



## 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 (15 months). The first 450 hours of the program include classroom theory, laboratory experiences, and selected clinical experiences. A more detailed explanation of essential job functions is included in this packet. Upon successful completion of the program, graduates are eligible to sit for the national examination, which qualifies them as a *Licensed Practical Nurse*.

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.

The *Pinellas County School Board* and the *Department of Education* supervise the PTC Practical Nursing Program. It operates following the Standards established by the *Florida State Board of Nursing*, which include the number of program hours, the curriculum, and the types of clinical learning experiences that the student will successfully complete.

## Application Packet

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

## Admission Seminar

Important details about this Health Science program, and the PTC Health Science application process, are provided in an admission seminar. **Attending an admission seminar is optional for this program.** Refer to the practical nursing webpage for event schedule of this program. **For any questions about the PTC application process please contact the program counselor, Jeromy Johnson at [johnsonjer@pcsb.org](mailto:johnsonjer@pcsb.org) or 727.893.2500 x 2392.**



# Health Science Application

## Checklist of Required Items

### Practical Nursing (PN) | St. Petersburg

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

- \_\_\_ Completed Checklist of Required Items (Use as Cover Sheet for packet)
- \_\_\_ Completed Program Application
- \_\_\_ Copy of CASAS 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 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 (transferred/ emailed from ATI to the appropriate PTC counselor); 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 Criminal Background Check & Drug Screen Disclaimer.  
**Background check and Drug test to be completed after receiving acceptance letter.**
- \_\_\_ Signed and dated Health Screening for Health Science Education Form (Proof of Immunization) and documentation of immunizations/ tests.
- \_\_\_ 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 (except for background check and drug test). **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 Jeromy Johnson 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/ Licenses

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

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Select Preferred Program Format:

\_\_\_ Traditional      \_\_\_ Hybrid (if available)

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

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

\_\_\_\_\_  
Date (PN | SP)



## 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 steps of the application process please contact the program counselor Jeromy Johnson [johnsonjer@pcsb.org](mailto:johnsonjer@pcsb.org) or 727.893.2500 x 2392.

## 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 or can purchase accident insurance through PTC.**
- 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 after receiving your acceptance letter and 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 are not allowed to seek enrollment again for one entire fee term, or until the next start date, whichever is sooner.**
  - Students who are withdrawn (and seeking readmission) must resubmit, and clear, a new Drug Screening at the time of readmission (within 30 days of the new start date).



## Next Steps

### 1] Free Application for Federal Student Aid (FAFSA) – *Complete now, online (www.fafsa.gov)*

Applicants should have their financial aid established, and/or secured payment for tuition, supplies and fees, at the time application packet is submitted. **Federal School Code for PTC-St. Petersburg Campus: 013917**

### 2] 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.

### 3] Comprehensive Adult Student Assessment Systems (CASAS) Test

**Basic Skills [ Minimum Qualifying Test Scale Scores (SS) ]**  
CASAS — Reading: 249, Math: 245  
PERT - Reading: 106, Math 114

#### Consult with a PTC Counselor to explore acceptable testing exemptions:

- High School Diploma (standard diploma) from a public high school in Florida and graduated in 2007 or after; or GED within last 2 years
- Submission of valid/current CASAS or PERT 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.

### 4] 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 admission). Students may request to mix highest content area scores, to obtain the 56% minimum, between several *unexpired* tests. The last page of this application details options for taking the TEAS. Information attached about how to setup the account and pay for the test.

### 5] Completed application packets are evaluated, rated, and ranked by PTC Admissions.

### 6] 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.



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

CASAS — Reading: 249, Math: 245  
PERT - READING - 106, MATH - 114

### 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, computerizes 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

## 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 conducts 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.

- Photo ID required to enter the building and to test
- No Backpacks, Large Bags or Electronic Devices\*\*
- Arrive 30 minutes before testing time for processing
- Test sessions begin promptly; late arrivals are not permitted to test

**Testing Schedule** *(by appointment only)*

**CLEARWATER CAMPUS**

**Call for Reservation 727.538.7167 x 2006**

6100 154th Ave N, Clearwater, FL 33760

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

**ST. PETERSBURG CAMPUS**

**Call for Reservation 727.893.2500 x 2324**

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

- **Mon & Wed 2 sessions:**  
8:00a-2:00p *(arrive by 10:30a)*  
2:30p-6:00p *(arrive by 4p)*
- **Tue, Thur, Fri:**  
8:00a-2:00p *(arrive by 10:30a)*

**Possible Exemptions for Basic Skills Testing** (Must be approved by School Counselor)

- Standard High School Diploma from a public high school in Florida and graduated in 2007 or after
- GED in the past 2 years
- Associate degree or higher, from an accredited U.S. college.
- Passed College level English and Math with a C or higher
- Tests that can count for Basic Skills requirement: CASAS, PERT, ACT, SAT

**Test Prep Resources**

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

[www.mometrix.com](http://www.mometrix.com) (CASAS practice test)

*\* 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*



**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*

*Sign In Info: Provide Info*

- Username, Password, Email, Security Questions, Personal Info, etc.
- Institution:
  - Select Pinellas Tech College - St. Petersburg
- Student/Employer ID, Credentials, Expected Graduation: Leave blank
- Non-Degree Seeking: Check
- Complete Demographic Info
- Accept User Terms & Conditions

2. **Print or save completed ATI Registration page**  
(with Username/ID and Password; required for testing)

## 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, Pharmacy Technician or Surgical Technology* programs students must score at least 56%. **Note: TEAS may be taken only four (4) times within a 12-month period. A 14 day waiting period is required between test attempts.**

**PTC St. Petersburg TestFee \$70.00 (each attempt);** must be pre-paid at the PTC Bookstore (keep receipt for test session admittance). **On campus testing at PTC- SP currently unavailable**

Remote testing available. Please refer to the last page of this application packet for details.

**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/ (Test prep)
- teaspracticetest.com (Practice test)
- test-guide.com/free-teas-practice-tests.html (Test prep, free)
- purplemath.com (Math course, fee)
- atitesting.com (Test maker's site; test prep, study manual, fee)
- PTC Bookstore (Study manual, fee)

## TEAS PTC Testing Lab Schedule

### ST. PETERSBURG CAMPUS

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

- **Mon & Wed 2 sessions:**

8:00a-2:00p (arrive by 10:30am)

2:30p-6:00p (arrive by 3pm)

- **Tue, Thur, Fri:**

8:00a-2:00p (arrive by 10:30am)

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)
- ATI Registration Info: Username/ID and Password





## 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.**

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

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

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

**Please attach your receipt to this form.**

You may walk in or schedule an appointment with EZ Finger Prints at [www.ezfingerprints.com](http://www.ezfingerprints.com) or call 727 479-0805.

### **EZ Finger Prints**

1715 Eastbay Drive, Suite B (Inside the Lakeside Professional Building)  
Largo, Florida, 33771

\*Please specify that you are applying to the **PRACTICAL NURSING PROGRAM AT PTC-St. Petersburg**



# 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, \_\_\_\_\_ understand that I must provide official medical documentation that proves I have completed the above health requirements to be enrolled in a health science education program at Pinellas County Schools.

Student Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent Signature for Student Under Age 18



The following tests/immunizations are required for practical nursing students:

- **Tuberculosis**
- **Rubella** (German Measles)
- **Rubeola** (10-day Measles)
- **Varicella** (Chicken Pox)
- **Tetanus**
- **Diphtheria**
- **Hepatitis B**

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

All documentation, except for the TB Gold test, must be included in the application packet submitted by the stated deadline.

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

- **Tuberculosis** – A QuantiFERON-TB Gold Blood is recommended over the TB skin test
- **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.
- **Tetanus & Diphtheria** – Within the last ten years.
- **Hepatitis B** – 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: <http://pinellas.floridahealth.gov/>
- Pasco County: [www.doh.state.fl.us/chdpasco/default.html](http://www.doh.state.fl.us/chdpasco/default.html)
- Hillsborough County: <http://hillsborough.floridahealth.gov/>
- U.S. HealthWorks Medical Group: [www.lakesideocmed.com](http://www.lakesideocmed.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 \_\_\_\_\_



## **Vaccination and Testing Acknowledgment**

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 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, UNDERSTAND, AND HAD AN OPPORTUNITY TO ASK QUESTIONS.**

Signature of Student \_\_\_\_\_ 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.**

*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.*



## How to Take the TEAS Test

There are 3 different ways to take the TEAS test. For each testing format, you will need to create an account at [www.atitesting.com](http://www.atitesting.com). TEAS test scores are valid for 2 years.

**1. On campus Testing currently unavailable: In person at PTC - St. Pete Campus - Located: 901 34th St S, St. Petersburg, FL 33711**

- a. Usually offered at 8am - Call to confirm - 727-893-2500 ext. 2324
- b. Cost \$70.00 - Pay directly to the PTC - St. Pete bookstore
- c. First come, first serve - arrive early.

**2. Virtually with a web cam via PTC - Clearwater - Purchase code - 30679633 - Cost is \$75.00**

- a. After creating an account through [www.atitesting.com](http://www.atitesting.com), go to the home page
- b. On the right side of the screen there is an 'add product' option
- c. Enter the code 30679633 to purchase for \$75.00
- d. Go through pre-test to make sure computer is compatible the night before
- e. Call ATI Tech Help at 1-800-667-7531 the night before if there are issues
- f. **Test offered Tuesday, Wednesday, and Thursday at 8:00am**
- g. You do not need an appointment, once you have purchased the code and tested your computer for an issues, log on about 5-10 minutes before 8am and the proctor will pull you into the test between 8:00am - 8:15am

**3. Virtually with a web cam via ATI - Cost is \$120.00**

- a. Multiple testing times/days available
- b. Choose PTC - St. Pete as the institution to receive your scores