



Dental Assisting

Mission

The mission of this program is to prepare students for employment as dental assistants and dental auxiliaries and to take the *Dental Assisting National Board Examination*.

Length 1,230 Hours

Program (H170106) consists of a planned sequence of courses

- **Introduction to Dental Assisting** - Course DEA0725 (90 hours) – Instruction covers an introduction to the dental assisting profession, basic dental health care and safety procedures, legal and ethical responsibilities of the dental health care worker, employability, communications, and interpersonal skills, basic infection control, computer literacy, CPR, and First Aid.
- **Dental Infection Control Assistant** – Course DEA0726 (210 hours) – Content includes dental and general anatomy and terminology of clinical dentistry, infection control procedures, dental business office procedures, the proper use of dental instruments and equipment, and an introduction to clinical procedures.
- **Dental Assisting, 1 of 2** – Course DEA0727 (465 hours) – Content includes patient information and assessment, functions of pharmacology and anesthesia as they relate to dentistry, dental office emergencies and their prevention, dental materials, dental laboratory skills, radiology, oral health and preventive dentistry, an introduction to specialty procedures, and participation in clinical activities.
- **Dental Assisting, 2 of 2** – Course DEA0728 (465 hours) – Content includes dental specialty procedures, assisting in comprehensive dental care, and expanded functions for the State of Florida.

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.

Dental Assisting Distance Education

The Dental Assisting program currently provides the option of distance learning for the first 90 hours of curriculum – *Introduction to Dental Assisting*.

Articulation Agreement(s)

- St. Petersburg College Dental Hygiene, A.S. Degree
- Pinellas County Schools Centers for Wellness and Medical Professions
- Statewide Industry Certification – Certified Dental Assistant to Dental Assisting Technology and Management, A.A.S./A.S. Degree

Program Accreditation

The Dental Assisting program is accredited by the *Commission on Dental Accreditation* (a specialized accrediting body recognized by the United States Department of Education). Learn more about/contact the Commission on Dental Accreditation at 312.440.4653 | 211 East Chicago Avenue, Chicago, IL 60611 | www.ada.org/coda

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

DUE TO COVID AND SUMMER HOURS, THE SCHEDULE HAS CHANGED. 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)

Dental Assisting

Industry Certification(s)

- *Florida Expanded Duties*
- Graduates are eligible to take the *Dental Assisting National Board Examination* to become a *Certified Dental Assistant (CDA)*

Related Resources

- Dental Assisting National Board – www.danb.org
- American Dental Assistants Association – www.dentalassistant.org
- Florida Dental Association – www.floridadental.org
- Guide to Dental Careers – www.dentalcareerguide.com

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Information Session

Important details about this Health Science program, and the PTC Health Science application process, are provided in an **optional** admission seminar. Dates/times offered:

Zoom: PTC-Health Program Information Session

Time: Jul 15, 2020 10:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

<https://zoom.us/j/96878172851?pwd=amlMSzd6ZIRHa2ZQZEM3V3pIS3cyZz09>

Meeting ID: 968 7817 2851

Password: 8gvs4M

Topic: Health Program Information Session

Time: **Jul 15, 2020 01:00 PM** Eastern Time (US and Canada)

Join Zoom Meeting

<https://zoom.us/j/98439486136?pwd=c2ZzNjB1M2NqTIRORjRDaGZTbHJjUT09>

Meeting ID: 984 3948 6136

Password: 9UUDs9

Application Packet

Health Science programs at Pinellas Technical College have very specific application criteria and deadlines. This comprehensive application packet is **VALID ONLY FOR:**

Dental Assisting | St. Petersburg

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

Instructor Interview

Schedule a **mandatory** instructor interview by calling program instructor: **Dental Assisting (SP) 727.893.2500 x 2573** best by email [Dawn Garcia garciad@pcsb.org](mailto:Dawn.Garcia.garciad@pcsb.org)

This will provide valuable information about this Health Science program and PTC Health Science application process. Arrange the interview to occur **at least 60 days before the term start** you are seeking to begin your studies.



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.
- **Enrolled students will be required to provide proof of their own medical insurance.**
- Applicants who have completed Health/Dental related training elsewhere (and want that training to be considered) must include an Official Transcript, from the previous school, when applying to this program.
- **Applicants choosing to take advantage of the online learning option (first 90 days of program) must have consistent access to working computer equipment (with Internet connectivity, required software, etc.).**
- **While (and/or before) preparing the application packet for completion, applicants should have established financial aid, and/or have secured program payment.**
- **NOTE: All Dental Assisting students must complete a 10-Panel Drug Screening within 30 days of starting class.**
 - 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.

Student Services | St. Petersburg Campus

Monday & Wednesday 7:00 am – 2:00 pm
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Friday 7:00 am – 1:00 pm

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Health Science Application

Application Process (2 of 3)

Dental Assisting

Next Steps

01] Free Application for Federal Student Aid (FAFSA) – *Complete now, online www.fafsa.gov*

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] Test of Essential Academic Skills (TEAS) – *Take test ASAP*

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 request to mix highest content area scores, to obtain the 56% minimum, between valid *unexpired* tests.

05] Instructor Interview – *Schedule and attend, with your questions*

An Instructor Interview is mandatory for this program; each applicant schedules their own by calling the program instructor: Dental Assisting (SP) 727.893.2500 x 2573. For any other questions about the PTC application process please contact Mrs. Arilee Still, Admissions Counselor at 727.893.2500 x 2523 or **email stilla@pcsb.org**



07] 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 **TEAS test scores (must be 56%, or higher)** from PTC Testing Lab; **no photocopies accepted**.
7. Signed and dated **Distance Education Agreement** (optional)
8. Copy of **READI score report** (first two pages only: Summary & Graphs)
9. **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**.
10. Signed and dated **Criminal Background Check & Drug Screen Disclaimer**
11. Copy of **Paid Receipt** for **EZ FingerPrints Level 2 Background Check**
12. 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).
13. Signed and dated **Influenza Vaccination Proof of Immunization**
14. Signed and dated **Accident/Medical Insurance Proof of Coverage** and copy of **Medical Insurance Card** (front & back)
15. Signed and dated **Notification of Exposure**
16. Signed and dated **Confidentiality Statement**
17. **Other Official (Postsecondary) Transcripts** being submitted; PTC first, followed by any others (optional)
18. Copies of current **Health/Dental Related Certifications**: CNA, CPR, First Aid, Health CORE, etc. (optional)
19. **Application Packet – *Submit completed packet to the St. Petersburg campus Guidance Office during regular office hours.***

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 |

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Essential Job Functions

Dental Assisting

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 10
 - Language – Grade 10
 - Reading – Grade 10

Health & Safety Requirements

- Ability to recognize and protect self, patients and others from environmental risks and hazards

Mental Factors

- Ability to plan and implement safe effective dental assisting practice
- Self-motivated

People Skills

- Ability to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds
- Ability to communicate with verbal and written skills sufficient for interaction with others
- Ability to take direction well

Physical Requirements

- Ability to sit for long periods of time in one position
- Good manual dexterity

Technical Skills

- Ability to work with computers and computer-based dental equipment

Tools and Equipment

- Ability to work with small objects in a restricted and visually limited area

Working Conditions

- Ability to work in a time structured environment based on appointment scheduling
- Emotional endurance sufficient to respond to maintain effective relationships with patients and colleagues in an uncertain environment

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

Dental Assisting

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
- ___ Copy of TEAS test scores (must be 56%, or higher) from PTC Testing Lab;
- ___ Signed and dated Distance Education Agreement (optional)
- ___ 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
- ___

Optional Item

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

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
Dental Assisting
PTC – St. Petersburg Campus
901 34th St S
St. Petersburg, FL 33711

(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

Student Services | St. Petersburg Campus

Monday & Wednesday 7:00 am – 2:00 pm
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Friday 7:00 am – 1:00 pm

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Health Science Application

Program Application: Dental Assisting

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 Dental Assisting 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 dental, 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 Dental Assisting 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 Dental Assisting training.
- ☐ If I cannot be placed with credit, for previously completed coursework, I would like to start the PTC Dental Assisting 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 basic 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.

STUDENTS MUST TEST BY RESERVATION. On the St. Petersburg campus...Call (727) 893-2500, ext. 2544 to RESERVE a seat. Both tests can be completed in one test session. The entire testing session may take about 2 ½ to complete.

- 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

ST. PETERSBURG CAMPUS-call (727)893-2500, ext. 2544 for RESERVATION

901 34th St S, St. Petersburg, FL 33711

- Mon 8:00 am Rm G2
- Tue 8:00 am Rm G2
- Wed 8:00 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*



Test of Essential Academic Skills (TEAS) at PTC

The TEAS assesses 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.

Tests are timed, multiple choice and take about 3.5 hours to complete.

To be eligible to apply for the *Practical Nursing*, *Dental Assisting*, *Pharmacy Technician* or *Surgical Technology* programs tester must score at least 56%. *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.

Test Fee \$65.00 (each attempt); must be pre-paid at the PTC Bookstore (keep receipt for test session admittance).

PRIOR to taking the TEAS, first-time testers MUST create an online account with ATI (Assessment Technologies Institute):

1. Visit www.atitesting.com: Select *Create Account*
2. *Sign In Info: Provide Info*
 - Username, Password, Email, Security Questions, Personal Info, etc.
 - Institution: Select most appropriate choice
 - Pinellas Tech College - Clearwater
 - Pinellas Tech College - St. Petersburg
 - Pinellas Tech College - AH
 - Student/Employer ID, Credentials, Expected Graduation: Leave blank
 - Non-Degree Seeking: Check
 - Demographic Info: Provide Info; Subscription Updates/Notes: Provide choice
 - User Terms & Conditions
 - Yes, I agree: Select (to complete online registration)
3. **Print completed ATI Registration page**
(with Username/ID and Password; required for testing)

Test Prep Resources: 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:

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

teaspracticetest.com (Practice test, free)

test-guide.com/free-teas-practice-tests.html (Test prep, free)

purplemath.com (Math course, fee)

atitesting.com (Test maker's site; test prep, study manual, fee)

PTC Bookstore (Study manual, fee)

TEAS PTC Testing Lab Schedule –

STUDENTS MUST TEST BY RESERVATION

St. Petersburg Campus (Bldg 01 Rm G2) –
CALL (727) 893-2500, EXT. 2544
THU | 8:00 am

Verify availability of testing lab, for desired test date, at www.mypc.edu. Prepayment does not guarantee a seat. Please arrive 30 minutes before your scheduled testing time to comply with campus sign-in procedure. 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).

BRING these REQUIRED ITEMS for admittance into TEAS Test Session:

- TEAS PTC Receipt (paid, pink copy)
- Photo ID (with your signature)
- Printed ATI Registration page
(with Username/ID and Password)

TEAS Score Ranking Criteria



Instructor Interview/Admission Seminar

FAQ & Notes

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.

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?

Notes

Counselor Comments _____

Counselor Signature x _____

Instructor Comments _____

Instructor Signature x _____ Date _____

(PLEASE PRINT)

Applicant Name _____

Instructor _____

Schedule an Instructor Interview

VIRTUAL INTERVIEWS ARE REQUIRED

For these programs, please email the program instructor:

Dental Assisting (SP)

Dawn Garcia garciad@pcsb.org
727.893.2500 x 2573

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):



Distance Education Agreement

Dental Assisting

As a student entering the *Dental Assisting* program at Pinellas Technical College,
if I choose to exercise the distance education option (first 90 days),

I _____ understand, and agree to, the following items:
Student Name (PLEASE PRINT)

- This is an online portion of program and the delivery mode of curriculum is NOT presented in a traditional lecture format.
- Although the curriculum employs a distance education format I am required to login regularly and to complete the required number of online lessons every week (per the prescribed program schedule).
- If I fall behind in my work, distance learning will NOT continue to be an option.
- If I am unsuccessful with the online program, to continue my studies, I may need to re-enroll in the traditional program instead.
- If I am a VA student, I am NOT allowed to take ANY distance learning days.

Student Signature x _____ Date _____

Instructor Signature x _____ Date _____



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.**

I am aware that the Level 2 Background Check and 10 Panel drug screening are specific to my enrollment at Pinellas Technical College as a student. These screenings will be required of me for re-registration should there be any interruption in my 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 Number
- 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 Dental Assisting students?

The following tests/immunizations are required:

- Tuberculosis
- Tetanus
- Diphtheria
- Pertussis
- Hepatitis B

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.lakesideoccmed.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 _____



Confidentiality Statement

Pinellas Technical College

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*