

CNA+ (Patient Care Technician)

2017-18

MTC
MANATEE
TECHNICAL
COLLEGE

ManateeTech.edu



This program is designed to prepare students for employment as a Patient Care Technician. It also gives the student the technical knowledge and skills proficiency needed to prepare for further nursing education. The program includes, but is not limited to Health Science Core curriculum, Medical Terminology, Emergency Care, Patient Care Procedures, Nutrition, Aging Process and Gerontology, Infection Control and CPR (Cardio-pulmonary Resuscitation).

Students are prepared to earn the Certified Nurse Assistant (CNA) certification. Dual enrollment available for H.S. seniors.

Length of Program: PCT: 600 hours – 6 months to complete (Pell Eligible)
CNA: 165 hours – 5 weeks to complete

Class Hours: Daytime: Monday through Friday, 7:45 am – 2:30 pm

Day Admission Dates: July
January

Grad Requirements: Complete all of the program competencies.

Score on the T.A.B.E. exam:

PCT: Reading 10.0, Math 10.0, Language 10.0

CNA: Reading 9.0, Math 9.0, Language 9.0

Exempt with an AAS degree or higher official transcript

Industry Certification: Certified Nursing Assistant

Employment Potential: Employment in this area is projected to grow 17% from 2014-2024 much faster than the average for all occupations because of the growing elderly population. Entry level salaries, \$12 per hour.

For more info: Kathy Matthews, Career Counselor 941.752.8100 x 2127
Email: matthewsk@manateeschools.net
Visit ManateeTech.edu, Career Prep Programs and Patient Care Technician (CNA+) for detailed application information

To apply: Attend an Information Session – call 941-752-8100 to hear a recorded message of dates and times

Tuition & Fees: See other side

Note: Criminal Background check required



((CNA+)) Patient Care Technician - 600 Hours

Program #H170694			CIP# 0351390205				
Nursing Assistant – 165 Hours (Articulated)			Hours	Tuition	Lab	Total	
Courses		OCP					
Basic Healthcare Worker		OCP A	HSC0003	90	\$ 262.80	\$ 70.00	\$ 332.80
Nurse Aide and Orderly (Articulated)		OCP B	HCP0121	75	\$ 219.00	\$ 70.00	\$ 289.00
Total Tuition & Lab Estimate*** (for CNA)						\$ 621.80	
Program #H170694			CIP# 0351390205				
Patient Care Technician – 600 Hours			Hours	Tuition	Lab	Total	
Courses		OCP					
Basic Healthcare Worker		OCP A	HSC0003	90	\$ 262.80	\$ 70.00	\$ 332.80
Nurse Aide and Orderly (Articulated)		OCP B	HCP0121	75	\$ 219.00	\$ 70.00	\$ 289.00
Advanced Home Health Aide		OCP C	HCP0332	50	\$ 146.00	\$ 25.00	\$ 171.00
Patient Care Assistant		OCP D	HCP0020	75	\$ 219.00	\$ 25.00	\$ 244.00
Allied Health Assistant		OCP E	HCP0016	150	\$ 438.00	\$ 50.00	\$ 488.00
Advanced Allied Health Assistant		OCP F	MEA0580	100	\$ 292.00	\$ 25.00	\$ 317.00
Patient Care Technician		OCP G	PRN0094	60	\$ 175.20	\$ 25.00	\$ 200.20
Total Tuition & Lab Estimate*** (for PCT)						\$ 2042.00	
<i>Pre-Admission Costs</i>							
Background Check						\$58.00	
T.A.B.E. Test (if required)						\$25.00	
<i>Program Costs</i>							
Application Fee						\$40.00	
Parking Decal* (including tax)						\$20 annual	
Drug Screening						\$35.00	
Health & Safety Fee*						\$14 annual	
ID Badge* (including tax)						\$10 annual	
Uniform Patch(es)						\$5/each	
Career & Technical Student Organization Leadership Fee (optional)						\$30.00	
State Certification Fee						\$225.00	
BLS for Health Care Provider (CPR Book, including tax)						\$15.32	
CNA Textbook Estimate**						CNA \$122.07	
PCT Textbook Estimate**						PCT \$158.98	
Total Tuition, Lab & Fee Estimate*** (CNA)						\$1221.19	
Total Tuition, Lab & Fee Estimate*** (PCT)						\$2678.30	
<i>Other Costs</i>							
<i>The fees listed under "Other Costs" vary depending on student need/preferences.</i>							
Uniforms							
Physical Examination & Immunizations							

PLEASE NOTE:

All pre-admission fees are non-refundable. *Prices are subject to change without notice.

*Annual fees (charged each academic year (July 1-June 30))

**Textbook estimate. Current booklist and prices: <http://manateetech.edu/current-students/bookstore>

***Tuition based on \$2.92/hr. for Florida residents. \$11.71/hr. for non-Florida residents.

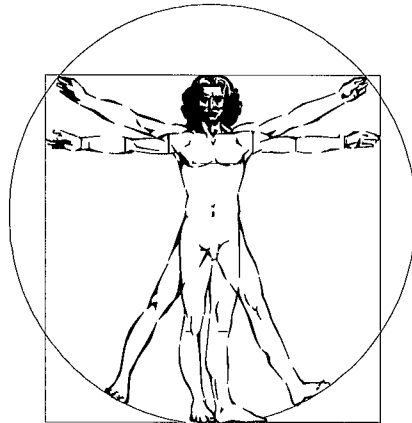
OCP stands for Occupational Completion Point (Florida Department of Education Framework)

No employee, student, applicant for admission or applicant for employment, volunteer, vendor, or member of the public, shall, on the basis of race, color, national origin, sex, gender orientation, disability, marital status, age, religion, or any other basis prohibited by law, be excluded from participation in, be denied the benefits of or be subjected to discrimination or harassed under any educational programs, activities, services, or in any policies or practices by the School District of Manatee County. Lack of English language skills will not be a barrier to admission and participation. The district may assess each student's ability to benefit for specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.

Updated 03/31/17



Adult Patient Care Technician (PCT) 600 hours



5520 Lakewood Ranch Blvd. Bradenton, FL 34211
Richard Conard Medical Dental Building
Kathy Matthews, Program Counselor • (941) 752-8100 x 2127

matthewsk@manateeschools.net

MTC Fax Number • (941) 727-6257
Kathy Matthews' Fax Number • (941) 209-6215

Adult Patient Care Technician Program

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Please note: Classes that do not meet
minimum enrollment requirements
may be cancelled or postponed.

*If you do not register for this program, your admission documents will be shredded 30 days after course start date. If you are planning to reapply, you should make arrangements to pick up these documents within this time frame.

No employee, student, applicant for admission or applicant for employment, volunteer, vendor, or member of the public, shall, on the basis of race, color, national origin, sex, gender orientation, disability, marital status, age, religion, or any other basis prohibited by law, be excluded from participation in, be denied the benefits of or be subjected to discrimination or harassed under any educational programs, activities, services, or in any policies or practices by the School District of Manatee County. Lack of English language skills will not be a barrier to admission and participation. The district may assess each student's ability to benefit for specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.

Manatee Technical College

Adult Patient Care Technician (PCT) Program

Patient Care Technician (PCT) – total 600 hours

The Patient Care Technician is a multi-disciplinary, technical worker trained to provide basic nursing assistant care as well as other skilled functions. In addition to coursework, students will complete clinical experiences in extended care facilities.

Class meets from Monday – Friday 7:45 am -2:15 pm

Clinical Hours 7:00 am - 1:30 pm

OCP A: Basic Healthcare worker	90 hours
OCP B: Nurse Aide and Orderly Articulated	75 hours
OCP C: Advanced Home Health Aide	50 hours
OCP D: Patient Care Assistant	75 hours
OCP E: Allied Health Assistant	150 hours
OCP F: Advance Allied Health Assistant	100 hours
OCP G: Patient Care Technician	60 hours

NOTE: Certification in Cardiopulmonary Resuscitation (CPR), Basic Life Support (BLS) will be taught during the Health Science Core.

Upon satisfactory completion of the Health Science Core and Nursing Assistant OCPs, (165 hours) the student qualifies to take the Florida State Certified Nursing Assistant (CNA) Examination.

Approximate Fees: See Handout

Drug Screening

All students will be given a random drug screen during the program. Positive test results will result in immediate dismissal from the program. Any payment of lab fees, books, or materials is non-refundable. Clear drug screening is required by health care facilities where clinical experiences take place.

Acceptance

Admission to all classes is on a first-come, first-serve basis. Applicants who meet all requirements will have priority acceptance. Classes are limited and fill quickly. The sooner an applicant returns his/her completed application to the counselor, the better the chance for admission. After an applicant turns in all application materials, he/she will receive an acceptance letter, prior to the start of class, with payment and registration dates.

Accreditation

Manatee Technical College functions under the Manatee County District School System and is an accredited member of the Council on Occupational Education Institutions of the Southern Association of Colleges and Secondary Schools. Governing agencies for this program include the Florida State Department of Education and the Florida State Board of Nursing.

APPLICATION REQUIREMENTS

THE FOLLOWING MUST BE COMPLETED AT THE STUDENT'S EXPENSE:

1. Attend an Information Session
2. Complete a Program Application Form and pay medical application fee \$40
3. Complete a Florida Residency form and provide 2 proof of Florida Residency (see yellow form)
4. Apply online to our school at www.manateetech.edu/apply.html
5. Then register and pay for the Test of Adult Basic Education (TABE) test.

Minimum TABE scores are required by the Florida Department of Education in order to receive a program completion certificate.

<u>Minimum scores required:</u>	<u>PCT</u>
Reading	10.0 grade level
Math	10.0 grade level
Language	10.0 grade level

The test is offered at all campuses several days a week. You must pre-register for the exam at the front desk.. The cost is \$25. Be sure to register on the campus where you intend to take the test. The test is waived for those with at least an A.A.S. or A.A. college degree or higher from a U.S. institution. If the test was taken previously and it is the Level A9/10, it is acceptable for two years. If the test was taken at another institution, you must get copies of the test results and include it in your application packet. If scores on the TABE are below the required levels, students are allowed to re-test within guidelines. Remediation courses are also held at MTI (all campuses); students can re-test once they complete remediation. Discuss testing options with the program counselor. Please note:

We must receive an original transcript if you hold an AAS degree or higher to be exempt from taking the TABE. Submit highest degree.

6. Proof of High School transcript or GED transcript
7. Background check
\$58 paid directly to the agency providing the live scan finger print.

If your background information prohibits you from employment at any of the facilities we use for clinicals, you may be unable to complete the program due to lack of clinical experience.

8. Physical Examination & Proof of Immunizations

- A. **Physical Exam** must be done within 1 year of the course start date.
Acceptable proof of immunity includes documentation of immunizations from physician records, school records or a titer lab report. If documentation is not available, immunizations must be repeated.
- B. **MMR** (Measles-Mumps-Rubella)
2 doses are required
A positive blood titer for all three components including lab reports
NOTE: a doctor's statement "had disease" is not adequate.
- C. **Tetanus/Diphtheria/Pertussis (Tdap)** within last 10 years.
- D. **Tuberculosis** - Tine test is not accepted.
1. We require two negative PPD test results within one -three weeks of one another.
 Or
2. **QuantiFeron** test is acceptable
 Or
3. **Chest X-Rays**
- E. **Varicella** (chickenpox)
1. 2 doses required (2nd dose at least one month following the first dose)
2. OR a positive blood titer including lab report
3. **NOTE:** A doctor's statement "had disease" is not acceptable.
- F. **Hepatitis B** vaccine series (HIGHLY RECOMMENDED)
1. Series is 3 doses
2. Positive titer acceptable with lab report.
3. Students may sign a declination form.

9. **Flu Shot** during current flu season

10. **Stamped self-addressed #10 envelope**

MTC cannot offer student loans



PLEASE PROVIDE COPIES

- ___ Apply at the College at
 - > <http://www.manateetech.edu/apply.html>
 - > Click new application
 (You may have already done this to take TABE)
- ___ TABE Scores
- ___ AS degree or higher for TABE exemption
- ___ Program Application Form ___ fee receipt \$40
- ___ Residency form & 2 proofs (copies)
- ___ High School or GED Transcript
- ___ Physical Exam
- ___ Immunizations:
 - ___ MMR ___ Tdap ___ PPD ___ Pox ___ Hep B
- ___ Background check receipt \$58
- ___ VECHS Waiver Form
- ___ Stamped self-addressed envelope

_____ **Academic Year**

Please check the class that you would like to attend

August _____

January _____

**Adult Patient Care Technician
APPLICATION**

Please Print Clearly

Name _____ Date Submitted _____

Other name(s) under which records may be listed: _____

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____ (Used as a communication tool, MUST provide.)

Date of Birth _____ Social Security Number _____

Name of high school last attended: _____ Graduation Date _____

Person to contact in case of an emergency:

Name _____ Relationship to you _____

Home Phone _____ Cell Phone _____ Work Phone _____

Final T.A.B.E. Scores: Reading _____ Math _____ Language _____ Form Taken _____

Date T.A.B.E. taken _____ Where taken _____

Completely fill in the lines below to answer, "Why do you wish to become a Health Care Professional?"

List any arrests or convictions (other than minor traffic violations). Being completely truthful is to your advantage.

How did you hear about this program? _____

Signed Statement:

I understand that final admission is at the discretion of the selection committee. Likewise, I affirm that the information provided within my application is the truth to the best of my knowledge and that any misrepresentation will be cause for immediate dismissal. I have read and understand the admission and retention policies for this class and the State of Florida laws.

Date

Signature of Applicant

Please attach an additional page, if more space is needed

When applying please bring copies of your documents

Florida Residency Classification

In order to receive in-state tuition rates, all adult applicants to MTC must prove that they have established and maintained Florida residency for at least 12 complete months prior to their first day of school. Please complete this form and attach copies of two Florida documents (approved list on back). Non-resident students will be required to pay out-of-state tuition rates.

Dependent or Independent Student? Please check the appropriate classification

_____ I am an independent person and have maintained legal residence in Florida for at least 12 months.

A student who meets any of the of following criteria shall be classified as an independent student for the determination of residency for tuition purposes:

1. The student is 24 years of age or older by the first day of classes of the term for which residency status is sought at a Florida institution;
2. The student is married;
3. The student has children who receive more than half of their support from the student;
4. The student has other dependents who live with and receive more than half of their support from the student;
5. The student is a veteran of the United States Armed Forces or is currently serving on active duty in the United States Armed Forces for purposes other than training;
6. Both of the student's parents are deceased or the student is or was (until age 18) a ward/dependent of the court;
7. The student is working on a master's or doctoral degree during the term for which residency status is sought; or
8. The student is classified as an independent by the financial aid office at the institution.

Applicants under age 24 can claim independence with proof of acceptable income and based on strict guidelines from Florida Statutes. See FACTS.org: http://files.facts.usf.edu/pdfDocuments/manuals/Residency_Guidelines_041509.pdf#3.0-DeterminationDependent

_____ I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.

_____ I am a dependent person who has resided for five years with an adult relative other than my parent or legal guardian, and my relative has maintained legal residence in Florida for at least 12 months. (Required: A copy of most recent tax return on which you were claimed as a dependent or other proof of dependency).

_____ I am married to a person who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. (Required: A copy of marriage certificate, claimant's voter registration, driver's license and vehicle registration).

Residence in Florida must be as a bonafide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. To qualify as a Florida resident, you must be a U.S. Citizen or an eligible non-citizen. Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents.

Person claiming Florida Residency must complete this section and sign.

Name of student _____

Person claiming FL residency _____ Relationship to student _____

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes, and to Rule 6C-7.005 F.A.C.

Signature of person claiming Florida Residency _____ Date _____

Attach photocopies of two documents from the person claiming Florida residency. A list of acceptable documents is on the back.

In-State Tuition for MTC Students

State statutes require that all adult students who attend MTC pay for tuition rates based on whether or not the student, or parent/guardian for a dependent student, has resided in Florida for the past 12 months.

What is Proof of Residency?

Two documents are required. At least one (1) must be from First Tier; the second document may also be from First Tier or may be from Second Tier.

First Tier

- Florida Driver license or State of Florida identification card
- Florida voter registration card
- Florida vehicle registration
- Proof of purchase of a permanent home in Florida that is occupied as a primary residence of the claimant
- Transcripts from a Florida high school for multiple years if Florida high school diploma or GED was earned within last 12 months
- Proof of permanent full-time employment in Florida (one of more jobs for at least 30 hours per week for a 12-month period)

Second Tier

- A Florida professional or occupational license
- Florida incorporation
- Documents evidencing family ties in Florida
- Proof of membership in Florida-based charitable or professional organizations
- Utility bills and proof of 12 consecutive months of payments
- Lease agreement and proof of 12 consecutive months of payments
- State of court documents evidencing legal ties to Florida
- Benefit histories from Florida agencies or public assistance programs
- Declaration of domicile in Florida (12 months from the date the document was sworn and subscribed as noted by the Clerk of Circuit Court)

When applying please bring copies of your documents.

Manatee Technical College
PCT Admission and Retention Policies

Admission to the nursing programs at Manatee Technical College requires basic skills and aptitudes necessary for potential success in the chosen field. In addition to the application requirements, applicants must also meet the following conditions for admission.

I. Health Risks

To ensure that the applicant's career choice will not pose a detriment to his/her physical or mental well-being or be a safety risk factor for the student and/or the patient, each applicant's health questionnaire and physical exam will be thoroughly evaluated.

A. A medical release will be necessary for certain medications and physical conditions. These conditions that require a release include, but are not limited to, the following:

1. Back problems
2. Pregnancy
3. Seizure activity
4. Cardiac problems
5. Hypertension
6. Uncontrolled endocrine problems
7. Neuromuscular disorders

B. Students with medical problems must assume all personal liability for their health.

II. Chemical Impairment

Applicants who have undergone therapy for chemical abuse (including alcohol and drug abuse) will be denied admission or continuation in the program until one full year of stability is documented.

A. Any applicant who has been treated or received counseling for drug addiction or abuse, or excessive alcohol use must:

1. Submit documentation of treatment from the treating agency or physician.
2. Submit a letter of recommendation from the agency or physician granting approval for admission to the program based on the program requirements.
3. Agree to pre-admission and subsequent drug/alcohol screening (at the student's expense), which must be negative in order to enter or continue in the program. Refusal of screening will result in denial of admission or withdrawal from the program, as applicable.

B. Students who show evidence of chemical impairment, or who are admitted to a facility for alcohol or drug treatment while a student in the program, will be withdrawn. Re-admission into the program will follow guidelines set forth under chemical impairment.

III. Mental or Emotional Illness/Instability

Applicants who have been institutionalized or received treatment for emotional or mental illness/instability will be denied admission or continuation in the program until at least one year of stability is documented by a physician or therapist.

A. Any applicant who has ever been treated for mental or emotional illness/instability must:

1. Submit documentation of treatment from the treating agency, physician, or therapist.
2. Submit a letter of recommendation from the treating agency, physician, or therapist granting approval for program admission. Documentation must include the applicant's ability to handle stress, level of neuromuscular function, and appropriateness of affect. If the applicant is on medication, documentation must state that the medication will not inhibit the performance of nursing skills.
3. Agree to follow-up visits with documentation during the course of training, as required.

- B. Students who are admitted to a facility for treatment of emotional or mental illness/instability or who show evidence of unstable behavior while in the program will be withdrawn. Re-admission will be considered based on documentation of stability from physician or therapist.

IV. **Arrests**

As of October 1, 1995 applicants who have ever been convicted for sexual misconduct will not be eligible for state licensure as an LPN or RN. Also, applicants who have been convicted of a felony who have not had their civil rights fully restored will not be eligible for licensure in the State of Florida until their rights are restored.

- A. On your Nursing application you will be asked if you have ever been arrested and/or convicted of a crime, (except for minor traffic violations not related to the use of drugs or alcohol). If you have, you must answer yes, and submit a self-explanation as to why you answered yes to this question. Include any final disposition records for all offenses. If the situation requires extensive explanation, attach a separate sheet of paper to the application form.

For further clarification, go to the Florida Board of Nursing website:

www.floridasnursing.gov/licensing, then to: Conviction Record Guidelines for applicants for Licensure

- B. Applicants who have been arrested and convicted of, or who have pled nolo contendere for any misdemeanor or felony (other than those listed above) during one year prior to application will be denied admission for at least one year. Documentation of satisfactory work performance and references will be required prior to admission. Length of employment and acquaintance with references of no less than six months will be required to document successful performance.
- C. Any applicant who has ever been arrested for anything other than a minor traffic offense, regardless of adjudication, must:
 - 1. Submit a copy of Record of Arrest
 - 2. Submit a copy of court dispositionIf no record of the arrests or court disposition is on file, the applicant must submit a letter from the courthouse stating this. These applicants will be considered on an individual basis.
- D. Students who are arrested and convicted of or who plead nolo contendere for a felony or a drug or substance abuse incident while enrolled in a program at MTC will be withdrawn. Readmission will be considered following the established arrest guidelines.

V. **Falsification of Information**

The admission policies of the nursing programs are based upon disclosure of information by program applicants. The failure of an applicant to reveal information or the falsification of information related to chemical impairment, mental instability, arrests, or health risks will be cause for denial of admission to or immediate withdrawal from the nursing programs.

Applicants may appeal this process through the prescribed grievance procedure. See copy of Florida Statutes for further details.

Criminal Background Concerns

On your PCT application you will be asked if you have ever been arrested and/or convicted of a crime, (except for minor traffic violations not related to the use of drugs or alcohol). If you have, you must answer yes, and submit a self-explanation as to why you answered yes to this question. Include any final disposition records for all offenses. If the situation requires extensive explanation, attach a separate sheet of paper to the application form.

For further clarification, go to the Florida Board of Nursing website:

www.floridasnursing.gov/licensing, then to: Conviction Record Guidelines for applicants for Licensure

If you have future questions, please call Joan Barrese, Health Education Coordinator at 941-752-8100 extension 2168.

Manatee Technical College requires all nursing student to be cleared with a level two FBI live-scan fingerprinting background check prior to enrollment. "At Your Service" is the company we use to complete this process. The cost is up to \$58 payable to them. You may pay with cash, check, money order, deferrals, and credit or debit cards. (Discover card not accepted)

Call 941-780-6161 to request an appointment and location. Your results will be electronically sent to our nursing department. MTC will contact you if your results prohibit you from participation in clinicals, licensure and or future employment in the field. You must have your background screening completed before being accepted this this program.

Bring Photo ID to your appointment

Appointment Date & Time: _____

This section completed and signed by
 applicant before examination and reviewed with physician

PRE-ENTRANCE PHYSICAL EXAMINATION

Name _____ Phone _____

Address _____
 Street No. or P.O. Box _____ City _____ State _____ Zip Code _____

Medical History: Do you now have or have you ever had any of the following:

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Asthma			Epilepsy			Tuberculosis		
Alcoholism			Fainting Spells			Varicose veins		
Arthritis			Heart condition			High Blood Pressure		
Back Trouble			Hepatitis			Severe Headaches		
Drug dependency/ Addiction			Hypertension			Emotional/Psychiatric Disturbance		
Diabetes			Kidney disease					

If you answered "Yes" to any of the above, please give details

List any allergies _____

Have you had any serious injuries or operations? _____

List with approximate dates _____

List any medications taken regularly: _____

In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program Yes _____ No. If Yes, please explain _____

In the last 5 years, have you been treated for or had a recurrence of a diagnosed mental disorder or impairment? Yes _____ No _____ If yes, please explain _____

In the last 5 years have you been treated for or had a recurrence of a diagnosed physical impairment? Yes _____ No _____ If yes, please explain _____

In the last 5 years, have you been treated for or had a recurrence of a diagnosed addictive disorder? Yes _____ No _____ If yes, Please explain _____

Applicant Signature _____ **Date** _____

Applicant Name: _____

Hgt _____ Wgt _____ Blood Pressure _____

Temp. _____ Pulse _____ Resp. _____

Visual Acuity: Right with / without corrective lenses _____ / _____
 Left with / without corrective lenses _____ / _____

Are there any abnormalities of the following systems? Describe fully on separate sheet and attach

System	No...	Yes...	Comments.....
1. Respiratory			
2. Cardiovascular			
3. Gastrointestinal			
4. Hernia			
5. Eyes/Ears			
6. Genitourinary			
7. Musculoskeletal			
8. Metabolic/Endocrine			
9. Neuropsychiatric			
10. Skin			

Name of examiner: _____ Phone Number: _____

Address: _____ City: _____ State: ___ Zip: _____

Signature of examiner: _____ Date of exam: _____

Physician or Nurse Practitioner

Rev 11/11-TLJ

Immunizations:	Date	Results	Signature of Doctor or Nurse
Measles/Mumps/Rubella			
1 st MMR			
2 nd MMR			
Or Positive Titer (for all 3) with lab report			
TDap - Tetanus/Diphtheria/Pertussus (within last 10 yrs)			
Tuberculosis (for health care providers)			
PPD Skin Tests #1			
PPD Skin Tests #2			
QuantiFeron Test			
OR statement of negative chest x-ray and statement of "no current symptoms" (within 2 years)			
Varicella (Chicken pox)			
1 st			
2 nd			
OR positive titer with Lab report			
Hepatitis B (strongly recommended)			
Current Flu Shot (in Flu Season)			

NOTE:

- The Hepatitis B vaccine is highly recommended for the profession for which you are training. Clinical/field internships may expose you to carriers of the Hepatitis B strain.

PROOF OF IMMUNITY:

- Documentation of immunization will consist of a written dated statement by a physician on this form or on his/her stationary that specifies the date seen and states that the person has had the specific vaccines listed above. All immunizations are required regardless of age. Laboratory (serology) evidence of measles, mumps, rubella and chicken pox immunity would be acceptable **Lab report required**



VECHS WAIVER AGREEMENT AND STATEMENT
Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (enter Name of Qualified Entity) VECHS - Manatee Technical College to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or Individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I ___ have OR ___ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___ do OR ___ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: VECHS - Manatee Technical College

Address: 5520 Lakewood Ranch Blvd., Bradenton, FL 34211

Telephone: 941.752.8100 Fax: 941.727.6246

FDLE Assigned Qualified Entity Number: V41010001

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY