



# Health Science Application Packet

## Program Overview & Deadlines

### Practical Nursing (PN) | Clearwater |

## 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. 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.

## Hybrid Program - Evening

Lectures and Class work completed online (675 hours of theory)

On campus 2 nights per week - Days TBD - Testing, lecture, and practice labs from 3:00pm – 8:00pm

Clinicals – 2 weekends a month, Saturday and Sunday from 6:30am - 4:30pm

## Hybrid Program - Daytime

Lectures and Class work completed online (675 hours of theory)

In person schedule is Tuesdays and Thursdays from 7:00am - 2:15pm - Practice labs, and clinicals happen during this time. Testing will be done through online proctoring 1 times per week.

## Traditional Program

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

**Summer Hours|June 3 - July 18|Mon - Thur| 7:00 am – 2:00pm |**

Lectures and Class work completed in person (675 hours of theory)

Traditional Class

Application Deadline - October 4, 2024

Program Start Date - December 2024

Hybrid Evening Class

Application Deadline - October 4, 2024

Program Start Date - December 2024

### Student Services | Clearwater Campus | Bldg. 01

Monday – Thursday 7:00 am – 2:00 pm

Friday 7:00 am - Noon

If any questions, please contact Dr. Kimere Corthell,  
Counselor 727.538.7167, x 2017 or [corthellk@pcsb.org](mailto:corthellk@pcsb.org)



# Health Science Application

## Checklist of Required Items

### Practical Nursing (PN) | Clearwater |

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

- \_\_\_ Completed Checklist of Required Items (Use as Cover Sheet for packet)
- \_\_\_ Completed Program Application
- \_\_\_ Copy of CASAS/PERT 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 Practical Nursing 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
- \_\_\_ 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).
- \_\_\_ Signed and dated Influenza Vaccination Proof of Immunization
- \_\_\_ Signed and dated Accident/Medical Insurance Proof of Coverage and copy of Medical Insurance Card (front & back)

**COMPLETE** this checklist and include it as the cover sheet for your application packet. **ENTIRE** application packet must be completed, and **ALL** fees paid, prior to the start of the program. Application packet is considered incomplete unless **ALL** required items are turned in. **DO NOT** attempt to **email or fax** any paperwork from this packet to Pinellas Technical College *(none will be accepted)*.

**SUBMIT** completed application packet...

**In-Person** to: Student Services  
during regular office hours.

**By Mail** (US Postal Service w/tracking #) to:  
Student Services c/o Dr. Kimere Corthell:  
Practical Nursing  
PTC – Clearwater Campus  
6100 154th Ave N  
Clearwater, FL 33760

#### Optional Items

- \_\_\_ Other Official (Postsecondary) Transcripts being submitted
- \_\_\_ Copy of CNA License
- \_\_\_ Copy of Other Health Certifications/Licenses

( PLEASE PRINT )

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

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Select Program Type and Session

\_\_\_ Traditional December 2024      \_\_\_ Hybrid December 2024

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



## 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, bring the packet (and your questions) to Kimere (Keymedy) Corthell @ Student Services or contact her at [corthellk@pcsb.org](mailto:corthellk@pcsb.org).

## Application Notes & Tips:

- Applicants should follow the steps of the application process in the order given.
- Applicants should use the Checklist of Required Items to ensure ALL application packet items are accounted for, and in their proper order, before submitting the packet for consideration.
- Please paperclip all items together; no elaborate cover or folder is required to submit a packet. Most importantly, when submitting for consideration, the packet contents should be neat, and in order.
- **Accepted applicants will be required to provide proof of their own medical insurance and or purchase accident insurance through PTC, for as little as \$4.00 per year.**
- Applicants who have completed PN training elsewhere (within 5 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 and a Level 2 background check.** Drug screen - \$55; Background - \$50
  - **Drug Screening must be completed within 30 days of receiving your acceptance letter.** (Locations detailed in application.)
  - **Students who fail the Drug Screening will be automatically withdrawn from the program and not allowed to seek enrollment again for one entire fee term, or until the next start date, whichever is sooner.**
  - Students who are withdrawn (and seeking readmission) must resubmit, and clear, a new Drug Screening and Background check 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 @ <https://studentaid.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-Clearwater Campus: 005605**

### 2] Essential Job Functions – *Review and complete*

Applicants must be able to perform ALL the essential functions either with, or without, reasonable accommodations. Please inform the PN admissions counselor if you will be requesting accommodations.

### 3] Basic Skills Test - 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)

This test is required for EVERYONE. Learn more about the TEAS at [www.atitesting.com](http://www.atitesting.com), or 1.800.667.7531. **Adjusted Individual Total Score must be at least 56% to apply for admission to the program** (this score does not guarantee the student a seat). Students may mix highest content area scores, to obtain the 56% minimum, between several *unexpired* tests. The last page of this application, details each way to take the test. READ CAREFULLY.



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

1. Completed **Checklist of Required Items** (Use as Cover Sheet for submitted packet)
2. Completed **Program Application Page** – **Make sure to include work history and education history**
3. Copy of **Basic Skills** (if applicable) or **Official Transcript** of an **AAS/AA/AS Degree or higher**, from an approved, accredited U.S. Educational Institution. Documentation of other literacy test exemption.
4. Signed and dated **Essential Job Functions**
5. Copy of **TEAS test scores (must be 56%, or higher)** from PTC Testing Lab; for **off-site testers, only official scores** will be accepted (transferred/emailed from ATI to the appropriate PTC Practical Nursing Counselor); **no photocopies accepted.**
6. **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. – Please have the official transcripts mailed to yourself and include in the application packet, unopened.**
7. Signed and dated **Criminal Background Check & Drug Screen Disclaimer**
8. **Record of Immunization** and/or **Documentation of titer test** showing immunity
9. Signed and dated **Influenza Vaccination Proof of Immunization**
10. Signed and dated **Accident/Medical Insurance Proof of Coverage** and copy of **Medical Insurance Card** (front & back) If purchasing accident insurance through school, note that on the application check list.
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 by application deadline to student services*

### 6] Completed application packets are evaluated, rated and ranked – *by PTC Admissions*

### 7] 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
- 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) \_\_\_\_\_

TEAS	CASAS	TABE			WONDERLIC		READI	
Date	Date	Date			Date		Date	
Score	Scores	Scores	L/F	G/E/SS	Scores	Norm LF	Results	%
	Reading	Reading			Verbal		Reading Recall	
	Math	Math			Quantitative		Technical Competency	
		Language					Technical Knowledge	
							Personal Attributes	

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 years of work experience below (with *MOST RECENT/CURRENT* employment first)

JOB TITLE	DATES	BUSINESS NAME	REASON FOR LEAVING

### Transfer/PTC Re-entry Student Request

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

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

### Disclaimer

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

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

\_\_\_\_\_  
Date



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

Students take the CASAS for Reading and Math skills assessment. The tests are free, and 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 – Contact Student Services 727-538-7167 x2006)**

**CLEARWATER CAMPUS**

6100 154th Ave N, Clearwater, FL 33760

- Mon -Thu     8:00 am     Bldg. 01

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

- High School Diploma (standard 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**

<https://www.casas.org/> (free sample test items)

<https://www.mometrix.com/> (free CASAS practice test)





## Test of Essential Academic Skills (TEAS) at PTC

The TEAS 7 evaluates 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 *Practical Nursing* the candidate must score at least 56%. **Note: The TEAS may be taken only four (4) times within a 12-month period. A 14-day waiting period is required between test attempts.**

**Remote Test Fee \$75.00 (each attempt)**

**PLEASE READ THE LAST PAGE OF THE APPLICATION FOR SPECIFIC STEPS TO SIGN UP FOR THE TEST**

**Test Prep Resources** Approximately 40% of students must take the TEAS more than once. 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:

<https://mometrix.com/academy/teas-test-study-guide/> (Test prep, free)  
<https://www.teaspracticetest.com/> (Practice test, free)  
<https://www.test-guide.com/free-teas-practice-tests.html> (Test prep, free)  
<https://www.purplemath.com/> (Math course, fee)  
<https://www.atitesting.com/> (Test maker's site; test prep, study manual, fee)  
<https://uniontestprep.com/teas> (Free test prep)

## TEAS PTC Testing Lab Schedule

### Clearwater Campus (Online)

**Tues, Wed, and Thursdays 8:00**

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).

## TEAS Score Ranking Criteria

TEAS Score Values	Points
TEAS Score 91.0-100	6
TEAS Score 84.0-90.9	5
TEAS Score 77.0-83.9	4
TEAS Score 70.0-76.9	3
TEAS Score 63.0-69.9	2
TEAS Score 56.0-62.9	1



**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 x \_\_\_\_\_ Date \_\_\_\_\_

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**

The cost for the background and drug screen is \$105.00 total. Cash, personal checks, and credit cards are accepted. (VISA, MC, AmX)

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

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



**What tests or immunizations are required for Practical Nursing students?** The following tests/immunizations are required:

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

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

All documentation, except for the Gold TB 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** – 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: <http://pinellas.floridahealth.gov/>
- Pasco County: <http://pasco.floridahealth.gov/>
- Hillsborough County: <http://hillsborough.floridahealth.gov/>



## 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 \_\_\_\_\_

\*\*\*\*Due to continuous changes with vaccine requirements at the clinical sites applicants will be informed of the latest vaccine policy and requirements upon admission to the program.



## **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: \_\_\_\_\_

Printed Student Name \_\_\_\_\_



## Accident/Medical Insurance Proof of Coverage

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

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 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

**You will need to create an account at [www.atitesting.com](http://www.atitesting.com).** The TEAS test is valid for 2 years, if you have already taken it you can include your scores in your application packet.

1. St. Petersburg Campus is now open for in person testing. The testing schedule is Monday - Friday, between 8am - 10am and Monday and Wednesday at 2:30pm. Walk ins welcome, first come, first serve.
2. Clearwater campus offers limited in person testing by appointment only. Contact Dr. Corthell at [corthellk@pcsb.org](mailto:corthellk@pcsb.org) to set up an appointment, testing is available Monday - Thursday at 7:45am.
3. 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, you log on about 5-10 minutes before 8am and the proctor will pull you into the test between 8:00am - 8:15am
4. Virtually with a web cam via ATI - Cost is \$120.00
  - a. Multiple testing times/days available
  - b. Choose PTC - Clearwater to have your scores sent to me directly.
5. If you need to retake the TEAS, email [corthellk@pcsb.org](mailto:corthellk@pcsb.org) for the retake codes.