

**BRADFORD-UNION AREA
CAREER TECHNICAL CENTER
609 NORTH ORANGE STREET
STARKE, FL 32091
PHONE (904) 966-6769**

PATIENT CARE TECHNICIAN (PCT)

2011-2012

APPLICATION PROCESS

Application Availability February 10, 2011-July 5, 2011

Applications Accepted beginning March 7, 2011

Application Deadline is 2:30 P.M. July 15, 2011

Return Applications to Student Services

Monday through Friday, 8:00 AM – 2:30 PM

(After June 10th, Monday through Thursday)

TOPICS IN THIS PACKET

GENERAL INFORMATION

ATTENDANCE POLICY

PROGRAM COSTS

SELECTION PROCESS

ADMISSION REQUIREMENTS

APPLICATION PROCESS

APPLICATION CHECKLIST

FOR OFFICE USE ONLY: Date Received_____ Time Received:_____

Receipt #_____ Staff Initials_____ Student Initials_____

GENERAL INFORMATION

The Patient Care Technician program is a 600 hour program starting August 22, 2011 and completing in June, 2012. Classroom instruction will be at the Bradford-Union Area Career Technical Center, with clinical rotations at Shands at Starke, Orange Park Medical Center, and other medical facilities in the area. Class times are Monday through Thursday evenings, 5:00 to 9:00 p.m. The application deadline is July 15th, 2011 at 2:30 p.m. All completed applications are to be turned in to the Office of Student Services. Selected students will be notified by July 27, 2011 and must be prepared to begin class on August 22, 2011.

ALL APPLICANTS MUST APPLY AND PAY FOR A LEVEL II BACKGROUND CHECK BEFORE TURNING IN APPLICATION. COST FOR THIS BACKGROUND CHECK IS \$62.00 AND MUST BE PAID BY (EXACT) CASH OR MONEY ORDER ONLY. THIS MUST BE DONE AT THE BRADFORD COUNTY DISTRICT OFFICE, HUMAN RESOURCES DEPARTMENT.

All results of the background check MUST be sent to Aleta Durant in Student Services.

Tuition and lab fees must be paid prior to the first evening of class for each semester. Any textbook fees must also be paid prior to the first evening of class. Additional expenses that students are responsible for are:

- Level II Background Check
- Drug screen (prior to clinical rotation)
- Uniforms
- White closed heel and toed shoes
- Stethoscope
- Watch with second hand
- All required immunizations
- Transportation to and from all clinical sites
- State Certification Exam

Other items may be added if need be. Your instructor will inform you as to when each of these items is needed.

Financial aid is available (**PELL GRANT**) for those students who qualify. Please see or call Mrs. Allen at Student Services (904-966-6765) for information.

Attached you will find the health consent form showing required immunizations and the physical examination form. **This form must be completed by you and signed by a physician or ARNP.** All required immunization records must be attached.

Enrollment into the PCT class is point based. Attached is a checklist showing all that is needed to apply for the program, as well as the point system used for selection.

If you have any questions, please call Mrs. Watson at 904-966-6778 or Mrs. Reddish at 904-966-6780.

APPLICATION CHECKLIST

This information must be a part of your registration packet and returned no later than July 15, 2011. If any applicable information is not included, your file will be deemed incomplete and will **NOT** be considered for the PCT program.

- _____ TABE test (D level survey), within two years of application submission.
- _____ Sealed high school transcript or copy of diploma or GED (if applicable).
- _____ Certificate or transcript showing that you have completed a program at Bradford-Union Area Career Technical Center (if applicable).
- _____ Two forms of I.D evidencing a 12-month Florida residency qualifying period prior to beginning application process. (See page 13 in application packet for acceptable forms of I.D.)
- _____ Proof of county residence (voter registration – Only Bradford and Union County applicants get 5 bonus points).
- _____ Level II Background Check (copy of receipt from county office)
- _____ 100 word written essay to be done on-site at Bradford-Union Career Technical Center in Student Services day of application submission.
- _____ Employment verification letter(s) on letterhead and signed by employer.
- _____ Completed health information form with immunization records attached.
- _____ Copy of valid Florida driver's license.
- _____ Copy of Social Security card.

DIRECTIONS NEEDED FOR LEVEL II BACKGROUND CHECK

Bring your driver's license and proof (in writing) of social security number to Bradford County School Board Office of Human Resources. Cost of Level II background check is \$62.00 and can be paid by money order made out to the Bradford County School District or cash in the exact amount.

MAKE AN APPOINTMENT WITH ROBIN LEE @ 904-966-6023 OR WITHIN ONE WEEK OF GETTING APPLICATION FOR BACKGROUND CHECK.

IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE ALL DOCUMENTATION. PHOTOCOPIES MUST BE MADE PRIOR TO SUBMITTING APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

<h2 style="margin: 0;">Patient Care Technician Selection Process</h2>

The selection committee will use the following criteria to determine eligibility of applicants for acceptance into the program. Interviews may be used to designate rank order of alternates. Points are awarded in the following areas used:

- | | |
|--|---------------------------|
| ❖ TABE SCORES (D Level – Survey) | Maximum points: 30 |
| ◆ 12.0- 12.9 (Reading, Math and Language–in each area) | 30 points |
| ◆ 11.0 –11.9 (Reading, Math and Language-in each area) | 20 points |
| ◆ 10.0 –10.9 (Reading, Math and Language-in each area) | 10 points |
| ❖ High School Diploma/GED | Maximum points: 10 |
| ❖ Bradford-Union Area Career Technical Center
Program completer or graduate | Maximum points: 15 |
| ❖ RESIDENCY
(Documented resident of Bradford/Union County) | Maximum points: 5 |
| ❖ WORK EXPERIENCE (with submitted application) | Maximum points: 25 |

ALL WORK EXPERIENCE MUST BE VERIFIED IN WRITING BY EMPLOYER ON OFFICIAL LETTERHEAD, AND MUST INCLUDE INFORMATION SHEET (ATTACHED).

- | | |
|---------------------------------------|-----------|
| ◆ over 2 years with the same employer | 25 points |
| ◆ 6 months – 2 years | 15 points |
| ◆ Other Work Experience | 5 points |

Volunteer Experience (Health Related – Must be documented on agency letterhead and signed by a supervisor, not more than two years from application submission).

- | | |
|---------------------|--------------------------|
| ◆ 100 hours or more | Maximum points: 5 |
|---------------------|--------------------------|

❖ **ESSAY (100 words)** **Maximum points: 10**

Completed on-site in Student Services when application is submitted.

- | | |
|------------|----------|
| ◆ Spelling | 4 points |
| ◆ Grammar | 2 points |
| ◆ Content | 4 points |

BRADFORD-UNION AREA CAREER TECHNICAL CENTER

Physical Examination Form/Immunization Record

TO BE COMPLETED BY A LICENSED PHYSICIAN OR A.R.N.P.

Date of Examination _____

Student's Last Name _____ First Name _____ Middle Name _____

Significant Family History _____

Significant Past History _____

Does the applicant have any disease or is any treatment being followed that should be periodically evaluated? _____

Has the applicant had surgery? Yes ___ No ___ If yes, please list _____

Does the applicant take any medications? Yes ___ No ___ If yes, please list: _____

Weight _____ Height _____ General Appearance _____ Pregnant? Yes ___ No ___ Breasts _____
Eyes _____ Vision Right _____ Left _____ Color Blind _____ Nose _____ Throat _____
Ears _____ Hearing Right _____ Left _____ Neurological _____ Tonsils _____
Abdomen _____ Hernia _____ Genito-urinary _____ Skeletal System _____
Chest _____ Lungs _____ Heart _____ Murmurs _____ Rate _____ B/P _____

Immunization: The following immunizations are required. Please attach records showing date(s) these were received.

- ❖ T.D. (Tetanus/Diphtheria) **Must be within past ten (10) years.**
 - ❖ PPD (Mantoux – Tuberculin Tine) **Must be valid until May 2012.**
 - ❖ Influenza (for 2011 flu season).
 - ❖ MMR (Measles/Mumps/Rubella) Students have the option of receiving the immunization or taking the titer test which provides proof of immunity. (Must have series of 2 vaccines.)
 - ❖ Hepatitis B (Proof that you have taken the first shot of the series of three shots).
 - ❖ Varicella * Yes _____ ** No _____
- * If yes, student must sign a notarized statement to the effect and list an approximate date of having chicken pox.
- ** If no, student must have vaccine or titer drawn. Varivax _____ Varicella Titer _____

In your opinion, is there any reason that the applicant should NOT participate in the clinical activities related to the Certificate in Health Sciences Program? Yes _____ No _____ If yes, please attach an explanation.

Do you consider this applicant physically and emotionally stable to work as a health care professional? Yes _____ No _____

If no, please attach an explanation.

Signed _____ Printed Name _____

Physician or A.R.N.P. License Number _____

Phone _____ Date _____

Bradford – Union Area Career Technical Center

Randy Starling – Director

Christy Reddish – Adult and Community Education Coordinator

Christy Reddish – Coordinator Adult & Community Education

Please attach this to each employment verification you submit.

Student's Name: _____

Social Security Number: _____

Program Applied For: _____

Date Program Begins: _____

Letters of verification of employment must be on letterhead and include:

- Employer's Name
- Address
- Telephone and fax numbers
- Beginning and ending date prospective student was employed
- Job title while employed
- Dependability
- Attendance
- Initiative
- Currently employed or reason for leaving
- Signature of supervisor and credentials that can be verified



609 N. Orange Street, Starke, Florida 32091
904-966-6764 – Fax: 904-966-6786

Bradford-Union Area Career Technical Center

Randy Starling - Director

Christy Reddish – Coordinator Adult & Community Education

Please attach this to each employment verification you submit.

Student's Name: _____

Social Security Number: _____

Program Applied For: _____

Date Program Begins: _____

Letters of verification of employment must be on letterhead and include:

- Employer's Name
- Address
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904-966-6764 – Fax: 904-966-6786**

IMPORTANT APPLICATION INFORMATION

All hospitals and healthcare facilities require health science students to have completed the Hepatitis B vaccination before they begin clinical hours. In order to complete your application for the Patient Care Technician program, you **must** immediately begin the Hepatitis B vaccination series or provide proof of prior immunization (documentation from hospital or clinic with authorized signature).

Hepatitis B

Given in 3-Dose series:

Dose #1 immediately

Dose #2 in one month

Dose #3 approximately 5 months after #2

I, _____, understand that at least the first dose in the Hep B series must be completed before I can be considered for acceptance in the Patient Care Technician program at Bradford-Union Area Career Technical Center.

Date _____