



Phlebotomy

The purpose of the Phlebotomy program is to prepare a student to perform as a professional phlebotomist, primarily drawing blood. Completion of the Phlebotomy program qualifies the graduate to sit for the *American Medical Technologists'* exam to become a *Registered Phlebotomy Technician (RPT-AMT)*, an industry-required registration. This 165-hour program requires about 4 months to complete. Students must acquire, or maintain, Basic Life Support CPR and First Aid cards to participate in this program. For those in need of this certification, an (optional) Basic Life Support and First Aid course will be offered through Pinellas Technical College. A separate fee for this course is required of the student. This program is currently ineligible for the *Pell Grant* and no federal financial aid is available.

Mission

The mission of the Phlebotomy program is to provide learning experiences that, when successfully completed, prepare students to demonstrate the skills and behaviors congruent with those of professional phlebotomists.

Length 165 Hours; delivered in a blended format: Online (81 hours), In-class (39 hours) and Clinicals (45 hours). Plus Basic Life Support (BLS) First Aid and CPR Certification before graduation, if needed (8 hours).

- **Phlebotomist** – Consists of theory and application of phlebotomy; basic anatomy, infection control and isolation techniques, principles/methods of collection of specimens by capillary or venipuncture, labeling specimens and distributing samples to appropriate laboratory sections and preparing collection trays for specimen procurement. Also, covers basic health care and safety procedures, employability, communications, interpersonal skills, basic mathematics, science and computer literacy.

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. *Students enrolled in the program must be 18 years of age at the time of graduation from the program.*

Industry Certification(s)

- Completion of the Phlebotomy program qualifies the graduate to sit for the *American Medical Technologists'* exam to become a *Registered Phlebotomy Technician (RPT-AMT)*, an industry-required registration.

Related Resources

- O-NET Online (U.S. Department of Labor) Occupational Data for *Phlebotomists* – www.onetonline.org/link/summary/31-9097.00
- American Medical Technologists (AMT) — www.americanmedtech.org/

Application Packet

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

Application Packet Review

This program requires that you schedule, and attend, a **mandatory packet review** (with your completed application packet). To schedule your review, or if you have questions about the application process, contact: **Jaclyn Cappello** at cappelloj@pcsb.org or 727.298.1616 ext2310.



Health Science Application

Checklist of Required Items

Phlebotomy

Required Items *(To be submitted in order)*

- ___ A - Completed Checklist of Required Items (Use as Cover Sheet for packet)
- ___ B-Signed and dated Essential Job Functions
- ___ Transcript or Diploma of standard High School Diploma or GED, Non-U.S. citizens need to have transcripts evaluated
- ___ C - Signed and dated Criminal Background Check & Drug Screen Disclaimer
- ___ Receipt from EZ FingerPrints for both Background Check and Drug Screen
- ___ D - Signed and dated Health Screening for Health Science Education(Proof of Immunization) form
- ___ Documentation of test results/immunizations (refer to FAQ about form for details).
- ___ E - Signed and dated Influenza Vaccination Proof of Immunization
- ___ F - Signed and dated Accident/Medical Insurance Proof of Coverage
- ___ Copy of Medical Insurance Card (front & back)
- ___ G - Signed and dated Notification of Exposure
- ___ H - Signed and dated Confidentiality Statement
- ___ I - Signed and dated Assumption of Risk and Consent to Procedures
- ___ Copy of CPR/BLS Certificate. If you are not certified, you will need to take the course through the American Heart Association. Follow this link [HeartCode® BLS Online](https://elearning.heart.org/course/437) (https://elearning.heart.org/course/437).
- ___ Background and Drug screen

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
In-Person to: Jaclyn Cappello
 @ the PTC-Clearwater Intermediate Campus
 1220 Palmetto St.
 Clearwater, FL 33755
 on Mondays & Wednesdays between 5:30pm-8:30pm for packet review.
 If you are not available during these times, please contact Ms. Cappello.

(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 _____

(PB)



Getting Started (*Completing the Health Science Application Packet*)

Important information, and steps for the application process, listed below.

- Print out ALL pages and CAREFULLY READ through the ENTIRE packet:
 - Review the Health Science Application Process, Dates & Deadlines
 - Make note of any questions you may still have
- If you feel confident about the process, start completing the steps/forms in the packet
- If you are unsure about ANY step of the process, contact Jaclyn Capello at cappelloy@pcsb.org (or 727.298.1616 x2310)

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.
- Make copies of all packet materials; do not submit originals.
- Only when ALL items listed on the Checklist of Required Items are included is an Application Packet considered complete. Applicants submitting a complete packet will be placed on the Phlebotomy program roster (first-come, first-served) Incomplete packets *may* be considered, after completed-packet applicants are assigned their seats.
- **Accepted applicants will be required to provide proof of their own medical insurance or purchase the schools accident insurance for as little as \$4.00 for the program.**
- **Applicants must have consistent access to working computer equipment (with Internet connectivity, required software, etc.). All Phlebotomy students are expected to have computer access (PC-preferred) 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 Phlebotomy students must complete a 10-Panel Drug Screening.**
 - **Drug Screening must be completed within 30 days of the class start date.** See cover page for details.
 - **Students who fail the Drug Screening will be automatically withdrawn from the program and not allowed to seek enrollment again for one entire fee term, or until the next start date, whichever is sooner.**



Next Steps

01] Secure financing/funds for payment

Applicants should have their finances established for payment for tuition, supplies and fees, at the time application packet is submitted.

02] Essential Job Functions– *Review and complete now*

Applicants must be able to perform ALL of the essential functions either with, or without, reasonable accommodations. Please inform the Phlebotomy Occupational Specialist if you will be requesting accommodations.

03] Required Documents– *Provide all completed items below, with application packet*

1. Completed **Checklist of Required Items** (Use as Cover Sheet for submitted packet)
2. Signed and dated **Essential Job Functions**
3. **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.
4. Signed and dated **Criminal Background Check & Drug Screen Disclaimer**
5. Signed and dated **Health Screening for Health Science Education (Proof of Immunization)** form and **Documentation of test results/immunizations** (refer to *FAQ* about form for details).
6. Signed and dated **Influenza Vaccination Proof of Immunization**
7. Signed and dated **Accident/Medical Insurance Proof of Coverage** and copy of **Medical Insurance Card** (front & back)
8. Signed and dated **Notification of Exposure**
9. Signed and dated **Confidentiality Statement**
10. Signed and dated **Assumption of Risk and Consent to Procedures**
11. **Other Official (Postsecondary) Transcripts** being submitted; PTC first, followed by any others (optional)
12. Copies of current **Health Related Certifications**: CNA, CPR, First Aid, Health CORE, etc. (optional)
13. **Application Packet – *Submit completed packet during your scheduled Packet Review.***
See cover page for details and timeline.

04] Completed Application Packet is evaluated

05] Applicant is notified of Admission Status at Packet Review

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.

06] Accepted applicant completes PTC Registration and Fee Payment at Packet Review

Applicant should provide proof of residency for tuition purposes.



Basic Skills

In addition to the academic requirements of the program, students who are successful in the program and profession must be able to meet the following requirements with, or without, reasonable accommodations.

Vision

- Ability to read a patient’s identification on an ID bracelet
- Ability to read information found on a laboratory requisition
- Ability to differentiate colors of conventional blood collection tubes
- Ability to read information on a computer screen
- Ability to read procedures and other necessary information in laboratory manuals and package inserts

Tactile Ability & Manipulative Skill

- Ability to discriminate veins from other structures that are not veins
- Ability to identify the location and character of veins
- Ability to perform venipunctures and capillary puncture smoothly enough so as not to injure the patient with coordinated manipulative dexterity

Communication

- Ability to understand standard English
- Ability to provide clear directions to patients and coworkers in standard English
- Ability to follow verbal and written directions in standard English
- Basic Computer Skills

Motor Function

- Ability to move freely in the laboratory, patient care areas, elevator, and stairway
- Ability to use both hands simultaneously
- Ability to lift at least 25 pounds
- Ability to demonstrate fine motor skills
- Ability to reach and bend wherever necessary, up or down, to perform job tasks

Mental & Emotional

- Ability to be flexible
- Ability to work in stressful situations while maintaining composure
- Ability to be adaptable to unpleasant situations common in a clinical setting
- Ability to prioritize tasks to ensure completion of assigned work
- Ability to provide service to and interact with patients of diverse age, gender, sexual orientation, race, religion, nationality, physical or mental condition

I have read and understand the Essential Job Functions above.

Applicant Name (PLEASE PRINT) _____

Applicant 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/>
- **Pharmacy** student inquiries > <https://floridaspharmacy.gov/registered-pharmacy-technician-faqs/>

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.
- **If my drug screening indicates a positive result, I may retake the screening prior to Packet Review.**
- **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 Card
- Identify yourself as a *Pinellas Technical College* student, applying for a *Health Science/Clinical Education* program (You do not need to know ORI, or OCA, code numbers)

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

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

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

Instructions for Individual using EZ Fingerprints:

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

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



Instructions for Referring Company (if applicable):

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

Health Services Student Fingerprint Request Form/Receipt

SECTION 1 (Completed by individual)

Individual Name (PLEASE PRINT) _____

Reason for Screen: Employment Volunteer Other _____

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

SECTION 3 (FOR EZ FINGERPRINTS USE ONLY)

TCN # _____ R # _____

Payment Method (Circle One): Check Cash Credit Card _____

Screen Date _____ Pend for Payment Submission Date _____

EZFP Rep Signature x _____



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.

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 _____

Student Signature or Parent Signature for Student Under Age 18



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

What tests or immunizations are required for Phlebotomy students?

The following tests/immunizations are required:

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

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

Which diseases must I provide test/immunization documentation for?

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



Health Screening for Health Science Education

FAQ (2 of 2)

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

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

Where should I go for the immunizations and blood tests?

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

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



Influenza Vaccination

Proof of Immunization

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

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

I accept full responsibility for:

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

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

Student Name *(PLEASE PRINT)* _____

Student Signature x _____ Date _____



Accident/Medical Insurance

Proof of Coverage

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

Verification of Accident/Medical Insurance (PLEASE PRINT)

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

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

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

1 Medical Insurance Policy

Insurance Company _____

Policy Number _____

Effective Date _____ Expiration Date* _____

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

Insurance Company _____

Policy Number _____

Effective Date _____ Expiration Date* _____

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

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

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

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

Student Name (PLEASE PRINT) _____

Student Signature x _____ Date _____

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

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, Pharmacy Technician, Phlebotomy 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:

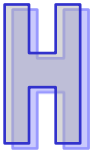
- Wear and/or use the following protective clothing and/or gear when carrying out my clinical duties: gloves, face masks/shields, lab coats, goggles, disposable gowns, fluid resistant clothing, head coverings, shoe coverings, lead aprons and laser goggles.
- Follow proper safety procedures as required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

Parent Signature *(if student is a minor)* **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, Medical Coder/Biller, Pharmacy Technician, Phlebotomy 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 _____



Assumption of Risk & Consent to Procedures

Pinellas Technical College

General Information

During this course you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training. As part of these learning activities you will be asked to perform specific skills, as well be the subject of specific skills, practiced by students. These learning activities will be conducted under the supervision of the course instructor.

Benefits

The activities listed below have been selected because they are skills essential to the learning process and the faculty believes that realistic practice is essential for optimum learning.

Bloodborne Pathogen Exposure

It is important that you be aware that blood, and other body fluids, have been implicated in the transmission of certain pathogens, particularly *Hepatitis B Virus (HBV)* and *Human Immunodeficiency Virus (HIV)*, the virus responsible for *Acquired Immune Deficiency Syndrome (AIDS)*. In order to minimize risk of exposure to bloodborne pathogens, the student must agree to follow Standard Precautions guidelines as well as comply with regulations outlined in the OSHA Bloodborne Pathogen Standard.

Risk/Discomfort

Learning Activity	Specific Benefit	Risk/Discomfort
<i>Venipuncture using both evacuated tube systems (ETS)</i>	<i>Student gains experience needed prior to performing procedures on actual patients</i>	<i>Possibility of hematoma or bruising; slight, temporary pain with procedure; slight risk of temporary nerve inflammation</i>
<i>Skin puncture of the fingertip</i>	<i>Same as above</i>	<i>Slight, temporary pain upon puncture; minimal possibility of infection (provided area is kept clean)</i>

I understand that, as a student at Pinellas Technical College in the *Phlebotomy* program, I will be the “patient” for fellow students to practice both venipuncture and capillary sticks.

I acknowledge that I have read, understand, and had an opportunity to ask questions about assumption of risk and consent to procedures. I agree to participate as a subject in the learning activities listed above.

Student Name (PLEASE PRINT) _____

Student Signature x _____ Date _____

Parent Signature (if student is a minor) x _____ Date _____



Textbook – eBook – Phlebotomy: Worktext and Procedures Manual 4th Edition. Robin S. Warekois and Richard Robinson, ISBN 978-0-323-27940-6. \$51.99

PTC program uniforms, shoes, and medical equipment (required for program)

Fashion Scrub Depot is the local provider for uniforms, shoes, and medical equipment for (PTC students and) professionals in the medical and food service industries. Health Science Students purchase PTC program uniforms/scrubs from their retail store located in St. Petersburg, FL. **Note:** *Before making any purchases specific program-mandated color, style/type, etc. should be discussed with program instructor.*



Fashion Scrub Depot

2604 Central Avenue, St. Petersburg, FL 33712
727.498.8892 | www.fashionscrubdepot.com

Price sheet for PTC Health Science Students

All scrub/uniform tops and jackets are embroidered with the PTC logo (all prices include embroidery).

Item	Description	XS-XL*	2XL-Up*
4777	<i>One-Pocket Unisex Top</i>	\$22.99	\$25.99
4200	<i>Elastic Waist Pants (Optional)</i>	\$20.99	\$23.99
4020	<i>Women's Pants</i>	\$24.99	\$27.99
4000	<i>Men's Pants</i>	\$23.99	\$26.99

* Tall sizes add \$3.00