



Emergency Medical Technician

This program is designed to produce Emergency Medical Technicians (EMTs), whose job it is to deliver the pre-hospital, basic life support care and transportation necessary for victims of accidents and emergency illness. Successful completion of the prescribed courses and the awarding of a diploma of completion means eligibility to the National Registry exam for certification as an EMT.

This program offers coursework that provides coherent and rigorous content aligned with challenging academic standards, relevant technical knowledge and skills needed to prepare for a career in Emergency Medical Services (EMS); provides technical skill proficiency, and includes competency-based applied learning that contributes to the academic knowledge, higher-order reasoning and problem-solving skills, work attitudes, general employability skills, technical skills, occupation-specific skills and knowledge of the aspects of Emergency Medical Services (EMS).

The course includes didactic, laboratory, personal learning enrichment, clinical rotations and field internship components. Students participate in clinical rotations and field internships at agencies that have affiliation agreements with Pinellas County School Board. The standard length of the Emergency Medical Technician (EMT) program is 300 clock hours.

The *Pinellas County School Board, Department of Education, and Florida Department of Health Bureau of Emergency Medical Oversight* supervise the PTC Emergency Medical Services Program. It operates following the standards established by the *Florida Department of Health Bureau of Emergency Medical Oversight*, which include the number of program hours, the curriculum and the clinical learning experiences that students must successfully complete.

Application Packet

Health Science programs at Pinellas Technical College have very specific application criteria and deadlines. This comprehensive application packet is valid only for the program and session indicated on the cover page. Refer to the cover page of this document for related deadlines and contact information.

Admission Seminar

Attendance is mandatory for this program. Refer to the cover page of this document for event schedule. For any questions about the PTC application process please contact Arilee Still, Counselor at stilla@pcsb.org (or 727.893.2500 x 2523).



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, contact Arilee Still, Counselor (St. Petersburg Campus) at stilla@pcsb.org (or 727.893.2500 x 2523)

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 must have consistent access to working computer equipment (with Internet connectivity, required software, etc.). All EMT students are expected to have computer access away from school (throughout their enrollment).**
- **While (and/or before) preparing the application packet for completion, applicants should have established financial aid, and/or have secured program payment.**
- **NOTE: All students that are *accepted* into the Emergency Medical Technician (EMT) program must complete a 10-Panel Drug Screening.** Details, guidelines and a timeline for required lab and drug screening will only be given to students accepted into the program.
 - **Drug Screening must be completed within 30 days of the class start date.** See counselor for details.
 - **Students who fail the Drug Screening will be automatically withdrawn from the program and not allowed to seek enrollment again for one entire fee term, or until the next start date, whichever is sooner.**
 - Students who are withdrawn (and seeking readmission) must resubmit, and clear, a new Drug Screening at the time of readmission (within 30 days of the new start date).



Next Steps

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 EMT 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.

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

- Submission of valid/current TABE 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

Attendance is mandatory for this program. Refer to the cover page of this document for event schedule. For any questions about the PTC application process please contact Arilee Still, Counselor at stilla@pcsb.org (or 727.893.2500 x 2523).

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.

To take the READI assessment:

- Visit <http://myptec.smartermeasure.com/>
- Login 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. Completed **Program Application**
3. Copy of **CASAS/TABE test scores** (if applicable) and **Official Transcript** of an **AAS/AA/AS Degree or higher**, from an approved, accredited U.S. Educational Institution. Documentation of other literacy test exemption.
4. Signed and dated **Instructor Interview/Admission Seminar Page**
5. Signed and dated **Essential Job Functions**
6. Copy of **READI score report** (first two pages only: Summary & Graphs)
7. **Official Transcript** of standard **High School Diploma** or **GED**, Non-U.S. citizens should use an Official Equivalency and Certified Degree to meet the High School Diploma requirement. **No photocopies accepted.**
8. Signed and dated **Criminal Background Check & Drug Screen Disclaimer**
9. Copy of **Paid Receipt** for **EZ FingerPrints Level 2 Background Check**
10. Signed and dated **Health Screening for Health Science Education (Proof of Immunization)** form and **Documentation of test results/immunizations** (refer to *FAQ* about form for details).
11. Signed and dated **Influenza Vaccination Proof of Immunization**
12. Signed and dated **Accident/Medical Insurance Proof of Coverage** and copy of **Medical Insurance Card** (front & back)
13. **Other Official (Postsecondary) Transcripts** being submitted; PTC first, followed by any others (optional)
14. Copies of current **Health Related Certifications**: CNA, CPR, First Aid, Health CORE, etc. (optional)
15. **Application Packet – Submit completed packet by application deadline indicated on cover page.**
Submit completed application packet to the Guidance Office (PTC Student Services, St. Petersburg Campus) during regular office hours.

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

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

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

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



Mental/Cognitive Factors

- Critical thinking ability sufficient to perform differential diagnosis and develop a patient management plan.
- 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

People Skills

- Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
- Communication abilities sufficient for effective interaction with others in verbal and written forms. This includes the ability to conduct a patient interview; explain treatment procedures; document and interpret treatment strategies and patient responses.

- 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

- Physical abilities sufficient to move from room to room, maneuver in small spaces, navigate stairwells and various terrains.
- The ability to stand and walk for extended periods.
- Strength sufficient to move patients of varying sizes to safe environments; lift and carry patients to stretchers; load and unload patients on stretchers into and out of ambulances.
- Climbing and balancing abilities sufficient for the safe transport of patients.
- Patient assessment, management and movement often require providers to frequently stoop, kneel, crouch or crawl.
- Gross and fine motor skills sufficient to provide safe and effective emergency care. This includes the ability to calibrate and use equipment and differentiate temperature and moisture during patient assessment.
- Auditory ability sufficient to monitor and assess health needs. This includes the ability to auscultate body sounds with and without a stethoscope.
- Visual ability sufficient for observation and assessment necessary in emergency care. This includes the ability to assess size, color, depth and observe patient responses to treatment.

I have read and understand the Essential Job Functions above.

Applicant Name (PLEASE PRINT) _____

Applicant Signature _____ Date _____



Health Science Application

Checklist of Required Items

Emergency Medical Technician

Required Items *(To be submitted in order)*

- ___ Completed Checklist of Required Items (Use as Cover Sheet for packet)
- ___ Completed Program Application
- ___ Copy of CASAS/TABE test scores (if applicable) and 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 Page
- ___ Signed and dated Essential Job Functions
- ___ Copy of READI score report (first two pages only: Summary & Graphs)
- ___ Official Transcript of standard High School Diploma or GED, Non-U.S. citizens should use an Official Equivalency and Certified Degree to meet the High School Diploma requirement. No photocopies accepted.
- ___ Signed and dated Criminal Background Check & Drug Screen Disclaimer
- ___ Copy of Paid Receipt for EZ FingerPrints Level 2 Background Check
- ___ Signed and dated Health Screening for Health Science Education (Proof of Immunization) form.
- ___ Signed and dated Influenza Vaccination Proof of Immunization
- ___ Signed and dated Accident/Medical Insurance Proof of Coverage and copy of Medical Insurance Card (front & back)

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

SUBMIT completed application packet...

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

By Mail (US Postal Service w/tracking #) to: Student Services c/o Arilee Still
Emergency Medical Technician
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).

Applicant Signature

Date

(EMT | SP)



Health Science Application

Program Application: Emergency Medical Technician

Applicant Information *(PLEASE PRINT)*

Full Name _____
Last First M.I. Date

Address _____
Street Address Apt/Unit# City State Zip

SSN (*Last 4 digits*) _____ Email _____

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

Gender Male Female Age _____ DOB _____

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

Emergency Contact (*Name & Telephone*) _____

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

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

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

If yes, Date Applied _____ Campus _____

Educational Background

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

Major in College (or program of concentration) _____

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, please check the statement below:

I would like to start the PTC Emergency Medical Technician 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.

Applicant Signature

Date



Pinellas Technical College conducts 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 the test scores are valid for two years.

NOTE: Reservation required for testing

Both tests can be completed in one test session. The entire testing session may take about 2 ½ hours 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

Testing Schedule *(by appointment only)*

CLEARWATER CAMPUS

Call for Reservation 727.538.7167 x 2006

6100 154th Ave N, Clearwater, FL 33760

- Mon – Thu 7:30 am Bldg 02, Rm 117
- Mon 5:30 pm Bldg 02, Rm 117
- Wed & Thu 4:30 pm Bldg 02, Rm 117

ST. PETERSBURG CAMPUS

Call for Reservation 727.893.2500 x 2544

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

- Mon 8:00 am Bldg 01, Rm G2
- Tue 8:00 am Bldg 01, Rm G2
- Wed 8:00 am Bldg 01, Rm G2

Test Prep Resources

www.casas.org (free sample test items)

www.mometrix.com (free CASAS practice test)

www.fl DOE.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



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 provides 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/>
- Login Username: ptec Password: nursing
- Once complete, print out your score report and include copies of the first two pages in your application packet.



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 about EMT licensing can be found online on this *Florida Department of Health* website:

<http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/licensing/index.html>

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.**
- **The Level 2 Background Check and 10-Panel Drug Screening are specific to my enrollment at Pinellas Technical College as a student. Should there be any interruption in my enrollment re-screenings will be required prior to re-enrollment.**

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

Student Name *(PLEASE PRINT)* _____

Student Signature _____ 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 _____



Health Screening for Health Science Education

Proof of Immunization (1 of 2)

PINELLAS COUNTY SCHOOLS
HEALTH SCREENING FOR HEALTH SCIENCE EDUCATION

Student Name (Print) _____

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

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

Your Health Program (one from list below) _____

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

*Depending on requirements of clinical site.

I. TUBERCULOSIS

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

II. RUBELLA (German measles)

If under 40 years of age:

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

If over 40 years of age:

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

III. RUBEOLA (10 day measles)

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

IV. VARICELLA (Chickenpox)

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

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



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 _____ Date _____



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

What tests or immunizations are required for Emergency Medical 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 weeks between injections. Therefore, it is strongly recommended that you start this process as soon as possible so that you can meet the stated deadline. You will not be admitted to class unless all required documentation has been received.

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

Which diseases must I provide test/immunization documentation for?

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



Health Screening for Health Science Education

FAQ (2 of 2)

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

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

Where should I go for the immunizations and blood tests?

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

- Pinellas County: 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 _____ 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.

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