

## Health Careers Program Application Checklist

Please check the program for which you are applying:

- |  |   |
|--|---|
| <input type="checkbox"/> Dental Assisting* | <input type="checkbox"/> Medical Assisting* |
| <input type="checkbox"/> Home Health Aide  | <input type="checkbox"/> Practical Nursing* |

**All applicants must be 18 years of age upon completion of their program.**

**\*A high school diploma or a GED is required to enter this program.**

**If you meet the above requirements, please continue with this Health Career Application Checklist**

- Complete the Health Career Application** on pages 9 – 10 then print and pay \$10 Fee at Registration.
- Apply for **Federal Student Aid** Go to [www.fafsa.ed.gov](http://www.fafsa.ed.gov) FCTC School Code is 012544  
For more information click [Financial Aid](#)
- Complete your [Florida Residency Affidavit](#)
- Provide official sealed [Transcripts](#)
- Take the [Test of Adult Basic Education \(TABE Test\)](#) or apply for **Basic Skills Exemption**
- CPR Requirements** for your program are included in this packet on page 4
- Background Check** requirements for your program are included in this packet on page 5
- Schedule and take [Test for Essential Academic Skills \(TEAS\)](#) for *Practical Nursing Program Only*
- Go to your program on [FCTC.edu](http://FCTC.edu) and click on **Create My FCTC Account** to start your pre-registration.

Prospective Student,

FCTC is accepting applications for the Health Programs. Classes will meet in St. Johns County at the main campus, clinicals will meet in multiple counties including but not limited to St. Johns, Putnam, and Clay. All students are required to attend training at all locations.

It is the student's responsibility to arrange for transportation.

### Course Length

<b>Practical Nursing- Day</b>	<b>Total: 1350 Hours / 45 Weeks / 13 Months</b>
<b>Practical Nursing- Night</b>	<b>Total: 1350 Hours / 62 Weeks / 17 Months</b>
<b>Dental Assisting</b>	<b>Total: 1230 Hours / 42 Weeks / 10.5 Months</b>
<b>Medical Assistant</b>	<b>Total: 1300 Hours / 44 Weeks / 11 Months</b>
<b>Home Health Aide</b>	<b>Total: 165 Hours / 5.5 Weeks / 1.375 Months</b>

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 and/or certification 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).

For more information, please contact Florida Department of Health, Division of Medical Quality Assurance via web site at <http://www.doh.state.fl.us/mqa> or by contacting the Call Center at 850-488-0595

## Program Fees

### Prior to Program Start

Application Fee	\$10.00
TABE Assessment Fee	\$25.00
Background Check Practical Nursing ONLY <a href="http://www.mystudentcheck.com">www.mystudentcheck.com</a>	\$50.00
Background Check <a href="https://web.fdle.state.fl.us/search/app/default">https://web.fdle.state.fl.us/search/app/default</a>	\$24.00
TEAS Test for Practical Nursing Program ONLY	\$75.00
<b>BLS Health Care Provider</b>	\$45.00 plus the book

### After Program Start

Physical Exam and Immunizations	\$350.00
Drug Test	\$60.00
Immunization Tracking	\$35.00

\*All Fees are non-refundable, non-transferable and subject to change

## Program Requirements

<b>Age</b>	All students must be 18 years of age upon completion of the program	
<b>Education</b>	Practical Nursing	<i>High School Diploma, GED or Higher Degree</i>
	Dental Assisting	<i>High School Diploma, GED or Higher Degree</i>
	Medical Assistant	<i>High School Diploma, GED or Higher Degree</i>
	Home Health Aide	<i>High School Diploma not required</i>

## TABE Assessment

Contact Registration to pay your \$25 test fee which includes TABE assessment or exemption. Then contact [Test Center](#) to schedule at [fctctesting@stjohns.k12.fl.us](mailto:fctctesting@stjohns.k12.fl.us) or (904) 547-3390.

TABE Requirements are new as of July 1, 2018.

For additional information regarding the TABE, visit [Test Center](#).

## Required TABE Scores

<b>Program</b>	<b>Reading</b>	<b>Math</b>	<b>Language</b>
<i>Practical Nursing</i>	<i>617</i>	<i>657</i>	<i>631</i>
<i>Dental Assisting</i>	<i>597</i>	<i>627</i>	<i>608</i>
<i>Medical Assisting</i>	<i>597</i>	<i>627</i>	<i>608</i>
<i>Home Health Aide</i>	<i>no requirements</i>		

## CPR Requirements

Students are required to obtain the following required CPR certification required by each program.

<b>Practical Nursing</b>	BLS Health Care Provider
<b>Dental Assisting</b>	BLS Health Care Provider
<b>Medical Assistant</b>	BLS Health Care Provider
<b>Home Health Aide</b>	BLS Health Care Provider

***It is the responsibility of students to maintain current certifications throughout the program.***

## Background Check

<b>Practical Nursing</b>	<a href="#">PreCheck</a> Background Check: Go to <b>Section 1</b>
<b>Dental Assisting</b>	FDLE Background Check: Go to <b>Section 2</b> of Background Check
<b>Medical Assistant</b>	FDLE Background Check: Go to <b>Section 2</b> of Background Check
<b>Home Health Aide</b>	FDLE Background Check: Go to <b>Section 2</b> of Background Check

### Section 1 PRACTICAL NURSING Obtaining Your Background Check

Background checks are required for incoming students to insure the safety of the patients treated by students in the clinical education program. You will be required to order your background check in sufficient time for it to be reviewed by the Career Specialist or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete.

The background checks are conducted by PreCheck Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

- Go to [www.mystudentcheck.com](http://www.mystudentcheck.com)
- select your School and Program from the drop-down menus for School and Program. It is important to select your school and program as: **First Coast Technical College - Practical Nursing**

Complete all required fields as prompted and hit *Continue* to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. Fees are **\$49.50**. For your records, you will be provided a receipt and confirmation page of the background check performed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

### Frequently Asked Questions

- Does PreCheck need every street address where I have lived over the past 7 years?
  - No, just the city and state.
- I selected the wrong school, program, or need to correct some other information entered, what do I do?
  - Please email [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com), with the details.
- How long does the background check take to complete?
  - Most reports are completed within 3-5 business days.
- Do I get a copy of the background report?
  - Yes. Log into [www.mystudentcheck.com](http://www.mystudentcheck.com) and click on "Check Status", enter your SSN and DOB. If your report is complete, you may click on the application number to download and print. This feature is

good for 90 days after submittal. After 90 days, you will be charged \$14.95 for a copy of your report and will need to contact PreCheck directly to request this.

- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call?
  - Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.

If you need further assistance, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com).

## **SECTION 2 Dental Assisting, Medical Assisting and Home Health Aide Obtaining Your Background Check**

Background checks and drug screening are required for incoming students to insure the safety of the patients treated by students in the clinical/extern/practicum education program. Your results must be submitted in sufficient time to allow for items to be reviewed by the Career Specialist. A background check typically takes 3-5 normal business days to complete. Background checks are conducted by the Florida Department of Law Enforcement and the FDLE does not release Social Security Number information.

There will be a charge of **\$24.00** on your credit card for each name search performed, regardless of search results. This Internet service will provide you with a list of possible matches similar to the subject of the inquiry.

***Falsifying or altering any of the returned information with intent to misrepresent the contents is prohibited by law and may be punishable as a felony when done with intent to injure or defraud any person.***

### **FDLE Student Background Check Ordering Steps:**

1. For the student background check go to <https://web.fdle.state.fl.us/search/app/default>
2. Under the search tab, complete all required fields as prompted and hit submit to enter your payment information. The application will first ask for information about you and the credit card that you will use to pay for the services. The purpose for this information is to validate the credit card payment and to allow FDLE to fulfill its requirements for criminal history dissemination.
3. After submitting your customer information, you will continue to the entry of search criteria. The accuracy of the information you provide is critical to the search results since records searched are based on your submission information.
4. After submitting the search criteria, you will confirm the information and accept the \$24 fee for the search. You will be presented a receipt which you can e-mail and/or print for your convenience. *We strongly encourage you keep the receipt for your records in case you experience problems with the Internet service.*
5. Search results are returned directly to your browser screen. Search results will not be sent by regular mail. Review the possible matches individually, by evaluating all the demographic information that is available. You should begin by looking at the complete name, sex, race, date of birth, SSN and any other identifiers

that may be present, such as alias name, additional dates of birth or SSN, height, weight, eye, and hair color. Do not assume that the possible match will always be the first or second candidate.

6. The Search Results Page displays the possible matches to the search criteria that you have entered. The result of the search could indicate that no record was found on the subject, that a single subject matched the search criteria, or that there were multiple possible matches.
  - a. If there was no record found, there is no criminal history on file for the subject based on the info provided. No additional charges apply beyond the \$24 fee.
  - b. If a single match occurred, the subject's criminal history will be returned. No additional charges apply beyond the \$24 fee.
  - c. If more than one record matched the search criteria, you will be presented with a choice of up to five candidates that matched. You will then select the record(s) you would like to receive. The criminal record for one selected candidate is included in the \$24 fee. Should you elect to receive records on more than one candidate, you will be charged an additional \$24 for each candidate you select.
7. When you get to the Select Candidates page, you may select the record(s) you would like to receive by clicking the "Display History" button next to the subject. Only subjects that are selected will be displayed once you click the "Display History" button.
8. **Your search results are returned instantly. Have your results emailed to yourself then forward the results to [fctchealth@stjohns.k12.fl.us](mailto:fctchealth@stjohns.k12.fl.us)**

### **TEAS Test – Practical Nursing Program ONLY**

Schedule and take the ATI TEAS Test. An adjusted total individual score of 55% or higher is required and must be taken within 2 years of the program start date. Contact Registration to pay your \$75 test fee and then contact the [Test Center](#) to schedule.

### **Drug Testing**

Students must pass a mandatory drug screening or immediate dismissal from the program will occur. Drug screenings are completed after starting the program. Please see instructor for submission date.

### **Physical Examination and Immunizations**

Submission date for Physical and Immunizations will be given after the program begins.

FCTC USE ONLY:

FOCUS ID \_\_\_\_\_

DATE \_\_\_\_\_

Initials \_\_\_\_\_

Medical Information Documentation
PPD or CXR Negative Test Results (Tuberculin test) - Completed after program begins
Hepatitis B Vaccination, Declination or Titers of immunity
Influenza Vaccination current season
Measles documentation of two immunizations
Mumps documentation of two immunizations
Rubella documentation of two immunizations
Varicella immunization or physicians statement - documentation of two immunizations
Tdap (one-time administration) or Tetanus – within ten years
Current Physical Exam - Completed after program begins

## **Health Career Application Selection Criteria for Practical Nursing Program ONLY**

Program seating is limited to 26 per class. The first 26 applicants who meet all admission requirements will be accepted. Student acceptance will be based upon the date all admission requirements are met. Once 26 seats are filled any/all others meeting admission requirements will be placed on an alternate list by the date admission requirements were met and will be chosen in that order.

### **Notification of Acceptance into the Program**

Once accepted you will be notified to attend the Practical Nursing Program Orientation. Students will be offered a seat in the next available program class; students choice may not always be available.

### **Attendance at Orientation**

Mandatory attendance is required for the Practical Nursing Orientation. Non-attendance will make you ineligible for any seats in future classes and reapplication will be required. If you are unable to attend orientation, your application will be re-evaluated with the next pool of applicants. After your second opportunity, your application will be deactivated, and you will have to reapply.

### **Auxiliary Aid**

FCTC provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please contact your Student Advisor in Building A or [fctcstudentservices@stjohns.k12.fl.us](mailto:fctcstudentservices@stjohns.k12.fl.us)

**All fees are non-refundable, non-transferable and subject to change.**

The application fee is \$10.00





Have you ever been convicted of a crime, found guilty or entered a plea of no-contest to a crime other than a traffic violation?       Yes     No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**The following information is not used in the eligibility process.**

Applicant's Gender     Female     Male

Race       White, Not Hispanic     Black, Not Hispanic     Asian/Pacific Islander     Hispanic  
 American Indian/Alaskan Native     Multi-Racial     Other \_\_\_\_\_

Are you a United States citizen?     Yes     No

Is English your second language?     Yes     No

I have been provided the consumer information notice at <http://fctc.edu/consumer/gainful-employment/> and campus security report on the FCTC website at <http://fctc.edu/about/safety/>. FCTC will also provide a paper copy of the campus security report upon student request. FCTC Student Handbook is located <http://fctc.edu/students/handbook/>.

I verify that all information contained in this application is true and correct. I authorize First Coast Technical College to contact former employers and educational institutions listed in this application, and further authorize these employers and educational institutions to release information to officials of First Coast Technical College concerning my performance and progress while under their employ or enrolled in their program(s).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date