



# Health Science Application

## Checklist of Required Items

### Dental Assisting

#### Required Items *(To be submitted in order)*

- \_\_\_ Completed Checklist of Required Items (Use as Cover Sheet for packet)
- \_\_\_ Copy of CASAS/TABE 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 FAQ & Notes
- \_\_\_ Signed and dated Essential Job Functions
- \_\_\_ Copy of TEAS test scores (must be 56%, or higher) from PTC Testing Lab; for off-site testers, only official scores will be accepted. No photocopies accepted.
- \_\_\_ 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 Distance Education Agreement (optional)
- \_\_\_ Signed and dated Criminal Background Check & Drug Screen Disclaimer
- \_\_\_ Copy of Paid Receipt for EZ FingerPrints Level 2 Background Check
- \_\_\_ Copy of Paid Receipt for 10-Panel Drug Screening
- \_\_\_ Completed Program Application
- \_\_\_ Signed and dated Health Screening for Health Science Education (Proof of Immunization) form and Documentation of test results/immunizations.
- \_\_\_ Signed and dated Vaccination & Testing Acknowledgement
- \_\_\_ Signed and dated Medical Insurance Proof of Coverage and copy of Medical Insurance Card (front & back)
- \_\_\_ Signed and dated Notification of Exposure
- \_\_\_ Signed and dated Confidentiality Statement

#### Optional Item

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

**COMPLETE** this checklist and include it as the cover sheet for your application packet. **ENTIRE** application packet must be completed, and ALL fees paid, prior to the start of the program. Application packet is considered incomplete unless ALL required items are turned in.

**DO NOT** attempt to **mail, email or fax** any paperwork from this packet to Pinellas Technical College (*none will be accepted*).

**SUBMIT** completed application packet to Student Services during regular office hours.

**CONTACT** program counselor Jeromy Johnson (727)893-2500 ext. 2392 with any questions regarding the admission process

(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

(DA|SP)



### 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. The tests are free, and the test scores are valid for two years.

- The entire testing session may take between 2 ½ – 4 hours to complete. For some, completion of the CASAS and TABE tests may require two, or more, testing sessions.
- **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

### Testing Schedule

#### ST. PETERSBURG CAMPUS

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

Seating availability is first-come, first-served, basis

- Mon – Fri | 8:00 am (Note: No Friday Testing during Summer Term)
- Mon & Wed | 2:30 pm

### Test Prep Resources

**CASAS** [www.casas.org](http://www.casas.org) (free sample test items)

**TABE** [www.fl DOE.org](http://www.fl DOE.org) (free *Preparing for the TABE* booklet)

[www.studyguidezone.com/TABE/](http://www.studyguidezone.com/TABE/) (study resources)

\* Test exemptions may apply (e.g., having earned an Associate Degree, or higher, from an accredited U.S. college); speak with PTC Counselor for more information.

\*\* Pinellas Technical College is not responsible for student's lost or missing items



**Instructor Interviews** are provided at Pinellas Technical College because we want you to be successful in your chosen technical program. Instructors are generally available to meet incoming students (in scheduled interviews) and answer questions about their specific program. The purpose of the interview is to provide you with additional information about the program. Please ask as many questions as you wish; some common topics are listed below.

(PLEASE PRINT)

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

Instructor \_\_\_\_\_

### Interview FAQ

- What is the length of the program and what will I be required to learn?
- What is the cost of books, tools, and materials and when will they be needed?
- How are the classes taught (lecture, demonstrations, hands-on experiences)?
- What will be expected of me while in the program?
- What, and where, are the job opportunities in this technical field?
- Do you assist with job placement?
- What is the starting pay? What is the range of earnings?
- Is there a final examination, certification, or licensing required to be employed in this field?
- What is the graduation rate for this program?

### Schedule an Instructor Interview

For this program, please contact the program instructor:

#### Dental Assisting (SP)

Dawn Garcia, Instructor

garciad@pcsb.org

727.893.2500 x 2573

### Notes

Counselor Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Counselor Signature x \_\_\_\_\_

Instructor Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructor Signature x \_\_\_\_\_ Date \_\_\_\_\_

**Basic Skills [ Minimum Qualifying Test Scale Scores (SS) ]**

CASAS — (Comprehensive Adult Student Assessment Systems)

Reading: 244 (10th Grade Equivalent) & Math: 241 (10th Grade Equivalent)

**Basic Skills**

- CASAS (Minimum qualifying scores)
  - Reading – 244 (10th Grade Equivalent)
  - Math – 241 (10th Grade Equivalent)

**Health & Safety Requirements**

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

**Mental Factors**

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

**People Skills**

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

**Physical Requirements**

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

**Technical Skills**

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

**Tools and Equipment**

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

**Working Conditions**

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

I have read and understand the Essential Job Functions above.

Applicant Name (PLEASE PRINT) \_\_\_\_\_

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



## 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 Assisting*, or *Surgical Technology* 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** : *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/](https://mometrix.com/academy/teas-test-study-guide/) (Test prep, free)
- [teaspracticetest.com](https://teaspracticetest.com) (Practice test, free)
- [test-guide.com/free-teas-practice-tests.html](https://test-guide.com/free-teas-practice-tests.html) (Test prep, free)
- [purplemath.com](https://purplemath.com) (Math courses, fee)
- [atitesting.com](https://atitesting.com) (Test maker's site; test prep, study manual, fee)

### TEAS PTC Testing Lab Schedule

#### ST. PETERSBURG CAMPUS

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

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); for more information visit [myptc.edu](http://myptc.edu)



## Distance Education Agreement

### Dental Assisting

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

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

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

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

Instructor Signature x \_\_\_\_\_ Date \_\_\_\_\_



## Background Check & Drug Screening Information & Disclaimer

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

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

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

- **Nursing/CNA** student inquiries > <https://floridasnursing.gov/certified-nursing-assistant-faqs/background/>

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

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

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

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

# Fingerprinting Process

## Information & Steps

### Background Checks for Health Science/Clinical Education Programs begin with Fingerprinting.

EZ FingerPrints is PTC's official provider for fingerprinting and background checks. Fingerprinting is conducted on-site, at their location (walk-in, or by appointment).

#### At EZ FingerPrints, you must:

- Present EZ FingerPrints with your valid Driver's License
- Present EZ FingerPrints with your Social Security Number
- Identify yourself as a *Pinellas Technical College* student, applying for a *Health Science/Clinical Education* program (You do not need to know ORI, or OCA, code numbers)

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

***PTC cannot determine if previous offenses will, or will not, clear the background check.***

***The results will be sent directly to the Pinellas County School Board Administration Building (you will be contacted only if there is a problem).***

#### Instructions for Individual using EZ Fingerprints:

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

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



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

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

## Health Services Student Fingerprint Request Form/Receipt

### SECTION 1 (Completed by individual)

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

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

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

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

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

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

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

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



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**10-Panel Drug Screenings are required for all students that are *accepted* into these PTC Programs:** *Central Sterile Processing, Dental Assisting, Emergency Medical Technician, Practical Nursing and Surgical Technology.*

- This Drug Screening utilizes a urine sample and, **in order to be valid, the screening must be completed within 30 days of the program's start date.** Students are issued a "Screening ID Number" at the time the lab sample is collected. Results are typically provided within 24 – 48 hours.
- The results of this Drug Screening are valid only for the purposes of applying to a Medical/Health Science program at Pinellas Technical College.
- Students who fail the Drug Screening are automatically withdrawn from the program and not permitted to seek enrollment again for one entire fee term, or until the next start date, whichever is sooner.
- Students who withdraw (and seek to re-enter a program) must resubmit and clear a new Drug Screening at the time of Re-Admission, within 30 days of the new start date.

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### Local Providers\*:

[Concentra](#) – St. Petersburg

3745 33rd St N, Suite A  
St. Petersburg, FL 33713  
727.231-0154

Office Hours: Monday – Friday  
(7:30 am – 5:00 pm)

**10-Panel Drug Screening \$82.00\*\***  
(Cost for PTC Students)

[EZ FingerPrints](#) – Largo

1725 East Bay Dr, Suite D  
Largo, FL 33771  
727.479.0805

Office Hours: Monday – Friday  
(9:00 am – 5:00 pm)

**10-Panel Drug Screening \$55.00\*\***  
(Cost for PTC Students)

### FYI: 10-Panel Drug Screenings

test for evidence of illicit drug classes including:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Marijuana (THC)
- Phencyclidine (PCP)
- Methadone
- Methamphetamine
- Opiates
- Oxycodone

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\* **Important:** Students are welcome to use other providers for their 10-Panel Drug Screening; note however that only Official Results will be accepted by PTC (and used for Admissions purposes). Costs for Drug Screenings vary based on each lab's fee scale; therefore applicants are encouraged to check pricing beforehand.

\*\* **Student Cost:** Specify that the screening is for admission into Medical Programs at PTC (Pinellas Technical College)



# Health Science Application

## Program Application: Dental Assisting

### Applicant Information (PLEASE PRINT)

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

Address \_\_\_\_\_  
Street Address Apt./Unit# City State Zip

SSN (Last 4 digits) \_\_\_\_\_ Email \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

Gender ☐ Male ☐ Female Age \_\_\_\_\_ DOB \_\_\_\_\_

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

Emergency Contact (Name & Telephone) \_\_\_\_\_

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

Are you a military veteran? ☐ YES ☐ NO If yes, list Branch of Service \_\_\_\_\_

Have you previously applied for the Dental Assisting Program at PTC? ☐ YES ☐ NO

If yes, Date Applied \_\_\_\_\_ Campus \_\_\_\_\_

### Educational Background

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

Major in College (or program of concentration) \_\_\_\_\_

List any dental, medical and/or health care training/education below. *NOTE: If you are a CNA, include a copy of your license in your application packet.*

TYPE OF TRAINING	DATES	SCHOOL	LENGTH

### Work Experience

List your last *three* years of work experience below (with *MOST RECENT/CURRENT* employment first)

JOB TITLE	DATES	BUSINESS NAME	REASON FOR LEAVING

### Transfer/PTC Re-entry Student Request

If applicable, check which statement applies to your admission request:

- ☐ I am requesting Advanced Standing to enter a Dental Assisting class and be given credit for previously completed coursework. See attached syllabus describing coursework completed, and a transcript detailing coursework to be considered, as part of my PTC Dental Assisting training.
- ☐ If I cannot be placed with credit, for previously completed coursework, I would like to start the PTC Dental Assisting program from the beginning, and I agree that I will complete all assignments required of the curriculum.

### Disclaimer

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

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



# 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



## Vaccination & Testing Acknowledgment Proof of Immunization

**I understand that**, completion of clinical experiences in health care facilities is a requirement for full program completion of Health Occupations Education Programs at Pinellas Technical College.

**I understand that** the health care facilities implement requirements for entry to the facility and participation in clinical experiences where my interaction with patients is required. Among these requirements are proof of vaccinations and testing for infectious diseases.

**I understand that** it will be my responsibility to provide the required documentation of the mandated vaccinations and proof of infectious diseases testing as dictated by the health care facility.

**I understand that** I am responsible for all costs incurred for any immunizations and/or testing.

**I understand that** not providing the required documentation as mentioned above, could result in my inability to complete all requirements of the health occupations training program and not be eligible for a Certificate of Program Completion from Pinellas Technical College.

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

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

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



# Medical Insurance Proof of Coverage

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

## Verification of Medical Insurance (PLEASE PRINT)

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

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

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

### 1      Medical Insurance Policy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, sexual orientation or disability in any of its programs, services or activities.*



## Notification of Exposure

Pinellas Technical College

**I understand that**, as a student at Pinellas Technical College in the *Central Sterile Processing, Dental Assisting, Emergency Medical Technician, or Surgical Technology* programs, I may come in contact with toxic chemicals, infectious organisms, and communicable diseases.

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

**I accept full responsibility for:**

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

**I also understand that it is my responsibility to:**

- Wear and/or use the following protective clothing and/or gear when carrying out my clinical duties: gloves, face masks/shields, lab coats, goggles, disposable gowns, fluid resistant clothing, head coverings, shoe coverings, lead aprons and laser goggles.
- Follow proper safety procedures as required by OSHA and the facilities.

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

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

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



## Confidentiality Statement

Pinellas Technical College

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

**I understand that,** as a student in the *Central Sterile Processing, Dental Assisting, Emergency Medical Technician, Medical Coder/Biller, or Surgical Technology* program, I will conduct myself according to the highest ethical standards. Underlying principles are based on common courtesy and ethical/moral behavior. These are essential for me to grow professionally and to receive the desired trust and respect of all members of the health care profession.

**I agree to the following items:**

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

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

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

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





## Dental Assisting

### Mission

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

### Length 1,230 Hours

*Program (H170106) consists of a planned sequence of courses*

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

### Special Admission Requirements

A High School Diploma, or a GED, is required for this program. Other, specific health occupations admission guidelines (immunizations, drug screening, background check, etc.) are listed in this application packet.

### Dental Assisting Distance Education

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

### Articulation Agreement(s)

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

### Program Accreditation

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



# Health Science Application Packet

## Program Overview (2 of 2)

### Dental Assisting

#### Industry Certification(s)

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

#### Related Resources

- Dental Assisting National Board – [www.danb.org](http://www.danb.org)
- American Dental Assistants Association – [www.dentalassistant.org](http://www.dentalassistant.org)
- Florida Dental Association – [www.floridadental.org](http://www.floridadental.org)
- Guide to Dental Careers – [www.dentalcareerguide.com](http://www.dentalcareerguide.com)