



PATIENT CARE TECHNICIAN STUDENT APPLICATION

OFFICE USE ONLY

App. Date _____
 App. Receipt # _____
 WorkKeys Passed (enter date) _____
 LI _____ Reading _____ Math _____
 High School Transcript Rec'd _____
 Interview with Coordinator _____

An official high school transcript or GED MUST accompany this application or it will not be accepted.

(\$95.00 application fee for full-time PCT \$50.00 application fee for part-time options)

Please indicate the program for which you are applying: Patient Care Tech Option A - Full Time Program ~
 Option B - Health Care Aide ~ Option C - Medical Adm. Asst. ~ Option D (Phlebotomy Tech.) ~ Option E (EKG Tech)

Name _____ S.S.# _____
First Last Maiden

Are any of your educational or employment records in another name/s? If so, identify:

Address _____ City _____

State _____ Zip Code _____ County _____

Telephone (_____) _____ (_____) _____
Home Work

Mobile Phone # (_____) _____ E-mail address _____

Follow-up Contact Person (Relative/Friend/Neighbor)

_____ (_____) _____
Name Telephone

U.S. Citizen ___ Yes ___ Eligible Non-Citizen Alien # _____
(Documentation needed)

***Have you attended Tri-Rivers Adult Ed before? Yes No

If yes, what program? _____ Year _____

Check all levels of education you have achieved:

___ No Diploma Highest grade completed _____

___ GED* Date successfully completed _____

___ High School Diploma School _____
 City, State _____ Graduation Date _____

___ Technical Certificate/
 Associate Degree School _____
 Major _____ Yr. Comp. _____

___ Bachelor's Degree School _____
 Major _____ Yr. Comp. _____

___ Other School _____
 Major _____ Yr. Comp. _____

List any certificates or licenses you hold:

<u>Certificates/licenses</u>	<u>Expiration Date</u>	<u>Certificates/licenses</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

List present or last employer first. Include volunteer work.

Dates From/To	Company	Address, City, State	Job Title	Supervisor's Name

Military Experience:

Indicate whether you have or have not been found guilty of, entered a plea of guilty to, or entered a plea of no contest to the following:

- | YES | NO | |
|-------|-------|---|
| _____ | _____ | Any misdemeanor resulting from or related to the use of drugs or alcohol. |
| _____ | _____ | Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance. |
| _____ | _____ | Obtaining or attempting to obtain money or anything of value by intentional misrepresentation or material deception. |
| _____ | _____ | Selling, giving away, or administering drugs for other than legal and legitimate therapeutic purposes. |
| _____ | _____ | A violation of any municipal, state, county or federal narcotics law. |
| _____ | _____ | Any felony or any crime involving gross immorality or moral turpitude. |
| _____ | _____ | An act committed in another jurisdiction (i.e.: state, foreign country, etc.) that would constitute a felony or a crime or moral turpitude in Ohio. |

A BCI/FBI background check will be completed once you are accepted into the class. If you have a felony on record, please contact the PCT coordinator.

Faculty Use of Records Consent Form: I consent to the release of the contents of my school records to any staff member of Tri-Rivers Career Center. To the best of my knowledge the information contained herein is true and complete. I understand that falsification of information on this application is grounds for dismissal from the program.

Signature

Date

NOTE: A \$95.00 *non-refundable* application and testing fee is required upon submitting the application form. The application will not be considered nor will an applicant be permitted to test, until the fee is paid in full and high school transcript or GED is received. (If you are applying for one of the part-time options the application fee is \$50.00.)