



# Health Science Application Packet

Program Overview & Deadlines

Practical Nursing (PN) | St. Petersburg | August 12, 2020

## Practical Nursing

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 that are 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 for Practical Nursing at Pinellas Technical College (PTC) is 1,350 hours. Upon successful completion of the program, graduates are eligible to sit for the national examination, which qualifies them as a *Licensed Practical Nurse*.

In total, students in 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. For clinicals, PTC utilizes specifically-approved, local sites; no provision is available for students wishing to participate in clinicals at other facilities.

### 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](mailto:stilla@pcsb.org)*

## Application Packet

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

**Practical Nursing (PN) | St. Petersburg | August 12, 2020 Session**

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

## Admission Seminar(s)

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 Deadlines

- **08/04/2020 — Application deadline (by 6:30 pm) – PN|SP|Traditional**
- **08/07/2020 — Admissions Status Notifications emailed to applicants, by Midnight (call counselor if not received)**
- **08/12/2020 — First day of class**



### 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 Mrs. Still at [stilla@pcsb.org](mailto:stilla@pcsb.org)

### Application Notes & Tips:

- Applicants should follow the steps of the application process in the order given.
- Applicants should use the Checklist of Required Items to ensure ALL application packet items are accounted for, and in their proper order, before submitting the packet for consideration.
- Please paperclip all items together; no elaborate cover or folder is required to submit a packet. Most importantly the packet contents should be neat, and in order, when submitting for consideration.
- **Accepted applicants will be required to provide proof of their own medical insurance.**
- Applicants who have completed PN/CNA training elsewhere (within 3 years), and want that training to be considered, must include an **Official Transcript**, from the previous school, when applying to the program.
- **Applicants must have consistent access to working computer equipment (with Internet connectivity, required software, etc.). All PN 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 Practical Nursing (PN) program must complete a 10-Panel Drug Screening.** Details, guidelines and a timeline for required lab and drug screening will only be given to students accepted into the program.
  - **Drug Screening must be completed within 30 days of the class start date.** See counselor for details.
  - **Students who fail the Drug Screening will be automatically withdrawn from the program and not allowed to seek enrollment again for one entire fee term, or until the next start date, whichever is sooner.**
  - Students who are withdrawn (and seeking readmission) must resubmit, and clear, a new Drug Screening at the time of readmission (within 30 days of the new start date).

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Friday 7:00 am – 1:00 pm

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### Next Steps

#### 01] Free Application for Federal Student Aid (FAFSA) – *Complete now, online [www.fafsa.gov](http://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 PN 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](http://www.atitesting.com), **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 several *unexpired* tests. The TEAS may be taken at a PTC Testing Lab. Call (727) 893-2500, ext. 2544 to reserve a seat for testing. Practical Nursing Counselor: Clearwater Campus: [fieldsy@pcsb.org](mailto:fieldsy@pcsb.org) (Yata Fields) or St. Petersburg Campus: [stilla@pcsb.org](mailto:stilla@pcsb.org) (Arilee Still)

#### 05] Health Science/PN Admission Seminar – *Attend one session, with your questions*

See **ZOOM Virtual Meeting Info on previous pages**

**07/15/2020 10:00 am**

**07/15/2020 1:00 pm**

**Attendance is optional, but strongly recommended.** For any questions about PTC application process please contact Mrs. Arilee Still, Admissions Counselor at 727.893.2500 x 2523 or email [stilla@pcsb.org](mailto:stilla@pcsb.org)

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

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



#### **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. Completed **Program Application**
3. 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.
4. Signed and dated **Instructor Interview/Admission Seminar FAQ & Notes** (optional/if applicable)
5. Signed and dated **Essential Job Functions**
6. Copy of **TEAS test scores (must be 56%, or higher)** from PTC Testing Lab; for **off-site testers, only official scores** will be accepted (transferred/emailed from ATI to the appropriate PTC Practical Nursing Counselor); **no photocopies accepted.**
7. Copy of **READI score report** (first two pages only: Summary & Graphs)
8. **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.**
9. Signed and dated **Criminal Background Check & Drug Screen Disclaimer**
10. Copy of **Paid Receipt for EZ FingerPrints Level 2 Background Check**
11. 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).
12. Signed and dated **Influenza Vaccination Proof of Immunization**
13. Signed and dated **Accident/Medical Insurance Proof of Coverage** and copy of **Medical Insurance Card** (front & back)
14. **Other Official (Postsecondary) Transcripts** being submitted; PTC first, followed by any others (optional)
15. Copies of current **Health Related Certifications**: CNA, CPR, First Aid, Health CORE, etc. (optional)
16. **Application Packet – Submit completed packet by application deadline: August 4, 2020** (by 6:30 pm)  
Submit completed application packets to the Guidance Office during regular office hours.

#### **08] 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).

#### **09] 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.

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Friday                      7:00 am – 1:00 pm

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**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)

**Mental/Cognitive Factors**

- Ability to visually read calibrated equipment in increments of one-hundredth of an inch
- Ability to visually discriminate, describe and interpret depth and color perceptions
- Ability visually identify contours, sizes, and movements
- Ability to view, read, and physically manipulate health record information and pertinent data in a variety of formats, including paper-based records, handwritten documentation, 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 other from safety and environmental risks and hazards

**People Skills**

- Demonstrate interpersonal skills sufficient to interact appropriately with individuals, families, staff and groups from a variety of psycho-social, spiritual, emotional, cultural and intellectual backgrounds

**Physical Requirements**

- Perform physical functions such as reaching, balancing, carrying, pushing, pulling, stooping, bending and crouching, including being able to stand on your feet up to 12 hours at a time
- Perform lifting and transferring of adults and children from a stooped to an upright position to accomplish bed-to-standing-to-chair transfer and back and patient ambulation
- Perform lifting and adjusting positions of bedridden patients
- Physically apply up to 10 pounds of pressure to bleeding sites and to the chest in the performance of CPR using hands, wrists and arms
- Ability to carry/lift 50 pounds
- Ability to maneuver in small spaces quickly and easily
- Perform gross and fine motor skills to include manual dexterity that require hand/eye coordination in use of small instruments, equipment and syringes
- Perform palpation to feel and compress tissues to assess for size, shape, texture, and temperature  
Respond and react immediately to auditory instruction, request, signals and monitoring equipment

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

Practical Nursing (PN) | St. Petersburg | August 12, 2020

### 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, 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 (if attended)
- \_\_\_ Signed and dated Essential Job Functions
- \_\_\_ Copy of TEAS test scores (must be 56%, or higher) from PTC Testing Lab;
- \_\_\_ 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 Mrs. Arilee Still  
Practical Nursing  
PTC – St. Petersburg Campus  
901 34th St S  
St. Petersburg, FL 33711

### Optional Items

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

( PLEASE PRINT )

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

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Applicant assumes full responsibility for accuracy and confirmation of packet completion, prior to submission (PTC staff will not check packets for completion).

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

\_\_\_\_\_ Date

**Application submission deadline – 08/04/2020 (by 6:30 pm)**  
(PN|SP| August 12, 2020)

#### 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

*NOTE: DUE TO COVID and SUMMER HOURS, SCHEDULE HAS CHANGED. If any questions, please contact Arilee Still, Counselor 727.893.2500, x 2523 or [stilla@pcsb.org](mailto:stilla@pcsb.org)*





# Health Science Application

## Program Application: Practical Nursing

### 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, check which statement applies to your admission request:

I am requesting Advanced Standing to enter 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 Practical Nursing training.

If I cannot be placed with credit, for previously completed coursework, I would like to start the PTC Practical Nursing program from the beginning, and I agree that I will complete all assignments required of the curriculum.

### Disclaimer

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

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

\_\_\_\_\_  
Date



**Pinellas Technical College follows the mandated literacy testing as required by the Florida Department of Education.**

Students take the CASAS for Reading and Math skills assessment and the TABE for a measure of Language skills. The tests are free and require no appointment. Test scores are valid for two years.

Both tests can be completed in one test session. The entire testing session may take 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
- Seating availability is first come, first served, basis

**Testing Schedule – STUDENTS MUST TEST BY RESERVATION**

**ST. PETERSBURG CAMPUS – CALL (727) 893-2500, EXT. 2544 FOR RESERVATION**  
901 34th St S, St. Petersburg, FL 33711

- Monday, Tuesday and Wednesday at 8:00 am

**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. Test attempts are timed and permit about 3.5 hours to complete. To be eligible to apply for the *Practical Nursing, Dental, Pharmacy Tech and Surgical Tech programs*, students 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](http://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/](http://mometrix.com/academy/teas-test-study-guide/) (Test prep, free)
- [teaspracticetest.com](http://teaspracticetest.com) (Practice test, free)
- [test-guide.com/free-teas-practice-tests.html](http://test-guide.com/free-teas-practice-tests.html) (Test prep, free)
- [purplemath.com](http://purplemath.com) (Math course, fee)
- [atitesting.com](http://atitesting.com) (Test maker's site; test prep, study manual, fee)
- PTC Bookstore (Study manual, fee)

### STUDENTS MUST TEST BY RESERVATION

#### TEAS PTC Testing Lab Schedule

**St. Petersburg Campus (Bldg 01 Rm G2)**

**CALL (727) 893-2500, EXT. 2544 FOR  
RESERVATION**

THU | 8:00 am

Verify availability of testing lab, for desired test date, at [www.myptc.edu](http://www.myptc.edu). Prepayment does not guarantee a seat. Please arrive 30 minutes before your scheduled testing time to comply with campus sign-in procedure. Testing space is limited. 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)

**Other TEAS Testing Sites exist** (with additional steps and transfer fees).



## 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/>
    - **Username: ptec**
    - **Password: nursing**
- **Once the assessment is complete**
  - **Print out your score report and**
  - **Include copies of the first two pages in your application packet**



## Background Check & Drug Screening Information & Disclaimer

**By law, criminal background checks and drug screenings are required for employment in the health care industry and to take licensing exams for the medical professions.**

Disqualifying offenses may be a history of felony and/or misdemeanor convictions or substance abuse. It is your responsibility as a program applicant/participant to understand all disqualifying offenses that may impact your ability to become employed in the health care field or enroll/remain in a health care program at an educational institution.

Additional information can be found online on *Florida Department of Health* websites:

- **Nursing/CNA** student inquiries > <https://floridasnursing.gov/certified-nursing-assistant-faqs/background/>
- **Pharmacy** student inquiries > <https://floridaspharmacy.gov/registered-pharmacy-technician-faqs/>

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**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 Card
- Identify yourself as a *Pinellas Technical College* student, applying for a *Health Science/Clinical Education* program  
(You do not need to know ORI, or OCA, code numbers)

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

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

#### Instructions for Individual using EZ Fingerprints:

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

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



#### Instructions for Referring Company (if applicable):

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

## Health Services Student Fingerprint Request Form/Receipt

### SECTION 1 (Completed by individual)

Individual Name (PLEASE PRINT) \_\_\_\_\_

Reason for Screen:  Employment  Volunteer  Other \_\_\_\_\_

What Company is this screening for? VECHS – PINELLAS COUNTY SCHOOL BOARD

### SECTION 3 (FOR EZ FINGERPRINTS USE ONLY)

TCN # \_\_\_\_\_ R # \_\_\_\_\_

Payment Method (Circle One): Check  Cash  Credit Card \_\_\_\_\_

Screen Date \_\_\_\_\_  Pend for Payment \_\_\_\_\_ Submission Date \_\_\_\_\_

EZFP Rep Signature x \_\_\_\_\_



# Health Screening for Health Science Education

## Proof of Immunization (1 of 2)

PINELLAS COUNTY SCHOOLS  
**HEALTH SCREENING FOR HEALTH SCIENCE EDUCATION**

Student Name (Print) \_\_\_\_\_

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

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

Your Health Program (one from list below) \_\_\_\_\_

HEALTH PROGRAM REQUIREMENTS*	TB	Rubella	Rubeola	Varicella	Tetanus	Diphtheria	Pertussis	Hep B	Neg Drug
Allied Health Assistant (Phlebotomy)	X	X	X	X	X	X	X	X	X
Central Sterile Processing	X	X	X	X	X	X	X	X	X
Dental Aide	X					X	X	X	
Dental Assistant	X				X	X	X	X	X
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 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 Practical Nursing students?

The following tests/immunizations are required:

- Tuberculosis
- Rubella (German Measles)
- Rubeola (10-day Measles)
- Varicella (Chicken Pox)
- Tetanus
- Diphtheria
- Hepatitis B
- Hepatitis C (immunization is **not required** for Practical Nursing students)

## When do I need to submit the completed Health Screening form and official documentation?

All documentation, except for the second TB skin test, must be included in the application packet submitted by the stated deadline. The second TB skin test or x-ray will need to be done after you have been in class for approximately three weeks. It can take up to two weeks for some test results to come back or you may need to wait several week between injections. Therefore, it is strongly recommended that you start this process as soon as possible so that you can meet the stated deadline. You will not be admitted to class unless all required documentation has been received.

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

## Which diseases must I provide test/immunization documentation for?

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





# Health Screening for Health Science Education

FAQ (2 of 2)

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

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

## **Where should I go for the immunizations and blood tests?**

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

- Pinellas County: [www.pinellashealth.com](http://www.pinellashealth.com)
- Pasco County: [www.doh.state.fl.us/chdpasco/default.html](http://www.doh.state.fl.us/chdpasco/default.html)
- Hillsborough County: [www.hillscountyhealth.org/](http://www.hillscountyhealth.org/)
- U.S. HealthWorks Medical Group: [www.lakesideoccmcd.com](http://www.lakesideoccmcd.com)



# Influenza Vaccination

## Proof of Immunization

**I fully understand that**, as a student in a Health Science program at Pinellas Technical College, and being in contact with patients during the influenza (flu) season, I will need to follow the hospital requirements.

- Students must provide proof of receiving an influenza vaccination to their instructor, so that it can be submitted to the hospital (prior to November 30).
- Students who decline receiving an influenza vaccination, or fail to provide proof of same, will be required to wear a surgical mask while at clinical (from December 1 to March 31).

**I accept full responsibility for:**

- All costs incurred for any/all immunizations.
- Time missed from school as result of immunization or exposure.

**I acknowledge that I have read and understand the above vaccination information and have had the opportunity to ask related questions.**

Student Name *(PLEASE PRINT)* \_\_\_\_\_

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



# Accident/Medical Insurance

## Proof of Coverage

School Board of Pinellas County, Florida  
Pinellas Technical College Health Science Programs

### Verification of Accident/Medical Insurance (PLEASE PRINT)

I, \_\_\_\_\_ **verify that** I am enrolled in a Health Science Program through Pinellas Technical College. I fully understand that clinical sites and facilities require students to have their own medical insurance to participate in the clinical assignment(s). I also understand that **clinical hours are required for Health Science program completion** and that, without clinical hours, I cannot complete the program.

Should the need arise for medical care due to an accident or other injury or loss, while participating in my regularly scheduled theory or clinical learning activity, my medical expenses will be covered by:

(CHECK APPROPRIATE SECTION(S) & PROVIDE INFORMATION BELOW )

#### 1 \_\_\_ Medical Insurance Policy

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### 2 \_\_\_ Medicaid, Medicare, or Department of Veterans Affairs, etc.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

*\* I am aware that, if I am enrolled in the program beyond my policy's expiration date, I must purchase another policy.*

**I understand that**, in the event my insurance policy does not cover my complete loss or damages, I agree to be personally responsible for such uncovered injury, loss, or damages I sustain while participating in my regularly scheduled theory or clinical learning activity.

**I further understand that** I am not entitled to any benefits, or workers compensation, in the event of any injury occurring on the premises of the class/clinical learning experience.

**I acknowledge that I have read and understand the contents of this entire form, and have selected the appropriate insurance option(s) above for my situation.**

Student Name (PLEASE PRINT) \_\_\_\_\_

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

**Note: Staple Proof of Insurance (Copy of Medical Insurance Card, front & back) to this form and return it with your Application Packet.**

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