



Application Packets are due
no later than November 26, 2018
at 4:30 p.m. to the Lively Tech Health
Education Center (Bldg 15)



Lively Tech

**Patient Care Technician
Program**

Application Packet



Mission Statement

Lively Technical Center's Mission is to provide career-oriented education to the community.

Our Vision

- We aim to be the first choice for community career and technical education.
- Through education, we will contribute to the betterment of our society.
- Students will be able to enhance their lives through our educational offerings.
- We will support diverse learning styles.
- Industry driven instruction will be the standard for our programs.
- We will support student, community, and institutional goals.

Approved:

Faculty and Staff: August 6, 2018

Public Hearing: September 18, 2018

School Advisory Council: September 18, 2018

The Accrediting Commission of the Council on Occupational Education, 7840 Roswell Road, Building 300, Suite 325, Atlanta, Georgia 30350; 770.396.3898.

AdvancED Florida (SACSCASI) University of West Florida, 11000 University Parkway, Pensacola, FL 32514 800.865.9068

Lively is approved for training by the following State Approved Agencies: The Florida Department of Veterans Affairs, The Florida Board of Cosmetology, The Florida State Board of Nursing, The Federal Aviation Administration, The Florida Real Estate Commission, The Florida Department of Insurance, The Florida of Business and Professional Regulation, The American Heart Association, The Florida Department of Transportation, The Department of Highway Safety and Motor Vehicles, The Florida Rider Training Program, The Motorcycle Safety Foundation, The HVAC Excellence for Heating & Air, ASE Certified, NATEF and The Lively Technical Center Medical Assisting Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), on recommendation of the Curriculum Review Board of the American Association of Medical Assistants' Endowment (AAMAE). Commission on Accreditation of Allied Health Education Programs, 1361 Park Street, Clearwater, Florida 33756, 727.210.2350

**Any academic requirement, course or program offering, business policy, fee, and/or information contained in this publication are subject to change or revocation without notice.





500 North Appleyard Drive
Tallahassee, Florida 32304

LEON COUNTY SCHOOLS SUPERINTENDENT
Rocky Hanna

LEON COUNTY SCHOOL BOARD MEMBERS

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No person shall on the basis of sex (including transgender, gender nonconforming and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability or genetic information be denied employment, receipt of services, access to or participation in school activities or programs if qualified to receive such services, or otherwise be discriminated against or placed in a hostile environment in any educational program or activity including those receiving federal financial assistance, except as provided by law. No person shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth group listed in Title 36 of the United States Code as a patriotic society.

Lack of English language skills will not be a barrier to admission and participation. The district may assess each student’s ability to benefit from specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.



Patient Care Technician Program Application Packet

PROGRAM DESCRIPTION:

The Patient Care Technician (PCT) program is designed to prepare students for employment as advanced cross trained certified nursing assistants and home health aides. This program offers a broad foundation of knowledge and skills, expanding the traditional role of the nursing assistant, for acute and long term care settings along with home health; EKG performance and readings; phlebotomy; and rehabilitation assisting.

PROGRAM BEGINS	Classes begin on January 8, 2019
PROGRAM LENGTH	600 Hours
PROGRAM HOURS	Day Program Monday – Thursday: 8:00 am – 3:00 pm, Friday: 8:00 am – 12:00 pm Evening Program Monday–Thursday: 6:00 pm-10:00 pm (includes summer)
PROGRAM LOCATION	Lively Technical Center Health Education Department, Building 15 500 North Appleyard Drive Tallahassee, FL 32304 (850) 487-7449 (Clinical locations vary)

GENERAL REQUIREMENTS

Applicants seeking admission to the Patient Care Technician (PCT) Program must:

- Be at least 18 years of age at projected time of program completion.
- Have a high school diploma or equivalent.
- Pass random drug screenings throughout the program. Students with positive drug screen results will be withdrawn from the program.

To apply for acceptance into the PCT Program students must:

1. Complete the **Lively Student Online Application**. (This application is required for all Lively students)
This application can be completed at: <https://lively.focusschoolsoftware.com/focus/apply>
2. Complete the **PCT Application Packet (see below)**

The PCT Application Packet must include:

- Health Education Student Information Sheet. The Student Information Sheet is included as an interactive PDF. A printed copy must be submitted with the application packet.
- Three current reference letters:
 - Two professional references (recent employers, former teachers, counselors, etc.)
 - One personal reference (may not be family member)
- TABE Test Official Results or exemption (see below for more information)
- Student Health Assessment Form signed by a healthcare provider. This can be uploaded via the Lively Student Online Application or submitted with the application packet.
- Receipt of payment for a Level 2 criminal background check to Leon County Schools. This must be completed prior to submitting the application, at the student's expense*. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.

****No refunds will be issued.***

TESTING INFORMATION – REQUIRED TESTS & SCORE INFORMATION

State Board Rule 6A-10.040, FAC states the following: "Students who are enrolled in a postsecondary vocational certificate program shall complete a basic skills examination." LTC uses the Tests of Adult Basic Education (TABE) to meet this state requirement for programs over 450 clock hours. Student may be exempt from TABE Testing please see below, or speak to an advisor in Student Services to see if you meet the criteria for an exemption.

TEST OF ADULT BASIC EDUCATION (TABE), LEVEL A

TABE exit requirements for the PCT Program are 10.0 in Reading, Language and Total Math. TABE scores are valid for two (2) years. If you do not meet your exit scores, you will need to enroll in AAEE at a cost of \$30 per semester. The AAEE instructor evaluates your test scores and an individualized learning plan is designed for you based on your TABE results. Students work individually, at their own pace, and seek the assistance of an instructor when needed.

You may be exempt from the TABE testing if you:

- Possess a college degree at the associate in applied science level or higher.
- Demonstrate readiness for public postsecondary education pursuant to F.S. 1008.30 (See acceptable exemptions list in Student Services)
- Earned a **standard Florida public high school diploma** (Student entered 9th grade in the 2003-2004 school year or any year thereafter) or earned a GED in 2014 or any year thereafter.
- Student serves as an active duty member of any branch of the United States Armed Services
- Passed a state or national industry certification or licensure examination identified in State Board of Education rules and aligned to the career education program, which they enroll.
- Proof of exemption status is required. Please see an advisor for further details in Student Services.

For more information, please contact The Testing Center: 850-487-7467

Regular Hours of Operation: Monday-Friday, 8:00am-4:00pm

HEALTH REQUIREMENTS

Applicants are required to complete a Student Health Assessment Record by a Healthcare Provider (not more than 6 months old). If, after acceptance, a student's health status changes, further documentation may be required stating the student is physically able to continue the program. As stated on the Student Health Assessment Form, applicants are required to provide proof of the following current immunizations:

- Tetanus, within the past 10 years (TD or TDAP)
- MMR x2 (given on or after the applicant's first birthday). Official documentation of immunity is also acceptable.
- Hepatitis B series. Official documentation of immunity is also acceptable.
- Varivax x2
- PPD/Tuberculin skin test within past 12 months. *PPD/Tuberculin skin testing is valid for one (1) year from date of administration. Students will be required to maintain current PPD/Tuberculin skin testing throughout the duration of the program. Students who test positive for tuberculosis must show proof of a negative chest x-ray taken within the past year to satisfy this requirement.*

ORIENTATION

After being accepted into the LTC Patient Care Technician Program, applicants will be notified about attending a mandatory orientation. The date(s) and time(s) of this meeting will be given to all accepted students within their acceptance letter. For further information, please contact the Health Education Department at 850-487-7449.

CRIMINAL BACKGROUND CHECK

All applicants must undergo a Level 2 criminal background check through Leon County Schools. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background. Background check forms will be distributed after applicants have met the required scores on the TEAS Test.

DRUG SCREENING

Drug screening is not required prior to admission into the program. However, all students must submit to and *pass* two random drug screenings after entering the Practical Nursing Program and prior to having access to the clinical health care facilities utilized in the Program. This is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirement demanded of all acute care facilities in Florida. Students who do not pass a random drug screening will be withdrawn from the program.

DISABILITY SUPPORT SERVICES

If you have question regarding adult students with disabilities and accommodations, please contact LTC Student Services in Building 9 or at 850-487-7473.

FINANCIAL AID

Financial Aid is available for this program based on eligibility. Qualifying students may be awarded a Federal Pell Grant based on their current FAFSA submission provided through the Federal Student Aid, U.S Department of Education. Lively does not provide loans. Third party loans and other personal financial arrangements are a personal decision of the student and not handled at Lively Technical Center. Additionally, Lively accepts other funding options (Florida Prepaid, CareerSource, VA, etc.). The Financial Aid Office is located in Building 8, phone number 850-487-7431 or 850-487-7421 and/or via email at LTCFinAid@leonschools.net. Please direct all financial aid questions directly to their office.

ACCEPTANCE INTO PROGRAM / REGISTRATION

Meeting the criteria for selection does not guarantee admission to the Patient Care Technician Program. Final selection will be based on the qualified applicant pool and space available.

Applicants who have met the requirements for placement will be placed into a ranking system and scheduled for an interview with the Health Education Faculty. Applicants will be chosen based on the number of available slots. Accepted students will then need to complete the LTC registration process through Student Services. Once approved applicants have completed their LTC registration process and the LTC PCT program has reached its capacity, the program selection and registration will be closed. If any additional slots become available, prospective students will be contacted by the LTC Health Education Department. Students will be notified and given the opportunity to be placed on a waiting list or explore other program options.

Applicants who are selected will be notified within thirty (30) days of interview process. If an applicant is selected and does not complete the registration process, the applicant must reapply.

Late and/or incomplete packets will not be considered

The Florida Board of Nursing is responsible for protecting the public. In carrying out this responsibility, the Board of Nursing reserves the right to deny licensure to anyone who has been convicted of a crime other than minor traffic violations. Pursuant to Section 456.0635, Florida Statutes, the Florida Board of Nursing shall refuse to issue a license, certification or registration and shall refuse to admit a candidate for examination if the applicant has been:

- Convicted or plead guilty or nolo contendere (no Contest) to a felony violation regardless of adjudication of chapters 409, 817 or 893, Florida Statutes; or 21 U.S.C. ss. 801- 970 or 42 U.S.S. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
- Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
- Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

Upon notification of admission, you are required to complete the following prior to the start of the program course:

- Physical health exam and a record of immunizations from a licensed physician or nurse practitioner (form to be provided upon notification of admission).
- Florida Department of Law Enforcement fingerprinting to be scheduled before classes begin.
- Drug screen, information provided upon notification of admission.



Lively Health Education Student Information Sheet

PERSONAL INFORMATION

Date _____

Date of Birth _____ Place of Birth _____

Last Name _____ First Name _____ MI ____

Address _____ City/State _____ Zip _____

Home # () _____ Work # () _____ Cell # () _____

Email Address _____

Emergency Contact _____ Phone# () _____

EDUCATION

High School _____ City/State _____

Highest grade completed _____ Year _____ Circle one: High School Diploma GED

Previous Nursing School _____ City/State _____

College _____ Degree awarded _____ City/State _____

Military _____

Education as Certified Nursing Assistant, Patient Care Assistant, Certified Nursing Assistant or Medical Assistant

Name of School _____

Certification Awarded Yes No Date the Certificate was awarded _____

Proof required at time of Application

EMPLOYMENT RECORD

Present _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

The information on this application is true and factual.

Signature: _____ Date: _____



Lively Health Education Student Health Assessment Record

THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER. Any falsification of this record will result in immediate dismissal from the program (if accepted).

NAME (please print): _____
Last First MI

DATE OF BIRTH: ____/____/____ Male ____ Female ____

1. **MMR** (Need proof of two MMR vaccines or one mumps, two measles, and one rubella. Any person born before 1/1/57 will need proof of rubella immunization or positive titer.)
 Date of MMR #1: _____ Date of MMR #2: _____
OR
 Antibody titers:
 Mumps titer date: _____ Results: Immunity/Not immune
 Rubeola titer date: _____ Results: Immunity/Not immune
 Rubella titer date: _____ Results: Immunity/Not immune
 If not immune, will require MMR x2.

2. **Tetanus** (Td or Tdap with the last ten years): Date: _____

3. **Hepatitis B series:**

 Hepatitis B #1 date Hepatitis B #2 date Hepatitis B #3 date
OR
 Antibody titer date: _____ Results: Immunity/Not immune

4. **Varicella:** History of having Chicken Pox is not accepted.
 Date of 1st dose: _____ Date of 2nd dose: _____
OR
 Varicella titer date: _____ Results: _____ (Lab value)

5. **PPD** (TB Skin Test): Date taken: _____
 Results: Positive Negative

Chest x-ray, if positive PPD: Date: _____ Results: _____

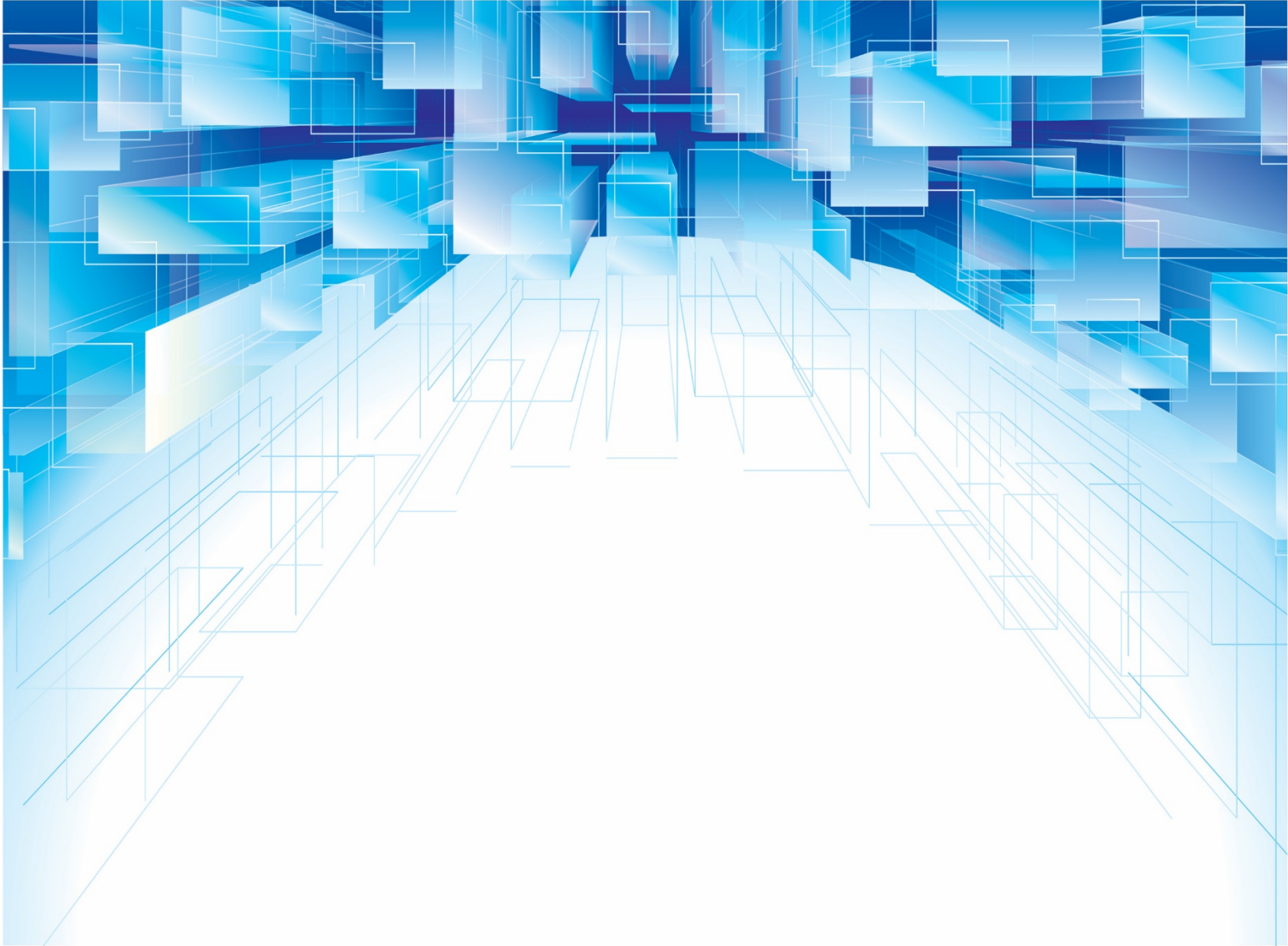
Verified by:

Name of Physician's Office/Health Center

Physician's Signature

Address of Office

Date



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