

Health Sciences Application Packet

Dear Prospective Student,

First Coast Technical College is now accepting applications for the Health Sciences programs. All classes meet at the Main Campus in St. Augustine with clinicals taking place in multiple counties including, but not limited to, St. Johns, Putnam and Clay.

Students are required to attend training at all locations, and it is the student's responsibility to arrange for transportation. As you begin your student journey, please refer to the Application Checklist.

Course	Total Hours / Weeks
Practical Nursing	1350 Hours / 49 Weeks*
Dental Assisting	1230 Hours / 40 Weeks*

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.**

***CASAS or TABE scores must be on file unless you meet the basic skills exemption requirement.**

**If you meet the above requirements,
please continue with the Application Checklist.**

Application Checklist

- Request your final official sealed high school or GED transcripts. If you have an Associate degree or higher, this can be sent in lieu of high school or GED transcripts. Go to <https://fctc.edu/transcripts/> to learn how to submit your **final official sealed Transcripts**.
- Apply for **Federal Student Aid**. Go to <http://studentaid.gov> FCTC's school code is **012544**. For more information, visit <http://fctc.edu/financial-aid/>.
- Go to your program on FCTC.edu and click **Create My FCTC Account** to start your pre-registration if you have not already.
- Upon receipt of your official transcripts, you will receive email notification regarding your **assessment requirements**.
- Schedule and take **Test for Essential Academic Skills (TEAS) for Practical Nursing Program** only.
- Background Check requirements** for your program are included in this packet. Please follow the instructions for your specific program. Background checks expire within one year.
- If you have a current, valid CPR/BLS card, please include a copy in your application packet. **Online Courses not acceptable**.
- Submit your Application, Florida Residency form plus copies of two qualifying documents and any additional required documents for the program. Drop off documents to the Receptionist in Building A on our Main Campus or email Admissions@FCTC.edu to request instructions on how to upload documents.
- All steps must be completed before registering for classes**. Registration steps are detailed in this packet.

**It is the responsibility of the student to ensure
all paperwork has been submitted to Admissions.**

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>. We suggest you review the statutes below to make sure you will be able to obtain certification before deciding to apply: [Florida Statute 0456.0635](#) [Florida Statute 0464.018](#)

Program Fees

Go to your program at FCTC.edu and click on **Program Costs** for a complete cost breakdown.

Program Requirements

All applicants must be 18 years of age upon completion of their program and have earned a high school diploma or GED. A Social Security number is required to obtain licensure and some certifications.

Auxiliary Aid and Accommodations

FCTC provides auxiliary aids and services for persons with disabilities. If you need assistance during your study, please visit Student Advising in Building A at the FCTC Main Campus or email StudentAdvising@FCTC.edu.

FCTC does not make inquiries of a student concerning a disability or accommodations. Students with a disability, IEP or 504, etc. that are requesting special accommodations must meet with a student advisor and identify themselves prior to assessments and the beginning of classes. Self-Advocacy is highly suggested. Please refer to the Student Handbook.

Assessments Score Requirements

Once your official transcripts (high school, GED or college) are reviewed, you will receive an email letting you know if you will need to take an assessment to determine your reading and math abilities or if you are basic skills exempt. *Students who submit college transcripts where no degree was earned will need to submit final official high school or GED transcripts.*

To take the assessment, you can pay in person or call (904) 547-3383 or (904) 547-3381 to pay over the phone. To schedule your assessment appointment, refer to the test calendar at <https://fctc.edu/assessment/> then contact the Test Center by emailing Testing@FCTC.edu or calling (904) 547-3390. Test fees are non-refundable.

Program	CASAS Score		TABE Score		
	Reading	Math	Reading	Math	Language
Practical Nursing	249	245	617	657	631
Dental Assisting	244	241	597	627	608

TEAS Test – Practical Nursing Program ONLY

To schedule and take the ATI Test for Essential Academic Skills (TEAS), you can pay Registration in person or call (904)547-3383 or 3381 to pay over the phone. To schedule your TEAS, review the calendar at <https://fctc.edu/assessment/> then email the Test Center at Testing@fctc.edu or call (904) 547-3390.

For those who are interested in assistance to prepare or retake the test, [Academic Coaching](https://fctc.edu/programs/coaching/) <https://fctc.edu/programs/coaching/> is offered through Adult Education by emailing AdultEd@FCTC.edu or calling (904) 547-3434.

An adjusted total individual score of 55% or higher is required and must be taken within 2 years of the program start date.

Students who have taken the TEAS at a testing facility that is not FCTC must submit a request for ATI to send your official scores to FCTC. This request can be completed online by logging into your ATI account at www.atitesting.com; fees will apply. Students are encouraged to email Health@FCTC.edu to let us know you are sending scores so we have your information on file.

Background Check Requirements (separate fees apply)

Background checks are required for incoming students to ensure 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.

Practical Nursing	Level 2 Background Check:	Go to Section 1
Dental Assisting	FDLE Background Check:	Go to Section 2

SECTION 1: PRACTICAL NURSING APPLICANTS ONLY

Obtaining Your Level 2 Background Check

Go to <https://www.stjohns.k12.fl.us/hr/fingerprinting/> and choose **Schedule & Pay for Fingerprinting**.

How to Schedule a Fingerprinting Appointment

When it is time for a college student to be fingerprinted, please read the instructions below.

- Log onto the <https://fieldprintflorida.com/individuals> website to **Schedule Appointment**.
- Sign up and create a new account with a secure username/password. Keep a record for future login.
- Proceed to **Reason**. Enter the following Fieldprint code below. If you do not enter this code correctly, you will have to pay and repeat this process. *Please note, the Fieldprint Code is case sensitive:*

FPStJohnsCollegeIntern

- Continue and complete all **Data Collection** and required fields as requested. The information on the scheduling site is required by FDLE/FBI to process the criminal search.
 - **Personal Information**
 - **Demographics**
 - To complete **School** section, see screenshot below.

Data Collection	School
<input checked="" type="checkbox"/> Personal Information <input checked="" type="checkbox"/> Demographics <input type="checkbox"/> School	Please enter information below about your current or prospective employer, or the agency or organization that requires you to be fingerprinted. * — Required Fields
Authorization	School Name* <input type="text" value="FCTC Nursing Student"/>
<input type="checkbox"/> Biometric Disclosure <input type="checkbox"/> FBI Noncriminal Justice Applicant's Privacy Rights <input type="checkbox"/> FBI Privacy Statement and Privacy Notice	Address Line 1* <input type="text" value="2980 Collins Avenue"/>
	Address Line 2 (Suite/Apt/etc.) <input type="text"/>
	City* <input type="text" value="St. Augustine"/>
	State* <input type="text" value="Select one"/>
	Zip Code* <input type="text" value="32084"/>
	Phone <input type="text" value="904-547-3282"/>

- Complete **Authorization**.
- **Schedule Appointment** by selecting a local collection facility, date and time and make **Payment**.
- You will receive an immediate **Confirmation**.

If you have any questions, please contact Vicky Eidsmoe in Human Resources at (904) 547-7611 or at Vicky.eidsmoe@stjohns.k12.fl.us. You can also contact the Fieldprint Customer Service Team at (800) 799-1067 or at CustomerService@fieldprint.com.

SECTION 2: DENTAL ASSISTING APPLICANTS ONLY

Obtaining Your FDLE Background Check

There will be a charge on your credit card for each name search performed, regardless of search results. This service will provide you with a list of possible name matches for the inquiry.

Falsifying or altering any 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, continue to the entry of search criteria. Records searched are based on your submission information, so accuracy is critical.
4. After submitting the search criteria, you will confirm the information and accept the fee for the search. You will be presented a receipt that 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 information provided. No additional charges apply beyond the original fee.
 - b. If a single match occurred, the subject's criminal history will be returned. No additional charges apply beyond the original 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 fee. Should you elect to receive records on more than one candidate, you will be charged an additional fee 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" next to the subject.
8. Search results are returned instantly. **Request results to be emailed to you** and include them in your application packet.

Securing Your Seat

FCTC's primary method of communication is via email. Please be sure to check your emails including spam/junk.

Class seating is limited to the first applicants who meet all admission requirements. Some programs have application deadlines; see the website program page for those dates. Programs may fill before the application deadline, so please apply early. Please allow 10 days for your application to be processed.

When Admissions determines your application packet is complete, you will be contacted to **pay the application fee**. After you pay the application fee, you will receive an **email** detailing your payment options and registration instructions.

You must register which means paying your tuition and fees to secure your seat in the program.

Seats are limited, please register in a timely manner. If no seats are available when your application is complete, Admissions will communicate the next start date. Student's choice may not always be available. Once seats are filled, students with completed applications will be placed on a **waiting list** based on the date admission requirements were met and will be processed in that order.

AFTER STUDENTS ARE ENROLLED IN HEALTH SCIENCES PROGRAMS:

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.

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 or two immunizations
Mumps documentation or two immunizations
Rubella documentation of two immunizations
Varicella immunization or physician statement – documentation of two immunizations
Tdap (one-time administration) or Tetanus – within ten years
Current Physical Exam – Completed after program begins
*COVID-19 vaccination

**Some clinical sites may require documentation to fulfill their vaccination and/or immunization requirements which may impact clinical hours required in the program. This requirement is imposed by the health care providers.*

APPLICATION

Desired program: _____

Desired start date: _____

Last Name	First Name	Middle	Maiden	Nickname
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Street Address	Apt/Unit Number
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City	State	Zip	County
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Mailing Address (if different than street address)

Street Address	Apt/Unit Number
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City	State	Zip	County
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Cell Phone _____ Alternate Phone _____

Email _____

Date of Birth _____ City and State of Birth _____

Social Security number for FCTC to furnish annual 1098T _____

Emergency Contact Information

Name _____	Name _____
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Relationship _____	Relationship _____
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Contact Number (cell) _____	Contact Number (cell) _____
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Education History

High School: check highest grade completed. 9th 10th 11th 12th

Check the item you received. High school diploma GED Neither

Have you participated in high school dual or secondary enrollment or had prior career and technical education (CTE) training? Yes No

If yes, please explain _____

Dates of Attendance _____ School _____

Reason for leaving the program _____

College: check all that apply

Some Classes 1yr. 2yr. 3yr. 4yr.

If you received a college degree, please check all that apply.

Technical Certificate/License Associate Bachelor Master's Doctorate

List courses taken relevant to desired program.

If you have previous experience that you feel is relevant to your desired program, please explain.

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 _____

If you have checked yes for the previous question, would you like to connect with FCTC staff to discuss obstacles that may impede your career or licensure in this field? Yes No

FCTC is required by the Florida Department of Education to obtain the following information for reporting purposes. The information is not used in the eligibility process.

Gender: Female Male

Single Ethnicity: Please select ONE.

<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Other

Ethnicity: Hispanic or Latino Yes No

Race: Please select ALL that apply.

<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	

Is English your primary language? Yes No

If no, what is your primary language?

Are you a United States citizen? Yes No

Military Status: Please select ALL that apply.

<input type="checkbox"/> No Military History	<input type="checkbox"/> Active Member Reserves
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Eligible Dependent (spouse/child)
<input type="checkbox"/> Active Member National Guard	<input type="checkbox"/> Veteran

I understand that submitting this application does not guarantee admittance into a program and that all application fees are non-refundable.

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

The FCTC Student Handbook is located at <http://fctc.edu/students/handbook/>. I have read the FCTC Student Handbook, and I agree to accept responsibility and will comply with all policies outlined in the student handbook.

I verify that all information contained in this application is true and correct. I authorize FCTC to contact former employers and educational institutions listed in this application for the release of information to officials of FCTC concerning my performance and progress while under their employment or enrolled in their program(s).

Applicant Print Name _____

Signature of Applicant _____ **Date** _____

Florida Residency Declaration for Tuition Purposes

THIS SECTION MUST BE COMPLETED IN FULL IF YOU ARE CLAIMING FLORIDA RESIDENCY FOR TUITION PURPOSES PURSUANT F.S. 1009.21
Students who have been established as exempt from paying tuition fees or use Florida Prepaid are exempt from the residency requirement.

I am a dependent student, as defined by s. 1009.21(1)(a), Florida Statutes, in that I am eligible to be claimed as a dependent under the federal income tax code by the claimant above. The claimant is my "parent" as defined by s. 1009.21(1)(f), Florida Statutes, (i.e., either or both parents of the student, any guardian of a student, or any person in a parental relationship to the student). My parent has maintained legal residence in Florida for at least the past 12 consecutive months. As defined by section 1009.21(1)(d), Florida Statutes, "legal resident" or "resident" means a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to s. 222.17." A copy of your parent's tax return may be requested to establish dependence.

I am an independent student who has maintained legal residence in Florida for at least the past 12 consecutive months. I provide more than 50% of my own support. An independent student generally includes a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, a ward of the court, or someone with legal dependents other than a spouse, pursuant to the United States Department of Education for the purposes of federal financial aid eligibility. There may be limited cases where a person under the age of 24 may qualify as an independent student. Such students will be required to verify independence (including financial independence.) A copy your tax return may be requested to establish independence.

Name of Student _____ Last 4 of SS# _____ DOB _____

Claimant Name _____ Relationship to Student _____
(Claimant is the person who is claiming Florida residency, e.g., the student, parent, spouse, or legal guardian)

Permanent Legal Address of Claimant _____

Date Claimant Began Establishing Residency in Florida _____

Claimant must provide two qualifying forms of documentation proving **at least 12 consecutive months residency** prior to enrollment.

Please select TWO qualifying forms of documentation. AT LEAST ONE MUST BE FROM TIER 1. Include copies of both documents.	
TIER 1: MUST have at least one from this tier <input type="checkbox"/> Florida driver's license or State of Florida ID card <input type="checkbox"/> Florida voter registration <input type="checkbox"/> Florida vehicle registration <input type="checkbox"/> Proof of permanent home in Florida occupied as primary residence by student of parent/legal guardian (if student is dependent) <input type="checkbox"/> Proof of homestead exemption in Florida <input type="checkbox"/> Transcripts from a Florida high school for multiple years, if the Florida high school diploma or GED was earned within the last 12 months <input type="checkbox"/> Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period <input type="checkbox"/> Proof of active duty residing or stationed in Florida	TIER 2: <input type="checkbox"/> Declaration of domicile in Florida <input type="checkbox"/> Document evidencing family ties in Florida <input type="checkbox"/> Florida professional or occupational license <input type="checkbox"/> Florida incorporation <input type="checkbox"/> Proof of membership in a Florida-based charitable or professional organization <input type="checkbox"/> Any documentation that supports student's request for resident status (Ex: utility bills with 12 consecutive months of payment or lease agreement with proof of 12 consecutive months of payment)

Claimant's Driver's License ST _____ Number _____ Issue Date ___ / ___ / ___

Claimant's Voter Registration ST _____ County _____ Number _____ Original Issue Date ___ / ___ / ___

Claimant's Vehicle Registration ST _____ Number _____ Original Issue Date ___ / ___ / ___

Non-U.S. Citizen Only Resident Alien Number _____ Issue Date ___ / ___ / ___

Check if you have any of the following and provide a copy. DD214 Tuition waiver Florida Prepaid

I do hereby swear and 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 F.S. 837.06.

Signature of Claimant _____ Date _____

Florida Residency Definitions and Exemptions

A Florida “resident for tuition purposes” is an independent or dependent person whose parent or legal guardian has, established, and maintained legal residence in Florida for at least 12 months. Residency in Florida must be for the purpose of establishing a permanent legal residence and not to just attend school at an institution of higher education. To qualify as Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien, or legal alien granted indefinite stay by the Bureau of Citizenship and Immigration Services. Other persons not meeting the 12-month legal residence requirement may be classified as Florida residents for tuition purposes only, if they fall within one of the limited special categories authorized by the Florida Legislature and Florida Board of Education for exemption. All other persons are ineligible for classification as a “Florida Resident for Tuition Purposes.”

Documents supporting the establishment of legal residence in Florida must be dated, issued, or filed 12 months prior to the first day of classes of the term for which an in-state classification is sought.

Who may be eligible to establish Florida residency for tuition purposes?

- U.S. citizens, permanent resident aliens, certain Visa categories, and certain active-duty members of the Armed Services of the United States, their spouses, and their dependent children.
- Honorable discharged veteran of the U.S. Armed forces, the U.S. Reserve Forces or the National Guard who physically resides in Florida FS 1009.26 (13). Please submit copy of DD214.

Who is not eligible to establish Florida residency for tuition purposes?

- Students dependent on out-of-state parents (claimed on the parent(s) Federal Income Tax form).
- Students who moved to the State of Florida for the sole purpose of attending an institution of higher education.
- Students who claim independence but cannot document independence.
- Certain Visa categories.

Who is exempt from establishing Florida residency for tuition purposes?

- Students exempt from paying fees (DCF, homeless waivers) are exempt from providing proof of residency. F.S. 1009.25(2)(c)(d) and(f), F.S.
- Students paying with Florida Prepaid College Program. Each qualified beneficiary shall be classified as resident for tuition purposes, regardless of his or her actual legal residence. F.S. 1009.98(a)1.

If you do not qualify for Florida residency, please sign below.

NON-FLORIDA RESIDENT ONLY

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida residency reclassification.

Printed Student Name _____ State of Residence _____
 Student Signature _____ Date _____