

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 below.

Course Length

Practical Nursing	Total 1350 Hours / 49 Weeks*
Dental Assisting	Total 1230 Hours / 40 Weeks*
Medical Assisting	Total 1300 Hours / 44 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

The following are required for a complete application packet.

- Request your official sealed high school or GED final 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 **official sealed final Transcripts**.
- Apply for **Federal Student Aid**. Go to <http://studentaid.gov> FCTC's school code is **012544**. For more information, click Financial Aid. <http://fctc.edu/financial-aid/>
- Go to your program on [FCTC.edu](https://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. See page 7 of this packet for more information.
- Background Check requirements for your program are included in this packet on pages 4-6.
- Submit/upload your application and Florida Residency documents. Email Admissions@FCTC.edu to request instructions on how to upload or drop off at Building A on our main campus.
- All steps must be completed before registering for classes**. Once all required documents have been submitted to Admissions, they will be reviewed. Once approved, you will receive an email with instructions on how to pay your non-refundable application fee. To secure a spot in your program, you will need to register. Once you have paid the application fee, a second email will provide you with instructions on how to register.

Please review the Health Services Calendar at

[Health-Services-calendar-2022-23-10.21.22.pdf \(fctc.edu\)](#)

It is the responsibility of the student to assure 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

To obtain your licensure or some certifications, you will be required to possess a Social Security number.

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.

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 Testing@FCTC.edu or calling (904) 547-3390.

Program	CASAS Scores		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

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 at the Main FCTC Campus or email StudentAdvising@FCTC.edu

Background Check

Practical Nursing	A level 2 Background Check: Go to Section 1 Background Check
Dental Assisting	FDLE Background Check: Go to Section 2 of Background Check
Medical Assisting	FDLE Background Check: Go to Section 2 of Background Check

PRACTICAL NURSING APPLICANTS ONLY

Obtaining Your Level 2 Background Check

Begin by

- going to <https://www.stjohns.k12.fl.us/hr/fingerprinting/>
- choosing **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 an appointment.
- Create a secure username/password and enter the system.
- Under **Useful Links**, select **Schedule an Appointment**
- **Below under Reason for Fingerprinting**
- **Enter the appropriate code below.**

*Please note, the **Fieldprint Code** IS case sensitive:*

- *FCTC Nursing Students/College Internship/Practicum/Field Experience Fieldprint Code:*
FPStJohnsCollegeIntern
- Under *Fieldprint Code*, insert the chosen code
- Complete all required fields as requested
 - The information requested on the scheduling site is required by FDLE/FBI in order to process the criminal search.
 - See screenshot below for the school name and address

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"/>

- Select a local collection facility and schedule an appointment. Instructions, directions, maps, and photos will all be provided directly online.
- **Note:** Effective January 1, 2019, fingerprint fees are \$64.25 for SJCS Day Care workers (Ext Day), and \$56.75 for all others (Teachers, Sub Teachers, Adjuncts, Managerial, College Students). If the appointment is missed, there is a fee of \$15.00 to reschedule.

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, for questions or concerns can contact the Fieldprint Customer Service Team at (800) 799-1067 or at CustomerService@fieldprint.com.

DENTAL ASSISTING AND MEDICAL ASSISTING APPLICANTS ONLY

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 Health@FCTC.edu.**

TEAS Test – Practical Nursing Program ONLY

To schedule and take the ATI TEAS Test, you can pay Registration in person or call (904)547-3383 or 3381 to make an over the phone payment. Then, to schedule your TEAS Test, email the Test Center at Testing@fctc.edu or call (904) 547-3390. 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's, must submit a request for ATI to send your official scores to FCTC. This request can be completed online and 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. 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.

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.*

Acceptance into the Program

All communications will be sent in the form of email only.

Class seating is limited to the first applicants who meet all admission requirements. All programs have application deadlines. See the website program page for those dates.

Admissions office will determine when your application is complete and ready for **review**. When your application has been **approved**, you will receive an email letting you know that you are ready to **pay the application fee**.

To secure a spot in the program, you will then need to **register**. Information on how to register will come to you in your **acceptance email** after you have paid the application fee.

Seats are limited, please register in a timely manner. If no seats are available when your application is complete, Admissions will communicate with you of 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 chosen in that order.

FCTC USE ONLY: FOCUS ID _____ DATE _____ Initials _____
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HEALTH SCIENCE APPLICATION

Start Date _____

- Dental Assisting
 Medical Assisting
 Practical Nursing Day

Last Name	First Name	Full Middle	Maiden/Other Names
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Street Address	Apt/Unit Number
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City	County	State	Zip
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Mailing Address (if different than Street Address)	Apt/Unit Number
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City	County	State	Zip
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Cell Phone _____	Work Phone _____
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Email _____

Date of Birth _____	City and State of Birth _____
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Social Security Number _____

***This is required for FCTC to furnish annual 1098T.**

Emergency Contact Information

Emergency Contact 1 _____ Emergency Contact 2 _____
 Relationship _____ Relationship _____
 Contact Number _____ Contact Number _____
 Check Cell Home Work Check Cell Home Work
 One One

Education History

High School: Check highest grade completed 9th 10th 11th 12th
 Did you receive your diploma or GED? Yes No

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

If yes, type of program _____

Dates of Attendance _____ School _____

Reason for leaving the program _____

College: check all that apply

Some 1 yr. 2 yr. 3 yr. 4yr. Other
 classes

If you received a college diploma, please check all that apply

Technical Certificate/License Associates Bachelor Master's Doctorate Other

List courses taken since high school _____

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

Do you have a current, valid CPR/BLS card? __ Yes __ No *If yes, please provide a copy to Admissions, when you submit your application. **Online Courses not acceptable.**

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	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
Ethnicity	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Racial
	<input type="checkbox"/> Asian, Pacific Islander	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Other	
Are you a United States Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is English your second Language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what is your primary language? _____	

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).

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 years old 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 from Tier 1 or ONE from Tier 1 & ONE from Tier 2
and include a legible copy of both documents with your application.**

<p>TIER 1: MUST have at least one from this tier</p> <ul style="list-style-type: none"> <input type="checkbox"/> Florida driver license or State of Florida IDcard <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 <input type="checkbox"/> Proof of DD214 Honorable discharge 	<p>TIER 2:</p> <ul style="list-style-type: none"> <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 and 12 consecutive months of payment or lease agreement and proof of 12 consecutive months of payment)
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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 declaration 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

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, 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).

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 _____

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

Reviewed by: _____

Date: _____

Approved: Yes No