



PATIENT CARE
Technician

SOUTHWEST TEXAS JR. COLLEGE



**CLASSES BEGIN
AUGUST 15**



Requirements for Entrance:

1. Valid Texas DL/ID
2. Social Security Card
3. Criminal History Check Form
4. Health Status Physician approval Form with TB Test
5. Immunization Record

PROGRAM INFO

The Patient Care Technician Program of study introduces you to the knowledge and skills related to patient care. You will learn and practice care of patients, routine procedures such as monitoring vital signs, maintenance of medical records, implementation of care plans, drawing blood, running EKG's and much more. This Program brings excellent career placement variables and obtaining 4 different certifications makes you a valuable contender with numerous job possibilities.

CALL FOR INFO

830-591-7288

JFGONZALES@SWTJC.EDU

Patient Care Technician

Criminal History Check & Registry Verification

Authorization Form

I, _____, (Printed student name) give authorization for a check of my criminal history and required registries in the course for training in the Nurse Aide Program with Southwest Texas Junior College. I also acknowledge that a conviction of a crime or registry listing that prohibits a person from employment in a health care setting in the state of Texas applies to this Nurse Aide Program. I also acknowledge that I will be immediately withdrawn from the Nurse Aide Program if I have a conviction for an offense like those listed:

Homicide	Child Abandonment	Extortion
Kidnapping	Child Endangerment	Stolen Property
Indecency with a Child	Aiding Suicide	Sale or purchase of a child
Sexual Assault	Robbery	Arson
Aggravated Assault	Aggravated Robbery	Theft
Injury to a child, elderly or disabled individual	Embezzlement	Agreement to abduct from custody
	Burglary	

I further understand that I must provide the requested information below for purposes of acquiring a current Criminal History Check from the Texas Department of Public Safety and the Nurse Aide Registry.

Applicant Information required by the Texas Department of Public Safety (DPS)

Name: _____ Maiden Name: _____
(Last, First, Middle)

Alias' Used: _____

Date of birth: ____/____/____ Social Security No: ____-____-____
mm/dd/yyyy

Current Address: _____
Street City State Zip Code

Please Select Sex: Female Male

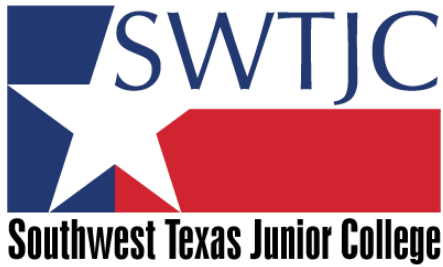
Please Select Race: Black White Other: _____

Student Signature

Date

Parent Signature

Date



Patient Care Technician

Health Status &

Physician Approval Form

Student Name: _____ Date of Birth: _____

Physician printed Name: _____ Clinic Name: _____

Physician Address: _____

****Form MUST be signed by a Physician, PA, NP****

Lab Test/ Examination	Date of Collection	Date of Reading	Result (Circle one)	
Tuberculin Test (PPD)			Negative <5mm	Positive >5mm*

***Candidates with positive TB result or history of positive TB are required to have a chest X-Ray preformed. Results reading of chest x-ray also required for submission.**

Vaccines	Date of Administration:	Note
Hepatitis B – 1 st dose **		**Immunization record MUST be submitted in full form as proof of all received vaccines. **Titer results must also be submitted should immunization record be un-obtainable.
Hepatitis B – 2 nd dose: To be administered 4 weeks after 1 st dose.		
Hepatitis B – 3 rd dose: To be administered 2 months after 2 nd dose.		

Activity to be performed:	Candidate required condition:
Stand/ Walk	Able to stand and walk clinical floor up to 8 hours per day.
Patient Transfers	Able to assist with transfers of patients weighing up to 200+ lbs.
Bend/Lift/Move	Able to bend, lift, and move items up to 30+ lbs.

Physician Statement:

_____, student of SWTJC, is determined physically and mentally capable of completing the Patient Care Technician program, including stability to complete Nurse Aide training portion of the program.

Physician Signature

Date