



**ST. PETERSBURG HYBRID/ONLINE CLASS**  
**PRACTICAL NURSING PROGRAM**  
*General Information and Admissions Packet*  
*August 10, 2017*

The purpose of the Practical Nursing Program is to provide training for employment in the health care industry. Graduates complete courses in caring for medical and surgical patients. Included in the program are courses 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 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.

**The St. Petersburg August 10, 2017 is a Hybrid/Online class:**

The Hybrid-Online program is exactly like the traditional on-site program with two exceptions:

1. The 675 hours of academic theory are delivered via computer with a minimal number of face-to-face meetings. **The intermittent, face-to-face meetings will be held on Tuesdays scheduled around the rotation for clinicals.**
2. The 675 clinical hours are scheduled on set Tuesdays in relationship to the required clock hours assigned to it.

**The clinical sessions are scheduled in relationship to the curriculum/theory that is being covered at that time.**

**PN students entering the program are expected to have their own personal computer access. The PN program has many demands that require the student to use a computer away from school.**

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 August 10, 2017 St. Petersburg Hybrid/Online class. An Admissions Seminar will be held on Wednesday, June 7, 2017 at 5:30 PM at Pinellas Technical College-St. Petersburg Campus, Media Center.**

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: Complete as much of the packet as you feel comfortable doing at this time
- Step 3: Bring your copy of the packet and your questions to the Admissions Seminar on Wednesday, June 7, 2017 at 5:30 PM at the PTC-St. Petersburg Campus, Media Center.

## PTC – MEDICAL PROGRAM NOTICE

### **\*10 PANEL DRUG SCREENING**

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

Details about required lab and drug screening guidelines will be given to those students accepted to start any PTC Health Education 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.

## ESSENTIAL JOB FUNCTIONS

Practical Nursing

August 10, 2017

### Basic Skills

“A” Form TABE test with scores of: Math - Grade 11    Language - Grade 11    Reading - Grade 11

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



<b>Step One:</b>	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.
<b>Step Two:</b>	Take the Test of Adult Basic Education (TABE) and consult with a PTC counselor regarding scores. <b>The minimum score required is 11.0 in Reading, Language and Math on the "A" Level test.</b>
	<b>Or</b>
	Consult with a PTC counselor on valid and current TABE scores (within the past two years) from another school or organization
	<b>Or</b>
	Consult with a PTC counselor providing proof of an Associate of Arts, Applied Science or higher degree from an approved U.S. accredited institution
<b>Step Three:</b>	Take the Test of Essential Academic Skills (TEAS). Information on the TEAS may be obtained from the Website <a href="http://www.atitesting.com">www.atitesting.com</a> or by calling 1-800-667-7531. <b>Your Adjusted Individual Total Score must be at least 56% on the test to apply for admission to the program.</b> This score does not guarantee the student a seat.
<b>Step Four:</b>	Applicants must bring packets and any questions pertaining to our application process to the Admissions Seminar on <b>Wednesday, June 7, 2017 at 5:30 PM at PTC-St. Petersburg campus, Media Center.</b> Register to attend the session from the PN Schedule of Classes page of our website.
<b>Step Five:</b>	<p>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, but is required for online applicants. Go to the Applications, Forms, Etc. page to download additional information on the READI assessment.</p> <p>Website Address: <a href="http://myptec.readi.info">http://myptec.readi.info</a>          Username: ptec          Password: nursing</p> <p><b>After completing the assessment, print out your score report and include a copy of the first two pages in your application packet.</b></p>

<p><b>Step Six:</b></p>	<ol style="list-style-type: none"> <li>1 Copy of the completed Program Application</li> <li>2 Copy of TABE scores if applicable or copy of documentation of Associate Degree or higher from an approved accredited U.S. educational Institution</li> <li>3 Copy of TEAS scores... <b>56% or higher</b></li> <li>4 Copy of the first two pages of your READI score report (Summary and Graphs pages)</li> <li>5 Copy of standard high school diploma or high school transcript or GED. Non-U.S. citizens may use an evaluated transcript of their foreign degree to meet the high school diploma requirement.</li> <li>6 Signed copy of the Background Check and Drug Screening Disclaimer</li> <li>7 Copy of the paid receipt for the EZ Fingerprints, Level 2 Background Check</li> <li>8 Copy of any transcripts being submitted; PTC first followed by any others</li> <li>9 Health screening of Health Science Education Form including any supporting documentation as described in the Health Screening form Questions and Answers</li> </ol>																								
<p><b>Step Seven:</b></p>	<p><b>Completed application packets are evaluated, rated and ranked. Class slots are filled working from the highest to lowest ranking applicants. The criteria is listed below:</b></p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">TEAS V</th> <th style="text-align: right;">Points</th> </tr> </thead> <tbody> <tr> <td>TEAS V score 91.0-100</td> <td style="text-align: right;">6</td> </tr> <tr> <td>TEAS V score 84.0-90.9</td> <td style="text-align: right;">5</td> </tr> <tr> <td>TEAS V score 77.0-83.9</td> <td style="text-align: right;">4</td> </tr> <tr> <td>TEAS V score 70.0-76.9</td> <td style="text-align: right;">3</td> </tr> <tr> <td>TEAS V score 63.0-69.9</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TEAS V score 56.0-62.9</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Recent (within 3 years) PTC CNA or medical program graduate</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Military</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Medically-related work experience</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Previous applicant to a PTC PN program</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Graduate of a Pinellas County for Wellness and Medical Professions High School Program</td> <td style="text-align: right;">1</td> </tr> </tbody> </table>	TEAS V	Points	TEAS V score 91.0-100	6	TEAS V score 84.0-90.9	5	TEAS V score 77.0-83.9	4	TEAS V score 70.0-76.9	3	TEAS V score 63.0-69.9	2	TEAS V score 56.0-62.9	1	Recent (within 3 years) PTC CNA or medical program graduate	2	Military	1	Medically-related work experience	1	Previous applicant to a PTC PN program	1	Graduate of a Pinellas County for Wellness and Medical Professions High School Program	1
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<p><b>Step Eight:</b></p>	<p>Email notices are sent to applicants specifying one of the following:</p> <ol style="list-style-type: none"> <li>A Accepted</li> <li>B Alternate, with a possible opportunity to be offered a seat if an accepted student declines</li> <li>C Not-Accepted, please re-apply</li> </ol>																								

## August 10, 2017 Hybrid PN Class Timeline and Deadlines

What	Deadline
Applicants attend the Admissions Seminar at PTC – St. Petersburg Campus, Media Center 5:30 PM Pinellas Technical College-St. Petersburg Campus 901 34 <sup>th</sup> Street South St. Petersburg, FL 33711	Wednesday, June 7, 2017 5:30 PM
Applicants submit a fully completed application packet to Student Services on the campus that you are applying to:  Student Services – Mrs. Arilee Still Pinellas Technical College- St. Petersburg Campus 901 34 <sup>th</sup> Street South St. Petersburg, FL 33711	<b>Thursday, July 6, 2017</b>
Applicants <b>notified of application status</b> (accepted, alternate, not accepted) <b>via email</b> *Please call your School Counselor the next day if you have not received an e-mail.	Tuesday– by midnight* July 18, 2017
<b>Registration Part #1</b> – Completing Registration Paperwork and Answering Fee Questions	Wednesday, July 19, 2017
<b>Registration Part #2 - All fees paid in full at the bookstore on the campus where you will be attending class.</b>	<b>Friday – Noon August 4, 2017</b>
First Day of Class	Thursday, August 10, 2017

### 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.**
- 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 elsewhere, 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 at the time the application packet is submitted.**



**St. Petersburg Campus - Hybrid  
Practical Nursing Application Packet Checklist  
August 10, 2017**

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 checked.

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

PTC St. Petersburg Campus  
Student Services  
Monday/Wednesday 7:00 AM – 2:00 PM, Tuesday and Thursday 7:00 AM-7:00 PM  
Friday 7:00 AM – Noon

You may also mail the completed packet to:

Student Services – Mrs. Arilee Still  
Practical Nursing  
PTC – St. Petersburg Campus  
901 34<sup>th</sup> Street South  
St. Petersburg, FL 33711

**The deadline for submitting your completed application is Thursday, July 6, 2017.**

Applicant Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

√	Required Items in Order
	Application Checklist/Cover Sheet
	Completed PN Application
	Copy of TABE scores if applicable or copy of documentation of an AAS/AA/AS degree or higher from an approved accredited U.S. educational institution
	Copy of TEAS Scores
	Copy of Paid Receipt for EZ Fingerprints Background Check
	Signed Criminal Background and Drug Screening Disclaimer
	Copy of standard high school diploma or transcript or GED or Evaluation
	Completed Health Science Education form and documentation of test results and updated immunizations
	Completed Medical Insurance Verification form and copy of current Insurance card
	First three pages of the READI Assessment (Step 5 above)
	<b>Optional Items</b>
	Transcripts
	Copy of current Nursing Assistant Certification and/or CPR card if applicable

**It is the student's responsibility to check the packet for completion prior to submitting it for consideration. PTC staff will not check packets for completion.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



# Practical Nursing Program

Campus: Hybrid/Online – St. Petersburg

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Social Security No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Emergency Contact Name and Phone: \_\_\_\_\_

	Name	Phone	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, provide Country of origin: _____
Are you a military veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what branch of service? _____
Have you previously applied for entry into the Practical Nursing Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes: Date applied: _____ Campus: _____			

## Educational Background

Highest level of education:  HS Diploma/GED  AA/AS  BA/BS  MA/MS  PhD

Major in college or program of concentration: \_\_\_\_\_

TEAS Test Date: \_\_\_\_\_

TABE Test Date: \_\_\_\_\_

TABE Scores:

	Score	Level
Reading	_____	_____
Math	_____	_____
Language	_____	_____

READI Results (numerical 1-4)  
 Reading Recall: \_\_\_\_\_  
 Technical Competency: \_\_\_\_\_  
 Technical Knowledge: \_\_\_\_\_  
 Personal Attributes: \_\_\_\_\_

TEAS Score: \_\_\_\_\_

List any medical and/or health related training/education below:

Type of training	Dates	School	Length

Note: If you are a C.N.A. include a copy of your license in your application packet.

## Work Experience

List below your work experience for the last **three** years, listing your **MOST RECENT** employment first.

Job Title	Date	Name of Business	Reason for Leaving

## Transfer or Pinellas Technical College Re-entry Student Request

(If applicable, check the one that applies to your admission request)

- I am requesting Advanced Standing to enter into a Practical Nursing class and be given credit for previously completed coursework. **(See attached syllabus describing coursework completed and a transcript detailing coursework to be considered as part of my PTC 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 agree that I will complete all assignments required of my classmates.

## 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 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.

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 Pinellas Technical College, **I fully understand that 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 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.

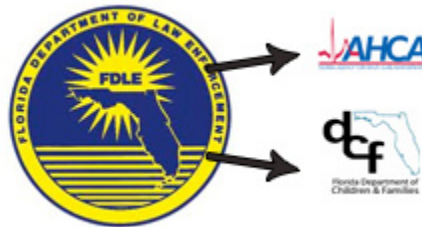
Student Signature \_\_\_\_\_

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. No need for messy black ink.*

*Once the fingerprints are scanned, we send them to the FDLE, which then sends them to the appropriate 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](http://www.ezfingerprints.com) or call 727 479-0805.

EZ Finger Prints is located at 1715 Eastbay Drive, Suite B (Inside the Lakeside Professional Building), Largo, Florida, 33771.

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

We cannot determine if previous offenses 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**

Student Name (Print) \_\_\_\_\_ SS# \_\_\_\_\_

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	Hep B	Neg Drug	Hep C
Allied Health Assistant	X	X	X	X	X	X	X		
Dental Aide	X					X	X		
Dental Assistant	X				X	X	X	X	
Health Career II	X	X	X	X	X	X	X		
Health Unit Coordinator *	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		
Patient Care Technician	X	X	X	X	X	X	X		
Pharmacy Technician	X	X	X		X			X	
Practical Nursing	X	X	X	X	X	X	X		
Surgical Technician	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

**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)

**V. TETANUS**

within last 10 years

**VI. DIPHTHERIA**

recommended in last 10 years

- VII. 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, **OR**
  - C. completion of DECLINATION OF HEPATITIS VACCINE (below)

**VIII. NEGATIVE DRUG TEST**  
 within 30 days prior to class start date

**IX. HEPATITIS C**  
 negative lab report

\* 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.

**DECLINATION OF HEPATITIS VACCINE**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised to be vaccinated with HBV at my own expense. However, I decline the Hepatitis B Vaccine at this time or have not completed the vaccination series. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination at my own expense.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by a Pinellas County Schools Representative \_\_\_\_\_

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

**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 Health Science Program through Pinellas Technical College. Clinical sites and facilities require students to have their own medical insurance to participate in the clinical assignment. Clinical hours are required for Health Science program completion. 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 regularly scheduled theory or clinical learning activity, my medical expenses will be covered by: (check 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\*: \_\_\_\_\_

\*I am aware that if I am in the program beyond the policy 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 UNDERSTOOD THE CONTENTS OF THIS ENTIRE FORM, AND HAVE SELECTED THE APPROPRIATE INSURANCE OPTION ABOVE FOR MY SITUATION.**

Student's Printed Name: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**STAPLE PROOF OF INSURANCE TO THIS FORM. Return 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.

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## 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 \_\_\_\_\_