Surgical Technology

Application Checklist Cover Sheet

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. The application packet and all fees must be paid prior to the start of the program.

Completed application packets may be returned to the St. Petersburg campus Guidance Office during regular office hours:

Monday and Wednesday from 7:00 am to 2:00 pm
Tuesday and Thursday from 7:00 am to 7:00 pm
Friday from 7:00 am to 1:00 pm

Please do NOT mail, fax or email *any* paperwork from this packet to Pinellas Technical College.

Applicant Name: ____________________________________________________________

(PLEASE PRINT)

Email: ___________________________________________ Phone: ______________________

<table>
<thead>
<tr>
<th>Required Items in Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Science Application Checklist/Cover Sheet</td>
</tr>
<tr>
<td>Copy of TABE scores or documentation of literacy exemptions</td>
</tr>
<tr>
<td>Mandatory Information Session - upcoming dates on Surgical Technology webpage</td>
</tr>
<tr>
<td>Signed and dated Understanding of Distance Education Class Format</td>
</tr>
<tr>
<td>Essential Job Functions for a Surgical Technologist</td>
</tr>
<tr>
<td>Copy of TEAS test scores from Pinellas Technical College</td>
</tr>
<tr>
<td>Completed EZ Finger Prints Background Check (instructions enclosed); submit a copy of your receipt</td>
</tr>
<tr>
<td>Signed and dated Criminal Background Check &amp; Drug Screen Disclaimer</td>
</tr>
<tr>
<td>OFFICIAL Transcript of standard high school diploma/transcript or GED – PHOTOCOPIES ARE UNACCEPTABLE</td>
</tr>
<tr>
<td>Completed copy of the Application for Health Science programs</td>
</tr>
<tr>
<td>Completed Health Screening for Health Sciences Education with documentation of test results and immunization updates</td>
</tr>
<tr>
<td>Completed Influenza Vaccination Notice form</td>
</tr>
<tr>
<td>Signed and dated verification of accident/medical insurance and proof of insurance coverage</td>
</tr>
<tr>
<td>Signed and dated Notification of Exposure form</td>
</tr>
<tr>
<td>Signed and dated Confidentiality Statement</td>
</tr>
<tr>
<td>All fees must be paid 10 days prior to the start of the program (including $15 application fee)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Optional Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postsecondary OFFICIAL transcripts if applicable</td>
</tr>
<tr>
<td>Copies of current health related certifications, CPR, First Aid, Health CORE, etc.</td>
</tr>
</tbody>
</table>

If you have any questions, please contact Arilee Still, Guidance Counselor, at 727-893-2500, extension 2523 or stilla@pcsb.org.

02/12/2019
Understanding of Distance Education Format

As a student entering the Surgical Technology program at Pinellas Technical College, I understand the following:

1. This is an online hybrid program and the delivery mode of curriculum is not presented in a traditional lecture format.

2. The curriculum is extensively online. However, I am required to attend class to complete the necessary work.

3. There will be distance learning days during the first two (2) terms. This will allow for me to complete and submit work from home. These distance learning days will be determined by the instructor.

4. Distance learning days will NOT continue to be an option if I fall behind in my work.

5. Fewer distance learning days will be offered as I progress through the program. This will allow for more hands on/lab skills.

6. If I am a VA student, I am NOT allowed to take ANY distance learning days.

Student Signature_________________________________________ Date__________________

Instructor Signature______________________________________ Date__________________

02/12/2019
ESSENTIAL JOB FUNCTIONS
Surgical Technology

Basic Skills
Math - Grade 10  Language - Grade 11  Reading - Grade 11

Health and Safety Requirements
Must be able to adjust to additional body covering (gown, gloves, hat, mask, eye protection, shoe covers, lead apron, and orthopedic hood for the duration of surgical procedures as stated by the dress code and OSHA requirements

Mental/Cognitive Factors
Visually monitor the sterile field at all times with unlimited bilateral central and peripheral vision and depth perception
Be able to hear, comprehend and respond appropriately to verbal commands in English from a masked individual and able to communicate verbally and in writing
Able to perceive, process, and respond accurately, quickly, and efficiently to situations of an anticipated or emergency nature
Able to recall previously learned material in a timely and organized manner
Able to function calmly and efficiently with proper decorum in a fast-paced, stress-producing environment

People Skills
Work with an assigned team for the duration of cases and/or shift of work

Physical Requirements
Ability to stand for duration of a surgical procedure
Using fingers or hands to grasp, move, or assemble very small and very large and heavy objects, instruments, and equipment
- Make fast, simple, repeated movements of fingers, hands, and wrists
- React quickly using hands, fingers, or feet
- Use muscles to lift, pull, or carry heavy objects; lift up to forty pounds and push up to fifty pounds
- Use abdominal and lower back muscles to support the body for long periods of time without getting tired
- Hold the arm and hand in one position or hold the hand steady while moving the arm
- Use hands to handle, control, or feel objects, tools, or controls

Technical Skills
Operation of computer, intercom, and paging systems

Tools and Equipment
Operate: Electro surgical unit, pneumatic/battery operated equipment, fiber-optic equipment, audio-visual equipment, operating room light, operating room tables and stretchers

Working Conditions
- Must be able to work in a confined space
- Exposed to noxious gasses and other materials
- Adapt to controlled room temperatures as to patient condition
- Standing on wet and hard floors
- Exposed to controlled and sometimes limited lighting

02/12/2019
CASAS/TABE TESTING

PINELLAS TECHNICAL COLLEGE

Skills Check. Moving Forward.

Enroll Now!
727.538.7167
Clearwater
727.893.2500
St. Petersburg

myptc.edu
Visit www.myptc.edu for information about our wide selection of vocational classes on both campuses as well as specifics on admission requirements, program costs, course content and term starts.

PTC 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 between 2 ½ - 6 hours to complete. For some, completion of the CASAS and TABE tests may take two, or more, testing sessions. For example, combining Session 1 (1 - 3 hours) + Session 2 (1 - 3 hours).

- 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

> CLEARWATER CAMPUS
6100 154th Ave N, Clearwater, FL 33760
Mon - Thu 7:30 am Bldg 1
Mon 5:30 pm Bldg 1
Wed & Thu 4:30 pm Bldg 1

> ST. PETERSBURG CAMPUS
901 34th St S, St. Petersburg, FL 33711
Mon 9:00 am Rm G2
Tue 9:00 am & 5:00 pm Rm G2
Wed 9:00 am Rm G2
Thu 9:00 am & 5:00 pm Rm G2

TEST PREP RESOURCES

www.casas.org (free sample test items)
www.mometrix.com (free CASAS practice test)
www.fldoe.org (free Preparing for the TABE booklet)
www.studyguidez.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

Pensacola State College | www.psc.edu | 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.

Accreditation: Council on Occupational Education (COE) | 7840 Roswell Road, Building 300
Suite 325, Atlanta, GA 30350 | 770.396.3698 or 1.800.917.2081
TEAS (Test of Essential Academic Skills)

TEST FEE - $65

The TEAS is given every Thursday on the St. Petersburg campus at 9:00am and 5:00pm

The TEAS is a 170 question advanced reading, math, language, and science test which is required for entry into Practical Nursing, Pharmacy Technician, Surgical Technology and Dental Assisting programs here at Pinellas Technical College. The test questions are medical technology related. The test content areas are reading, language, math and science. The test will take about 3.5 hours to complete. There is a 30 day wait time required between test attempts, and students are allowed to only take the test 4 times within a 12 month period.

Follow the steps below to sit for the test:

1. Go to www.atitesting.com and click on the “Create An Account” link (top center of homepage).
2. Complete the student account page. Select the appropriate drop down for institution...Pinellas Technical (Pinellas Tech College – St. Pete or Clearwater; Pinellas Tech College – Clearwater or Pinellas Tech College – AH).
3. Pay the required test fee at the campus Bookstore.
4. Take the following items with you to test:
   a. Your personal Photo ID
   b. Your ATI Log In ID and PASSWORD
   c. Your Bookstore receipt of test fee payment

TEAS TEST PREP ... There are a number of test prep options for students. Below is a small sample of websites. Visit...

www.teaspracticetest.com - Free website matched to the new TEAS test format

https://www.mometrix.com/academy/teas-test-study-guide/ - Free website with at least 60 Prep questions

www.atitesting.com – TEAS test maker’s website, with test prep for cost


*PTC – CLEARWATER TEAS TEST SCHEDULE: Tuesday and Wednesday at 8:00am also Wednesday and Thursday at 4:30pm
INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK
FOR A CLINICAL EDUCATION PROGRAM

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 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 14 days, depending on the or DCF. No need for mailing.

The fingerprinting process results take approximately 7-14 days, depending on the agency.

You may walk in or schedule an appointment with EZ Finger Prints at www.ezfingerprints.com or call 727 479-0805.

EZ Finger Prints is located at 1715 East Bay Drive, Suite B, Largo, Florida, 33771.

The cost is $45.00. Cash, personal checks, and credit cards are accepted. (VISA, MC, AmX); call to learn about the voucher payment process. Ask about the new service... Drug Screening!

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.

HEALTH SERVICES STUDENT FINGERPRINT REQUEST FORM / RECEIPT

Instructions for REFERRING COMPANY (If applicable):
• Give this completed REQUEST FORM RECEIPT to individual to be fingerprinted

Instructions for INDIVIDUAL:
• Review and complete SECTION 1 below
• You can make an Appointment OR You can Walk-In (no appointment needed)
• To Make an Appointment--- Call 727-479-0805 or go to www.ezfingerprints.com
• For Walk-Ins--- Call 727-479-0805 and let us know you are coming
• Go to EZ Fingerprints at 1715 East Bay Drive, Suite B, Largo, Florida, 33771
• BUSINESS HOURS - Monday thru Friday 8:30 AM-5:00 PM
• Remember to bring the following with you:

10/31/2016
1. This completed REQUEST FORM/RECEIPT
2. Your Driver’s License
3. Your Social Security Card

SECTION 1: TO BE COMPLETED BY INDIVIDUAL

<table>
<thead>
<tr>
<th>Individual Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Screen: D Employment D Volunteer D Other -</td>
</tr>
<tr>
<td>What Company is this screening for? VECHS - PINELLAS COUNTY SCHOOL BOARD</td>
</tr>
</tbody>
</table>

SECTION 3: FOR EZ FINGERPRINTS USE ONLY

<table>
<thead>
<tr>
<th>TCN #</th>
<th>R#</th>
</tr>
</thead>
</table>

| Payment Method: (Circle One): Check/ Cash/ Credit Card d |
| Screen Date _ _ _ _ _ _ D Pend for Payment Submission Date |

EZFP Rep Signature

10/31/2016
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 student inquiries go to - http://www.doh.state.fl.us/mqa/nursing ; for Pharmacy student inquiries please check - http://floridaspharmacy.gov/licensing/registered-pharmacy-technicia.n/

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 to 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.

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.

Passing the background check and drug screening for the college does not guarantee certification, licensure or registration in the field you have chosen.

__________________________________________
Student Signature

__________________________________________
Print Name

__________________________________________
Date

2/25/2020
Pinellas Technical College - St. Petersburg Campus
Health Science Program Application

Personal Information (please print)

Name Last_________________________ First_________________________ MI _____

Date of Birth _________________ Last 4 of SSN _________________

Home Address _______________________________________________________

City __________________________ State _______ Zip _________________

Phone (home)_________________________(cell)________________________(work)________________________

Email _________________________________

Emergency contact (name, address and phone number) ________________________________

Educational Background

Indicate highest level of education: HS diploma, GED, AS., A.A., B.A., B.S., M.A., M.S., PhD.

Major in college ________________________________

Other training/education in medical and/or health care. If yes, list type of training and length of time in the medical field.

__________________________________________________________

Work Experience

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

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Dates</th>
<th>Name of Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

If you are currently working:
Name of Company ________________________________

Address _______________________________________

Work Phone Number ____________________________

Job Title__________________________ Supervisor's Name ____________________________

07/25/2018
PINES 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) __________________________

<table>
<thead>
<tr>
<th>HEALTH PROGRAM REQUIREMENTS</th>
<th>TB</th>
<th>Rubella</th>
<th>Rubeola</th>
<th>Varicella</th>
<th>Tetanus</th>
<th>Diphtheria</th>
<th>Pertussis</th>
<th>Hep B</th>
<th>Neg Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health Assistant (Phlebotomy)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Central Sterile Processing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dental Aide</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dental Assistant</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
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<tr>
<td>Health Career II</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Health Unit Coordinator</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nursing Assistant</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Patient Care Technician</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pharmacy Technician</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>Practical Nursing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Surgical Technician</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*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.

PCS Form 2-2706 (Rev. 4/19) Page 1 of 2
Review Date 4/20

Category A
CC #6890
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
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.

Student Name ___________________________ Date _______________

Student Signature ___________________________  

02/12/2019
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*:____________________________________________
     • Expiration Date*:___________________________________________

2. ___ Medicaid, Medicare, or Department of Veterans Affairs, etc.
   • Insurance company_____________________________________________
     • Policy number*:____________________________________________
     • 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: ______________________

ATTACH 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.

02/12/2019
I understand that as a student at Pinellas Technical College in the Dental Assisting, Pharmacy Technician or Surgical Technology programs, I may come in contact with toxic chemicals, infectious organisms, and communicable diseases.

In addition, I understand I am to be tested, treated or vaccinated against any condition warranted according to the clinical experience facility and the Pinellas County Schools immunization requirements policy. (Health Screening for Health Science Education)

I accept full responsibility for:

- All costs incurred for any testing/immunizations.
- Time missed from school as a result of testing, immunizations or exposure.

I also understand that it is my responsibility to wear and/or use the following protective clothing and/or gear when carrying out my clinical duties:

- Gloves, face masks/shields, lab coats, goggles, disposable gowns, fluid resistant clothing, head coverings, shoe coverings, lead aprons and laser goggles.
- And follow proper safety procedures as required by OSHA and the facilities.

I acknowledge that I have read and understand the above exposure notice and safety procedures.

__________________________
Student Signature

__________________________
Print your name

__________________________
Date

02/12/2019
Pinellas Technical College
Confidentiality Statement

The Health Science programs at Pinellas Technical College expect its students to represent the school in a manner that reflects high standards of personal integrity, education and service to patients.

As a student in the Dental Assisting, Pharmacy Technician or Surgical Technology program, you will conduct yourself according to the highest ethical standards. Underlying principles are based on common courtesy and ethical/moral behavior. These are essential for you to grow professionally and to receive the desired trust and respect of all members of the health care profession.

I agree to the following items:
- Will not discuss patients or any identifying data in public settings such as cafeterias, elevators, hallways, over the phone, with family or friends, with other patients, or where patients might overhear you.
- Discussion of your patient should only occur in approved settings such as giving or taking reports or in clinical conference.
- Use patient initials in all discussions and on written documents.
- Destroy all notes and computer generated papers after completing your daily assignment.
- Protect the integrity of the medical record and do not photocopy material from the medical record.
- If there are concerns about patient confidentiality, check with your instructor to obtain guidance.

I acknowledge that I have read and understand the above confidentiality procedures.

______________________________
Student Signature

______________________________
Print your name

______________________________
Date

02/12/2019
10 Panel Drug Screening Options

10 Panel Drug Screenings are required for Central Sterile Processing, Dental Assisting, Pharmacy Tech, Practical Nursing and Surgical Tech programs. The screening must be done 30 days before starting the program. This is a Urine Drug Screening. Results are given within 24-48 hours. Students are given a “Screening ID Number” at the time the lab is collected. These Screening results are good only for the purposes of applying to a PTC-Medical program.

CONCENTRA... (Formerly US Healthworks): **10 PANEL COSTS $64.00.** *Please specify for Medical Programs at PTC (Pinellas Technical College).*

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**St. Petersburg**

3745 33rd St. North  
Suite A  
St. Petersburg, FL 33713  
TEL: (727) 231-0154  
FAX: (727) 231-0158  
Office Hours  
Monday - Friday  
7:30 am - 5:00pm

- 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.

**EZFingerPrints - Largo**

1715 East Bay Dr. Suite B  
Largo, FL 33771  
727-479-0805  
Make An Appointment  

**Cost for PTC Students is $55.00**

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**These are not the only facilities to use for the 10 Panel Drug Screening.** Students are welcome to use another facility, but only official results will be accepted by PTC and used for Admissions purposes. Cost for Drug Screening varies based on each lab’s fee scale, so students are encouraged to check into this beforehand. Talk with your program counselor for additional information on this.