

Health Careers Program

Dear Prospective Student,

First Coast Technical College is accepting applications for the Health Careers Programs. All classes meet at the Main Campus in St. Augustine with clinicals meeting in multiple counties including but not limited to St. Johns, Putnam, and Clay. All 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 below.

Please check the program for which you are applying:

Dental Assisting*

Home Health Aide

Medical Assisting*

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.

* 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 this Application Checklist

- Request your 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. Click here to learn how to submit your official sealed [Transcripts](https://fctc.edu/transcripts/). <https://fctc.edu/transcripts/>
- Apply for **Federal Student Aid**. Go to www.fafsa.ed.gov. FCTC's school code is **012544**. For more information, click [Financial Aid](https://fctc.edu/financial-aid/). <https://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 which will determine your **assessment requirements**. See page 3 for more information.
- 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 on pages 4-5.
- Complete pages 8-9 of this Application** which includes [Florida Residency Affidavit](#), print and pay at Registration.

**All steps must be completed before submitting your application
and registering for classes.**

Course Length

Practical Nursing- Accelerated Day	Total: 1350 Hours / 49 Weeks
Practical Nursing- Night	Total: 1350 Hours / 66 Weeks
Practical Nursing- Standard Day	Total: 1350 Hours / 56 Weeks
Dental Assisting	Total: 1230 Hours / 40 Weeks
Medical Assisting	Total: 1300 Hours / 44 Weeks
Home Health Aide	Total: 165 Hours / 5.5 Weeks

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

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

Assessment 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.

To take the assessment, you can pay in person or call (904) 547-3383 or (904) 547-3381 to make an over the phone payment. Then, to schedule your appointment, contact the [Test Center](#) by emailing fctctesting@stjohns.k12.fl.us or calling (904) 547-3390.

For those who are interested in assistance to prepare for assessments, [Academic Coaching](#) <https://fctc.edu/programs/coaching/> is offered through Adult Education by emailing adult-ed@stjohns.k12.fl.us or calling (904) 547-3434.

Program	CASAS		TABE Scores		
	Reading	Math	Reading	Math	Language
Practical Nursing	249	245	617	657	631
Dental Assisting	244	241	597	627	608
Medical Assisting	244	241	597	627	608
Home Health Aide	no requirements		no requirements		

Background Check

Practical Nursing	PreCheck Background Check: Go to Section 1
Dental Assisting	FDLE Background Check: Go to Section 2 of Background Check
Medical Assistant	FDLE Background Check: Go to Section 2 of Background Check
Home Health Aide	FDLE Background Check: Go to Section 2 of Background Check

Section 1 PRACTICAL NURSING

Obtaining Your Background Check

Background checks are required for incoming students to ensure 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 Student Check.

- Go to 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. 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 7years?

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, 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 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 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.

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 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 and the FDLE does not release Social Security Number information.

There will be a charge 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 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 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 additionally 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 fcthealth@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 test fee and then contact the [Test Center](#) to schedule.

For those who are interested in assistance to prepare or retake the test, [Academic Coaching](#) <https://fctc.edu/programs/coaching/> is offered through Adult Education by emailing adult-ed@stjohns.k12.fl.us or calling (904) 547-3434.

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 of two immunizations
Mumps documentation of 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

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 via email ONLY. Students will be offered a seat in the next available program class; students' choice may not always be available.

Auxiliary Aid

FCTC provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please visit Student Advising in Building A or fctc-studentadvising@stjohns.k12.fl.us.



If you think you have previous experience that you feel is relatable to this program, please explain below.

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 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 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.

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 FCTC student 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).

Print Applicant Name

Signature of Applicant

Date



Florida Residency Affidavit 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.

Name of Student _____ Last 4 of SS# _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Email _____ 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 ____/____/____

Students must provide **TWO** qualifying forms of documentation proving at least 12 consecutive months residency prior to enrollment. Please select **TWO** qualifying forms of documentation from Tier 1 or **ONE** from Tier 1 & **ONE** from Tier 2.

Please indicate which required Florida residency supporting documents you are providing:

TIER 1: MUST have at least one from this tier

- Florida driver license or State of Florida ID card
- Florida voter registration
- Florida vehicle registration
- Proof of permanent home in Florida which occupied as primary residence by student of parent/legal guardian (if student is dependent)
- Proof of homestead exemption in Florida
- Transcripts from a Florida high school for multiple years, if the Florida high school diploma or GED was earned within the last 12 months
- Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period
- Proof of active duty residing or stationed in Florida

TIER 2:

- Declaration of domicile in Florida
- Document evidencing family ties in Florida
- Florida professional or occupational license
- Florida incorporation
- Proof of membership in a Florida-based charitable or professional organization
- Any other documentation that supports the student's request for resident status (Examples: utilities bills for 12 months, lease agreement for 12 months)

Claimant's Driver License

State _____ Number _____ Issue Date ____/____/____

Claimant's Voter Registration

State _____ County _____ Number _____ Original Issue Date ____/____/____

Claimant's Vehicle Registration

State _____ Number _____ Original Issue Date ____/____/____

Non-U.S. Citizen Only

Resident Alien Number _____ Issue Date ____/____/____

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 _____

OFFICE USE ONLY – please ensure copies of residency documents and independent proof if required are attached

Reviewed by: _____	Date: _____	Approved: YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

Florida Residency Definitions

A Florida “resident for tuition purposes” is an independent person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least twelve (12) months. Residency in Florida must be for the purpose of establishing a permanent legal residence and not merely 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 twelve (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, and certain Visa categories
- Independent persons (not claimed by anyone other than themselves for Federal Income Tax purposes), who have resided, and been employed in a permanent, full-time position, in Florida for the last 12 months or more.
 - o **Independent:** 24 years of age or older; married (must provide marriage certificate if student is under 24); has children who receive more than half of their support from the student; has other dependents who live with and receive more than half their support; is a veteran of the U.S. Armed Forces or is currently serving on active duty (provide DD214); both of the student’s parents are deceased (provide death certificates); student was (until age 18) a ward of the court.
 - o **Dependent:** All students who do not meet the definition of an independent student shall be classified as dependent.
- Either parent or legal guardian of a dependent child. Federal Income Tax documents will be required to prove dependency. The term “dependent child” means any person, whether or not living with his/her parent or legal guardian, who is eligible to be claimed by his/her parent or legal guardian as a dependent under the Federal Income Tax and who receives more than 50% of the true cost of living expenses from his/her parent or legal guardian.

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

- Students who are 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 who are 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.

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 in to be considered for Florida residency reclassification

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