening at the time of Re-Admission, within 30 days of the new start date.

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ESSENTIAL JOB FUNCTIONS

Practical Nursing

Basic Skills

Wonderlic Basic Skills Test with scores of: Verbal Skills – 11, Quantitative Skills - 11

"A" Form 9/10 TABE test with scores of: Math - Grade 11 Language - Grade 11 Reading - Grade 11

"A" Form 11/12 TABE test scores of: Math - Scale Score (SS) 657 or higher, Language - SS 631 or higher, and Reading - SS 617 or higher

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, computerizes 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 period
- 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

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Traditional Practical Nursing Program Application Packet Checklist

Step One:	Complete electronic Free Application for Federal Student Aid (FAFSA) www.fafsa.gov. Applicants should have financial aid in place or be working on getting the program paid for at the time the application packet is submitted.
Step Two:	Carefully review the Essential Functions form. You must be able to perform all of the essential functions either with or without reasonable accommodations. Please inform the PN admissions counselor if you will be requesting accommodations.
Step Three:	Take the Wonderlic Basic Skills Test and/or the Test of Adult Basic Education (TABE) and consult with a PTC counselor regarding scores. The minimum score on the Wonderlic test is 11.0 in Verbal and Quantitative Skills. The minimum score for the TABE 9/10 is 11.0 in Reading, Language and Math on the "A" Level test. The minimum score required on TABE 11/12 is "A" Form: Math – Scale Score (SS) 657 or higher, Language – SS 631 or higher, and Reading – SS 617 or higher.
	Or
	Consult with a PTC counselor on valid and current TABE scores (within the past two years) from another school or organization
	Or
	Consult with a PTC counselor providing official proof of an Associates of Applied Science or higher degree from an approved U.S. accredited institution and other exemptions.
Step Four:	Take the Test of Essential Academic Skills (TEAS). Information on the TEAS may be obtained from the Website www.atitesting.com or by calling 1-800-667-7531. Your Adjusted Individual Total Score must be at least 56% to apply for admission to the program. Students can mix highest content area scores to obtain 56% minimum between several unexpired tests. This score does not guarantee the student a seat. Students may TEAS test on a PTC campus or if testing offsite, students must contact ATI directly to pay the Score Transfer Fee in order to have the required official scores emailed to the Nursing Counselor on the appropriate campus – Clearwater classes – scottme@pcsb.org [Merritt Scott] and St. Pete classes – stilla@pcsb.org [Arilee Still]
Step Five:	Applicants may bring packets and any questions pertaining to our application process to the Admissions Seminar on either Wednesday, February 27, 2019 at 5:30 PM or Wednesday, March 27, 2019 at 5:30 PM at PTC-Clearwater Campus, Nursing Lecture Hall (Building #3). The Admissions Seminar is recommended not required.

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Step Six:	Take the Web-based Readiness for Education at a Distance Indicator (READI) assessment. There is no charge for this assessment. This is not a pass/fail assessment. Go to the Applications, Forms, etc. page to download additional information on the READI assessment. Website Address: http://myptec.smartermeasure.com/					
		name: ptec word: nursing				
		er completing the assessment, print out your score report and include a copy of the two pages in your application packet.				
Step	1	Copy of the completed Program Application				
Seven:	2	Copy of TABE scores if applicable or copy of documentation of Associates of Applied Science Degree or higher from an approved accredited U.S. Educational Institution Other exemptions apply.				
	3	Copy of TEAS scores – 56% or higher. Students may TEAS test on a PTC campus or if testing offsite, students must pay the Score Transfer Fee through ATI directly. The official scores will then be emailed to the Nursing Counselor on the appropriate campus. No photo copies.				
	4	Copy of the first two pages of your READI score report (Summary and Graphs pages)				
	5	Official transcript of standard high school diploma or high school transcript or GED. Non-U.S. citizens should use an official equivalency and certified degree to meet the high school diploma requirement. Photo copies no longer acceptable.				
	6	Signed copy of the Background Check and Drug Screening Disclaimer				
	7	Copy of the paid receipt for the EZ Fingerprints, Level 2 Background Check				
	8	Official transcripts being submitted; PTC first followed by any others				
	9	Health screening of Health Science Education Form including any supporting documentation as described in the Health Screening form Questions and Answers				
	10	Signed form – Verification of Accident-Medical Insurance and copy front and back of insurance card				

s are filled working from the highest to lowest ranking applicants. The criteria is listed below: Eight:

TEAS	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	
Recent (within 3 years) PTC CNA or medical program graduate		
Military	1	
Medically-related work experience	1	
Previous applicant to a PTC PN program		
Graduate of a Pinellas County for Wellness and Medical		
Professions High School Program		

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Step Nine:	Email notices are sent to applicants specifying 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 re-apply

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June 04, 2019 PN Class Timeline and Deadlines

What	Deadline
Admissions Seminars at PTC – Clearwater Campus	Wednesday 02/27/2019 or 03/27/2019
PTC-Clearwater Campus 6100 154 th Ave. N	5:30 PM
Clearwater, FL 33760	3.30 FM
Nursing Lecture Hall, Bldg. #3	
Application Deadline. Applicants submit a fully completed application	Friday
packet, including immunizations, to Student Services on the campus	04/26/2019
that you are applying to:	before Noon
that you are applying to:	Before Hoon
Student Services - Mrs. Merritt Scott	
PTC-Clearwater Campus	
6100 154 th Ave. N	
Clearwater, FL 33760	
Applicants notified of application status (accepted, alternate, not	Wednesday, 05/08/2019
accepted) via email	By midnight*
*Please call your School Counselor, Merritt Scott, the next day if you	*Please call Counselor if you have not
have not received an e-mail.	received an e-mail by Thursday
	05/09/2019 - 727-538-7167 x2019
Registration Part #1 – Completing paperwork and clarifying tuition	Begins 05/09/2019 - 05/16/2019
payment questions	Nursing Counselor's Hours, Bldg #1 7:00 a.m. – 6:00 p.m. – Tues
	7:00 a.m. – 0:00 p.m. – 1des 7:00 a.m. – 2:00 p.m. – Wed
	7:00 a.m. – 2:00 p.m Thurs
	7:00 a.m. – 11:00 a.m Friday
Registration Part #2 - All fees paid in full at the bookstore on	<mark>Friday</mark>
the campus where you will be attending class.	<mark>05/24/2019</mark>
	by Noon
First Day of Class	Monday
	06/03/2019
	7:00 a.m. – 12:15 p.m.
	Monday-Friday*
	*Possible Summer Hours 7:00 a.m. –
	2:00 p.m. Monday-Thursday for about 6 weeks. Normal Hours above
	to resume August, 2019

APPLICATION NOTES/TIPS:

- Applicants should follow the steps of the application process in the order given.
- Applicants are invited to attend the Admissions Seminar to take advantage of information that will aid in the application process and to receive the most current program updates available. The Admissions Seminar is not required.
- Applicants should be sure to use the Application Checklist to insure all packet items are in place and in their proper order before submitting the packet for consideration.
- No fancy cover or folder is required to submit a packet. Please paperclip items together. It is more important that the packet contents be neat and in order when submitting it for consideration.
- Accepted applicants will be required to provide proof of their own medical insurance.
- Applicants who have completed PN/CNA training within 3 years, and want that training to be considered must include an official transcript from the previous school at the time of applying to the PTC-PN program.
- Be sure you have working computer equipment with consistent access. All PN students are expected to have computer access away from school throughout their enrollment.
- Applicants should have financial aid in place or be working on getting the program paid for while working to get the application completed.

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PTC – Clearwater Traditional Practical Nursing Application Packet Checklist June 04, 2019

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 turned in.

Completed application packets may be brought to Student Services during regular office hours:

PTC Clearwater Campus Student Services, Building #1 Monday - Thursday 7:00 AM - 6:30 PM Friday 7:00 AM - Noon

You may also mail the completed packet via tracking number US Mail:

Student Services – Mrs. Merritt Scott – scottme@pcsb.org – 727-538-7167 x2019 Practical Nursing
PTC-Clearwater Campus
6100 154th Ave. N
Clearwater, FL 33760

The deadline for submitting your completed packet is Friday, April 26, 2	2019 by Noon.	Building #1.
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Applicant N	ame:					
Email:	Phone:					
√	Required Items in Order					
	Application Checklist/Cover Sheet					
	Completed PN Application					
	Copy of Wonderlic or TABE scores if applicable or official transcript of an AAS/AA/AS degree or higher from an approved accredited U.S. educational institution. See Counselor for other exemptions.					
	TEAS Scores from PTC or emailed to Nursing Counselor from ATI (official)					
	Copy of Paid Receipt for EZ Fingerprints Background Check					
	Signed Criminal Background and Drug Screening Disclaimer					
	Official transcript of standard high school diploma or transcript or GED or Evaluation					
	Completed Health Science Education form and documentation of test results and updated immunizations					
	Signed Medical Insurance Verification form and copy of Medical Insurance Card – front and back					
	Influenza Vaccination Notice					
	First two pages of the READI Assessment (Step 5 above)					
	Optional Items					
	Official Transcripts, if having PN/CNA training within 3 years considered for credit					
	e student's responsibility to check the packet for completion prior to submitting it for stion. PTC staff will not check packets for completion.					
Applicant :	Signature Date					

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Practical Nursing Program Application

 ${\bf Campus:} \ \ {\bf Traditional-Clearwater}$

Start Date: June 04, 2019

		Applicant Info	ormation				
Full Name:				Date	:		
Last		First	M.I.				
Address:							
Street Address			Apar	tment/Unit #	#		
City			State	9	ZIP Code		
E-mail Address:							
Home Phone:	Cell Phone:		Work Phone	: <u></u>			
Gender: ☐Male ☐Female	e Date of Birth:	Age:					
Race: White, Non-Hisp	oanic □Black, Non-Hispa	nic □Hispanic □A	Asian □American Indian/Alask	an Native [Multiracial		
Emergency Contact Name and	Phone:						
	Name		Phone				
		YES NO	If not, provide Country of				
Are you a citizen of the United S		U U	origin: If yes, what branch of				
Are you a military veteran?			service?				
Have you previously applied for	entry into the Practical Nu	ursing Program?	Yes □No				
If Yes: Date applied:	Campus:						
		Educational Ba	ckground				
Highest level of education:	HS Diploma/GED □AA/A	S □BA/BS □MA/N	/IS □PhD				
Major in college or program of o	concentration:						
TEAS Test Date:	Wonderlic Test Date:	TABE Te	st Date:	READ	I Results (%)		
				Rea	ding Recall		
TT. 4.0.0	Wonderlic Scores:	TABE So	ores: L/F G/E/SS		nnical		
TEAS Score:	Verbal	Reading			npetency:		
	Quantitative	Math Langua	ne	Knov	wledge:		
		Langua	go		sonal butes:		
List any medical and/or health r	elated training/education b	nelow:					
Type of training	Dates	School			Length		
Type of training	Dutes	Concor			Longar		
		Work Expe	rience				
List below your work experience	e for the last <i>three</i> years, I						
Job Title Date Name of Business Reason for Leaving				eason for Leaving			
Transfer or PTC Re-entry Student Request (If applicable, check the one that applies to your admission request)							
	Advanced Standing to enter i	nto a Practical Nursing	class and be given credit for previou				
syllabus describing coursework completed and a transcript detailing coursework to be considered as part of my PTC nursing program) If I cannot be placed with credit for previously completed coursework I would like to start PTC's practical nursing program from the beginning, and I							
	complete all assignments req	uired of my classmates.		6 81			
Disclaimer and Signature							

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

Signature: Date:



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 offences 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 inquiries go to, http://www.doh.state.fl.us/mqa/nursing or 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 PTC, I fully understand that if my background check reveals any disqualifying offences or the drug screening indicates a positive result, I will not be allowed to enter the program in 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.

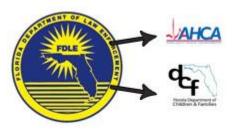
Student Signature			
Print your name			
Date			





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 (PTC) 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.

Once the fingerprints are scanned, we send them to the FDLE, which then sends them to the appropriate No need for messy black ink. 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 Eastbay Drive, Suite B (Inside the Lakeside Professional Building), Largo, Florida, 33771.

The cost is \$45.00. As of April 1st, the cost will be \$55.00. Cash, personal checks, and credit cards are accepted. (VISA, MC, AmX)

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

PTC cannot determine if previous offences 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.

PINELLAS COUNTY SCHOOLS

HEALTH SCREENING FOR HEALTH SCIENCE EDUCATION

ALCOHOL: NAME AND ADDRESS.		1000
Student	Nama	(Print)
Oluucii.	I Valie	11 111111

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	Нер В	Neg Drug
Allied Health Assistant (Phlebotomy)	Χ	Х	Χ	Χ	X	Х	Χ	Χ	Х
Dental Aide	X		***************************************		1000	Χ	Χ	Χ	
Dental Assistant	X				Х	Х	Х	Χ	Х
Health Career II	X	Χ	Χ	Χ	Χ	Χ	Χ	X	
Health Unit Coordinator	X	X	Χ	Χ	Χ	Χ	Χ	X	
Home Health Aide	X								
Medical Assistant	X	X	Χ	Χ	X	Χ	Χ	X	X
Nursing Assistant	X	X	Χ	Χ	Χ	Χ	Χ	X	Х
Patient Care Technician	X	X	Χ	Χ	Х	Х	Χ	X	Х
Pharmacy Technician	X	X	Х	Χ	Χ	Χ	Χ	X	X
Practical Nursing	X	X	Χ	Χ	Χ	Χ	Χ	X	X
Surgical Technician	X	X	Χ	Х	Х	Х	X	Χ	Х

^{*}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.

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Category A CC #5890

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/laborato- ease this information to the Pinellas County Schools.
Student Name (Printed)	Date
Parent Signature for Student Under Age 18	

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Health Screening Form Practical Nursing Program Questions and Answers

YOUR HEALTHCARE PROVIDER MUST SIGN THE HEALTH SCIENCE EDUCATION FORM, although there is no designated place to sign.

What tests or immunizations are required for practical nursing students?

The following 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 so 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.

Please note that a copy of a bill from a healthcare provider is **not acceptable** proof of immunizations.

What documentation do I need to include?

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.

Everyone 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 **NOT** sufficient. 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.

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 **NOT** sufficient. 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.

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 **NOT** sufficient. 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.

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.

• Tetanus and 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 to get 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: http://www.doh.state.fl.us/chdpasco/default.html
- Hillsborough County: http://www.hillscountyhealth.org/
- U.S. HealthWorks Medical Group: www.lakesideoccmed.com



Medical 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 <u>Health Science Program</u> through <u>Pinellas</u>
Technical (College. Clinical sites and facilities require students to have their own medical insurance
to participa	ate in the clinical assignment. Clinical hours are required for Health Science program
completio	n . 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 regu	larly scheduled theory or clinical learning activity, my medical expenses will be covered
by: <i>(check</i>	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*:
 another p I unders I agree to in my re I further injury o I ACKN 	stand that, in the event my insurance policy does not cover my complete loss or damages to be personally responsible for such uncovered injury, loss, or damages I sustain while participating egularly scheduled theory or clinical learning activity. The understand that I am not entitled to any benefits or workers compensation in the event of any courring on the premises of the class/clinical learning experience OWLEDGE THAT I HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS ENTIRE AND HAVE SELECTED THE APPROPRIATE INSURANCE OPTION ABOVE FOR MY
	Printed Name: Date:
STAPLE PF	ROOF OF INSURANCE TO THIS FORM. Copy of front and back of insurance card. Return application packet.

harassment based on race, color sex, religion, national origin, marital status, age, sexual orientation or disability in any of its programs, services or activities.

The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and