Dear Prospective Patient Care Technician Student:

This packet contains the following information for your review:

1. Admission Requirements/Check List
2. Welcome Letter from ALH Chairperson
3. Program Information/Frequently Asked Questions
4. Estimated Cost of the Program
5. Patient Care Technician Program Course Curriculum
6. Student Forms/Mental & Physical Qualifications
ADMISSION REQUIREMENTS / CHECK LIST

Step 1  _____  Apply to Sinclair Community College. Paper applications are available in the Admissions office, building 12, 3rd floor or via the web at http://www.sinclair.edu/enroll/apply-online/.

Step 2  _____  Apply to the Patient Care Technician program by contacting an academic advisor to have this added to your official record as a major program of study and create a schedule plan referred to as My Academic Plan (MAP). An academic advising consultation with a Health Sciences Academic Advisor can be completed at any SCC location (Englewood Learning Center, Huber Heights Learning Center, Courseview Campus or the Dayton campus). For students greater than 60 miles from Dayton, contact our remote Advisors at 937-512-2990, 1-888-226-2457 or by email at http://www.sinclair.edu/locations/online/. Office hours and more information are available by calling (937) 512-3700 or (800) 512-3700 or on the advising website at: http://www.sinclair.edu/services/basics/academic-advising/.

Step 3  _____  If you have transferable college credit, request your “official” transcripts from previous college(s) to be sent directly to: Sinclair Community College, Registration & Student Records, 444 West Third Street, Dayton OH 45402-1460.

Step 4  _____  If you do not have transferable college credit in English Composition and/or mathematics (math must be within the last 5 years), take Sinclair Community College’s Accuplacer Placement Test in reading, writing and mathematics. More information on this test can be found at http://www.sinclair.edu/enroll/new-student-center/testing/ or by calling 937-512-3000 or 800-315-3000.

Step 5  _____  Note: Courses must be completed with a “C” or better and students must maintain a minimum of 2.0 cumulative GPA in order to receive their certificate of completion.
Dear Prospective Patient Care Technician Student:

Thank you for your interest in Sinclair Community College and the Patient Care Technician Certificate program. This program offers the lecture and lab portion of the classes in the traditional in-class setting. The clinical portion is offered at an outside location. Students can begin the program any term, fall, spring or summer and generally it takes two semesters to complete. The Acute Care Nurse Aide (ALH1121) class and lab portion location will be held at the Centerville campus. The clinical portion of the course is offered at multiple locations.

This program is intended to prepare students with the basic skills necessary to provide personal care services and activities under the delegation and supervision of a registered or licensed practical nurse to patients within an acute care facility. Students will acquire skills to promote healing for patients as well as implement nursing care that decreases risks and follows safety procedures.

To become a Patient Care Technician (PCT) student, you must contact an academic advisor to request PCT be added to your official record as a major program of study. It is also recommended while meeting with this advisor that you obtain your individualized “MAP” (My Academic Plan) which is a course schedule outline to get you aligned with completing the coursework within the PCT curriculum.

If you have any additional questions regarding the admission requirements or the program, please contact the ALH office at (937) 512-3285 or (800) 315-3000.

Sincerely,

Jennifer L. Spegal, MT, M.Ed., CMA
Allied Health Chairperson
**Program Information/Frequently Asked Questions**

*What is a Patient Care Technician?*
A Patient Care Technician performs basic skills necessary to provide personal care services and activities under the delegation and supervision of a registered or licensed practical nurse to patients within an acute care facility. Patient Care Technicians will provide basic nursing care and the skills required to promote health and healing for patient, as well as implement nursing care that decreases risks and follows safety procedures.

*What are the Strengths of the Sinclair Program?*
The Health Sciences division at Sinclair offers the Patient Care Technician Certificate. The division faculty is knowledgeable in all aspects of patient care technology. Upon completion of the curriculum, students receive a short term certificate from Sinclair Community College.

Our program teaches the basic skills necessary to provide personal care services and activities under the delegation and supervision of a registered or licensed practical nurse to patients within an acute care facility. The program will provide basic nursing care and the skills required to promote health and healing for patients, as well as implement nursing care that decreases risks and follows safety procedures.

*What are the Employment Opportunities and Earnings Potential?*
Due to the increase in the aging population, demand for PCT technicians is increasing. Job opportunities can be located in a number of areas including hospitals, home health care agencies, long term care facilities, and rehab centers. Entry level positions start around $10.50-$13.00/hour.

*Is Certification Required?*
Currently there is not certification required for a Patient Care Technician. If working in a long-term care facility, a State Tested Nurse Aide (STNA) credential will be required. Upon completion of ALH 1120 – Nurse Aide Training, students are eligible to sit for the State Test for Patient Care Technician to become a State Tested Nurse Aide (STNA).

*Career Opportunities?*
Career opportunities can be found in the following settings: Hospitals; Home Health Aide; Long-term Care Facilities; Rehabilitation Centers.

Some information above is provided from the Bureau of Labor Statistics Occupation Outlook Handbook.
Additional Program Information
ALH1120 – Nurse Aide Training Student Uniform Policy:

Name Badge:
- Sinclair Community College Patient Care Technician students are identified by name badge which is included in the ALH 1120 Lab Supply Kit found in the Tartan Bookstore.
- Name badge must be affixed to the left front of the uniform.
- Name badge must identify the student as a Sinclair Patient Care Technician student.

Classroom/lab/clinical scrubs:
- Hunter green scrub top and bottoms as available in the college Tartan Bookstore.
- Scrub bottoms must be pulled up to natural waist line and hem of bottoms must be 2 “ from the floor.
- No visible shirts are to be worn under the scrubs.
- Should you choose to purchase scrubs outside of the bookstore, the scrubs must match exactly in color and design.
- No logos can be imprinted on any scrubs worn by students. Any larger or smaller size not available on the rack in the bookstore may be specially ordered for any student.
- Hunter green warm-up jackets may be special ordered from the Tartan Campus Bookstore. See the office personnel in the back office area of the bookstore if you wish to order.
- If a student needs to special order the scrubs and if the scrubs are not available for the first day of class, the student may wear modest street clothes to class according to the uniform code until scrubs arrive.

Shoes and Accessories:
- All white leather shoes are to be worn with the uniform (the only exception is the trademark of Nurse Mates).
- Canvas-type shoes, sneakers, sandals, clogs, and open-toed shoes are not acceptable.
- Shoes and laces must be clean at all times.
- White stockings or socks are to be worn by the women and white socks by the men.
- Low cut tennis socks are not acceptable.
- Socks are not permitted with dresses.

Sweaters/Outerwear:
- No sweaters are to be worn in the clinical setting.
- A hunter green warm-up jacket is permitted.

Jewelry:
Acceptable jewelry includes:
- Engagement ring or plain wedding band
- One pair of stud earrings may be worn on the lower portion of the earlobe
- Earrings must be small gold, silver, pearl or non-tinted glass colored studs for pierced ears only.
- No other visible piercing or jewelry is permitted.
- No band aids are permitted for use to cover body or facial piercing.
- Necklaces, bracelets or dangling earrings are not acceptable.
- A watch with a second hand must be worn.
Hair and nails:
- Neat, clean and off the collar
- Appropriately styled
- A color that occurs naturally
- Must not obscure the field of operation.
- Hair accessories should be small and inconspicuous.
- No scarves, hats, large ribbons, etc. may be worn with the uniform.
- Beards and mustaches must be clean, neatly trimmed and/or clean-shaven.
- Nails must be clean, short (no longer than the end of the fingers if palms are held toward face), and free of polish or acrylic nails.

Personal hygiene:
- No perfumes, colognes, or scented body powder while in uniform.
- Deodorant must be used.
- Good oral hygiene is a requirement.
- Mouth fresheners should be used before receiving a patient.
- Conscientious personal and oral hygiene is an expected habit.

Tattoos:
- All tattoos must be covered by clothing according to the uniform policy for class/lab/clinical.

PLEASE NOTE: The Patient Care Technician faculty reserves the right to determine suitability of the student’s appearance in attire or uniform in accordance with the program and facility requirements and standards.

Noncompliance with this policy may result in the student being dismissed from the classroom/lab/clinical setting and counted as absent.

Required Documents:

Prior to the 3rd class meeting (24th hour of class) of ALH1120 – Nurse Aide Training, the following documents must be submitted to your NATP classroom instructor:

(1) Student health certificate (physical exam) signed & stamped by a physician, licensed nurse practitioner, urgent care or clinic

(2) Two Step TB test: Mantoux, QuantiFERON or T-Spot TB Testing are all acceptable. The 2-step Mantoux (TB) testing process takes approximately 10 days to complete. If the 2-step (TB) tuberculin test (Mantoux) is positive, a chest x-ray must be completed. Please schedule accordingly. Should a student have a health issue interfering with the administration of TB testing, the student must present a signed /stamped doctor statement showing exemption from TB testing and exemption from a chest x-ray, prior to the 24th hour of class in order to enter clinical site (i.e. pregnancy). NO EXCEPTIONS.

(3) Your State and Federal Back Ground Check will be received in the NATP office (Rm. 14-313A) by this time. Once you apply for the background checks the NATP office will receive the results from the office of Ohio’s Attorney General any time between 7 and 30 days. Instructors are notified weekly of all background checks that are received in the NATP office. Please plan accordingly to meet this deadline.

(4) Proof of your personal health insurance coverage

Note --- Students are strongly encouraged to copy all health records, submit the copy to the instructor and retain the original forms. Records can only be reissued directly to the student and are not transferrable from instructor to instructor in order to preserve confidentiality of medical information. Copies of medical information are not always available, and the student may be required to obtain new forms for other classes.
**Clinical Participation:**
Students will not be permitted to participate in the clinical portion of the classes without a completed health certificate, two step Mantoux (QuantiFERON TB and T-Spot TB testing accepted), State and Federal Background Checks and proof of personal health insurance.

**Background Check Policy:**
The Ohio Department of Health restricts employment in long-term care facilities to anyone with a felony record or certain other offenses (Rule 3701-61-10 Ohio Department of Health). A list of the offenses is attached. If you have any concerns, please contact the Health Science Academic Advisors at 937-512-3700 or the Patient Care Technician office at 937-512-3285.

**Attendance:**
100% Attendance is mandatory for these health care training programs as required by the Ohio Department of Health and Ohio Board of Nursing. Students who miss ANY session of class, lab, or clinical will be required to make up assignments hour for hour in order to progress in the course. **Makeup sessions are NOT automatic or guaranteed based on space available and course content missed.** You must come to every scheduled class, lab, and clinical session!

**Personal Health Insurance Policy:**
Students enrolled in Sinclair health care programs are expected to have in effect personal health insurance prior to enrolling in any course which includes a clinical experience requirement. This requirement for having health insurance is in place because most clinical sites that accept Sinclair students require it. If a student does not have health insurance, he/she may not be admitted into a clinical course, and therefore, not be able to complete the program. Sinclair provides accident insurance for students injured in clinical settings. However, the insurance carrier decides what treatment is eligible for reimbursement, and any treatment denied for reimbursement is the responsibility of the student, not Sinclair or the clinical site.

Information about obtaining health insurance can be found at: [http://www.hhs.gov/healthcare/rights/index.html](http://www.hhs.gov/healthcare/rights/index.html) or [http://medicaid.ohio.gov/FOROHIOANS/GetCoverage.aspx](http://medicaid.ohio.gov/FOROHIOANS/GetCoverage.aspx)

If you have any questions, please contact your program’s department directly.
<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For Montgomery County, Ohio residents:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition</td>
<td>$847.21*</td>
<td>7 credit hours x $121.03/per credit hour*</td>
</tr>
<tr>
<td>Books &amp; Supply Pack</td>
<td>125.61</td>
<td></td>
</tr>
<tr>
<td>Uniform</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>Physical/Immunizations/Student Insurance</td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td>Background Check</td>
<td>65.00</td>
<td></td>
</tr>
<tr>
<td>Travel (Required for practicum/clinical rotation)</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,487.82</strong></td>
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<tr>
<td><strong>For Other Ohio residents:</strong></td>
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</tr>
<tr>
<td>Tuition</td>
<td>$1142.96*</td>
<td>7 credit hours x $163.28/per credit hour*</td>
</tr>
<tr>
<td>Books &amp; Supply Pack</td>
<td>125.61</td>
<td></td>
</tr>
<tr>
<td>Uniform</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>Physical/Immunizations/Student Insurance</td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td>Background Check</td>
<td>65.00</td>
<td></td>
</tr>
<tr>
<td>Travel (Required for practicum/clinical rotation)</td>
<td>150.00</td>
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</tr>
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<td><strong>Total</strong></td>
<td><strong>$1,783.57</strong></td>
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<td><strong>For Out-of-State and International Students:</strong></td>
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<tr>
<td>Tuition</td>
<td>$2200.80*</td>
<td>7 credit hours x $314.40/per credit hour*</td>
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<tr>
<td>Books &amp; Supply Pack</td>
<td>125.61</td>
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<tr>
<td>Uniform</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>Physical/Immunizations/Student Insurance</td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td>Background Check</td>
<td>65.00</td>
<td></td>
</tr>
<tr>
<td>Travel (Required for practicum/clinical rotation)</td>
<td>150.00</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,841.41</strong></td>
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</table>

*Tuition based on Spring 2020 rates
SINCLAIR COMMUNITY COLLEGE
DAYTON, OHIO
PATIENT CARE TECHNICIAN (PCT.S.STC)

The Patient Care Technician Short-term Technical certificate prepares students to perform the basic skills necessary to provide personal care services and activities under the delegation and supervision of a registered or licensed practical nurse to patients within an acute care facility. Students will be able to demonstrate basic nursing care and the skills required to promote health and healing for patient, as well as implement nursing care that decreases risks and follows safety procedures. Upon completion of ALH1120 – Nurse Aide Training, students are eligible to sit for the State Test for Nurse Aide Training to become a State Tested Nurse Aide (STNA).

<table>
<thead>
<tr>
<th>COURSE</th>
<th>COURSE DESCRIPTION</th>
<th>PREREQUISITE</th>
<th>CREDIT HOURS</th>
<th>CLASS HOURS</th>
<th>LAB HOURS</th>
<th>CLINICAL HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIRST SEMESTER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALH 1120*</td>
<td>Nurse Aide Training</td>
<td>DEV0015 AND MAT0050</td>
<td>4.0</td>
<td>3.0</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>SECOND SEMESTER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALH1121</td>
<td>Acute Care Nurse Aide</td>
<td>ALH1120</td>
<td>3.0</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

**TOTAL CREDIT HOURS:** 7.0

*Documented current work as State Tested Nurse Aide (STNA) may be substituted for ALH1120.

A grade of “C” or better is required for all courses listed in the PCT.S.STC curriculum as well as an overall GPA of 2.0 or better in order to receive the certificate of completion. A background check will be required BEFORE placement in the clinical site.
Program Outcomes and Program Linkages

<table>
<thead>
<tr>
<th>Outcome Name</th>
<th>Description of Outcome</th>
<th>Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Nursing Skills</td>
<td>Demonstrate basic nursing care and the skills required to promote health and healing for patients in an acute care setting.</td>
<td>ALH1120</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALH1121</td>
</tr>
<tr>
<td>Communication</td>
<td>Recognize basic verbal and non-verbal therapeutic communication techniques and strategies necessary for inter-professional healthcare communications.</td>
<td>ALH1120</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALH1121</td>
</tr>
<tr>
<td>Documentation</td>
<td>Demonstrate skills in documentation of service provision.</td>
<td>ALH1120</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALH1121</td>
</tr>
<tr>
<td>Practical Experience</td>
<td>Demonstrate knowledge of scope of practice of a patient care technician.</td>
<td>ALH1121</td>
</tr>
</tbody>
</table>

Career Opportunities: Hospitals; Home Health Aide; Long-term Care Facilities; Rehabilitation Centers.
This form must be completed and returned to the Nurse Aide Training (ALH 1120) instructor by the 24th hour of class. Certificate must be completed and signed by a licensed physician, or nurse practitioner. Examining physician should check health status and the ability to participate in physical activities. In addition, patient must meet physical and mental qualifications specified in Policies for Patient Care Technician Program (attached) “without restrictions” in order to satisfactorily meet course objectives. Any student incurring an injury or change in their health or medical status during the training course will be required to be re-examined by their physician. Approval by the physician (a medical release) is required to continue in the course and to perform the mental and physical tasks without restriction.

PLEASE PRINT:
Patient’s Name:__________________________________________ Tartan card #________________________________________

Last __________ First __________ Middle __________
Address:____________________________________________________

HEALTH STATUS:
☐ I. Free of communicable disease and in good physical health.

☐ II. Free of medical restrictions and is able to perform duties per the mental and physical qualifications specified for course participation in a Patient Care Technician program.

☐ III. Has a physical abnormality, defect, or disease, which might interfere with the student.

__________________________________________________________

☐ This condition is temporary Date of release ______________________
☐ This condition is permanent

☐ IV. Under continual medical treatment for mental or pathological condition of which the program faculty should be informed. (This would include any long-term prescription drugs the individual may be receiving for the treatment of diabetes, epilepsy, depression, etc.)

Please explain and/or list:________________________________________________________

________________________________________________________

Nurse Practitioner or Physician’s Signature:______________________________

________________________________________________________

Office/Clinic Stamp (Required) ______________________ Telephone ______________________

Address ______________________ Date ______________________
MENTAL AND PHYSICAL QUALIFICATIONS

Minimum acceptable mental and physical qualifications of an applicant for health care training include the following abilities:

1. Frequently work in a standing position and do frequent walking.
2. Lift and transfer patients up to six inches (6") from a stooped position, then push or pull the weight up to three feet (3’).
3. Lift and transfer patients from a stooped to an upright position to accomplish bed-to-chair and chair-to-bed transfers.
4. Physically apply up to ten pounds (10#) of pressure to bleeding sites, or in performing CPR.
5. Respond and react immediately to verbal instructions/requests from the supervising nurse.
6. Physically perform up to a twelve-hour shift clinical laboratory experience.
7. Perform close and distance visual activities involving objects, persons, and paperwork, as well as discriminate depth and color perception.
8. Discriminate between sharp/dull and hot/cold when using both hands.
9. Demonstrate skills in basic math, reading and English by completing the SCC placement test. Perform mathematical calculations for intake and output, height and weight and other procedures requiring calculation.
   1. Intake and output of fluids
      a. Convert ounces (oz) to cc’s and cc’s to ounces.
      b. Able to add, subtract, multiply and divide ounces and cc’s to get an accurate total amount.
      c. Able to complete an oral intake and output sheet.
   2. Height and weight
      a. Able to read ¼, ½, ¾ inches.
      b. Calculate inches to feet and inches; inches to centimeters.
      c. Able to record height and weight on NA activity sheet.
      d. Able to read scales in ¼, ½; ¾ pounds.
      e. Calculate pounds (lb) into kilograms (kg) and kg to lbs.
   3. Food percentage intake
      a. Calculate percentage (%) of food eaten from dietary tray; including adding and dividing percentages.
   4. Blood pressure and temperature
      a. Count by two’s (2’s)
      b. Count by 0.2’s in Fahrenheit thermometer.
10. Communicate in English language effectively, both orally and in writing, using appropriate grammar, vocabulary, word usage, and interpersonal skills.
11. Able to respond appropriately to fire and disaster alarms

Health care training students are responsible for determining their own eligibility in light of these qualifications, for informing the college of any potential problem areas and for identifying the health care training faculty any particular accommodations they may need. Students with disabilities are encouraged to register with the Educational Support Services - Disabilities and may utilize these services to determine appropriate accommodations. Students with disabilities who enter the program do so with the understanding that they will be expected to meet course requirements with any REASONABLE accommodation that may be provided by the college. Students with medical conditions are encouraged to discuss these with their physician during the medical examination and must meet physical and mental qualifications “without restrictions” in order to satisfactorily meet course objectives.
SINCLAIR COMMUNITY COLLEGE

REQUIRED FOR ALL ALH 1120 CLASSES
TWO-STEP MANTOUX TB SKIN TEST
(QuantiFERON TB and T-Spot TB testing accepted)

Plan at least two weeks to complete this test for both tests

- For students enrolled in Patient Care Technician Certificate program, specifically ALH 1120, Nurse Aide Training, the required TB test must be a 2-step Mantoux test, QuantiFERON TB or T-Spot TB test.
- Positive reactors should have a baseline chest x-ray and thereafter evaluated if symptoms develop. *A Tine Skin test is not acceptable.*
  The 2- step Mantoux TB test must be completed with proof of paperwork given to the ALH 1120 classroom instructor by the 24th hour of class.
  Failure to provide proof of a negative two-step Mantoux prior to the 24th hour of class will result in the student *not being permitted* to go to clinical.
- If the student provides proof of a 2-step Mantoux given by their place of employment, this testing must have been completed within the last year.
- If student shows proof of only annual 1-step Mantoux, without *proof of the initial 2-step Mantoux followed by the annual 1-step Mantoux* given every year thereafter up to the date when student enters the training class and clinical experience, this 1-step Mantoux will not be accepted.
- Student must ask their employer for copies of proof of the initial 2-step Mantoux and each annual 1-step Mantoux thereafter. These records must show consecutive years of TB Mantoux testing.

Resources for testing and physicals:

**Charles Drew Health Center**
1323 West 3rd Street
Dayton, Ohio 45402
Phone: (937) 461-4336
  - Adult Physicals, fee based on income

**Montgomery County Combined Health District**
117 South Main Street
Reibold Building (corner 4th street & Main)
Dayton, Ohio 45422
Phone: (937) 225-5700
  - TB Testing: The Montgomery County Combined Health District does not accept people who have private medical insurance and wish to file a claim for the cost of the tests. They accept self-pay or state-pay only. *No appointment is necessary BUT CALL for days/times that TB tests are performed.* The TB clinic staff will only document TB skin test results on official Combined Health District forms signed by the TB clinic staff reading the results. This form can be attached to our SCC form for proof of TB testing for use in our records.

**Wells Institute for Health Awareness**
513 East Stroop Rd
Kettering, Ohio 45429
Phone 937-293-2157
  - By appointment only/Cash or check
  - Services: Physical Exams, Hepatitis B Series, DT vaccine, MMR vaccine call for charges
NOTE: TESTING TAKES UP TO 2 WEEKS TO COMPLETE. MUST BE COMPLETED PRIOR TO THE 24th HOUR OF ALH 1120 CLASS.

THE FOLLOWING TESTS ARE REQUIRED:

MANTOUX 2-STEP SKIN TEST:

<table>
<thead>
<tr>
<th>Step 1</th>
<th>MANTOUX (Two Step)</th>
<th>Date Administered/By</th>
<th>Date Read/By Whom</th>
<th>Results in mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction:</td>
<td></td>
<td>(within past year)</td>
<td></td>
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</tr>
<tr>
<td>Positive Mantoux reaction requires chest x-ray.</td>
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<table>
<thead>
<tr>
<th>Step 2</th>
<th>MANTOUX (Two Step)</th>
<th>Date Administered/By</th>
<th>Date Read/By Whom</th>
<th>Results in mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction:</td>
<td></td>
<td>(within past year)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Required — Signature of Nurse Practitioner or Physician _________________________________ Date ________

Required: Agency or Clinic Office Stamp of Physician’s Name and Address

TO THE PHYSICIAN: Please sign above and return form to student

A completed two-step Mantoux test (or equivalent), administered according to CDC guidelines, is required by the Ohio Dept. of Health prior to entering into the clinical setting.

Each step must be read within 48-72 hours of test. Second step must be administered within 7-21 days from the date of administration of the first step. Both steps must be completed prior to stated deadline. A POSITIVE result requires follow up with your physician and proof of a negative chest x-ray prior to attending clinical. Should a student have a health issue or pregnancy interfering with the administration of TB testing, the student must present a signed / stamped doctor statement showing exemption from TB testing and exemption from a chest x-ray, prior to the 24th hour of the class in order to enter clinical site.
Sinclair Community College
NATIONAL WEBCHECK® CRIMINAL HISTORY CHECKLIST

1. Complete the Webcheck® Request Form in its entirety
2. List the appropriate reason for the test (see below)
3. Mark BCI & FBI (no FBI only tests)
4. Take to Bursar Office to make payment.
   (To pay online see next page for directions)

- MAKE SURE TO OBTAIN A RECEIPT – No test will be conducted without one.

5. The following MUST be with you at the time of the test:
   - Ohio Driver License or State ID card
   - Social Security Card
   - Paid Receipt from Sinclair Cashier/Bursar

National WebCheck is conducted in building 14, room 213
Walk-in hours are: Tuesday & Wednesday 9 am – 11 am and 2 pm – 4 pm

BCI Reason Codes
- Required for licensing or permit
- Responsible for the care, custody or control of a child
- Responsible for direct care of elderly

FBI Reason Codes
- Care, custody or control of children
- Child daycare center owner, licensee or administrator of type A daycare. Home owner and persons 18+
- Direct care of the elderly
- Employee of child daycare center. Type A family daycare, type B family daycare or certified in-home aide
- Medical (nurses, dialysis techs, students entering nursing education or dialysis)
- Pre-school program
- Public school district or chartered non-public schools
- Head Start Agency
- Volunteer Children’s Act
**STEPS FOR MAKING BACKGROUND CHECK FEE PAYMENTS ONLINE**

1. Go to any of the following places:
   a. Web Advisor, under Financial Information, click on “Make Payment for Non-Tuition items”
   b. The Bursar Web page left column click on “Make Payment for Non-Tuition items”
   c. The my.sinclair page under Welcome Student section, again titled “Make a Payment for Non-Tuition items”

2. Under Payment types select Background Check fee from the drop down box

3. Enter your Full Name (students name), amount, address, 7 digit Sinclair ID number, description (Patient Care Technician Program) and e-mail address

4. Click on Card Payment box – this will take you to the Payment information screen

5. Enter 16 digit Visa or Master Card number, expiration, and Card Identification number (the last three digits on the back of the card)

6. Enter Account holder Name, address, phone number, and e-mail address

7. Click “Continue”

8. On the payment verification page – click on the square that says “I agree to the Terms of Use”

9. Finally, click on “Make a Payment “ to submit payment

10. **Print a copy of the Payment Confirmation e-mail and take with you to your fingerprinting appointment**
Sinclair Community College
NATIONAL WEBCHECK® CRIMINAL HISTORY CHECK REQUEST FORM

Name: __________________________________________
  Last   First   Middle

Address __________________________________________

City __________________________________________
State __________________________________________
Zip __________________________________________

SSN# : __________________________   Birth Date:  ________________
  MM    DD    YYYY

Phone: __________________________    e-Mail: __________________________

Have you been a resident of Ohio for the past 5 years?  □ Yes    □ No
Note: If you answered No, you will be required to complete both State (BCI) and Federal (FBI) checks.

I am requesting the following National WebCheck®:

□  State (BCI) Only (10-3445-44051-0507)      $ 35.00
X  Both State (BCI) AND Federal (FBI) (10-3445-44051-0507)      $ 65.00

Note: No “FBI Only” checks are permitted by WebCheck®

Purpose of Criminal History Check: Patient Care Technician Program – ALH 1121 Acute Nurse Aide Training Clinical Rotation – 4723 09

My signature indicates that I request a National WebCheck® be conducted by the Sinclair Community College Police Department or its authorized agent. I grant permission to the Sinclair Community College Police Department or its authorized agent to obtain all criminal history information regarding my past from the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and/or the Federal Bureau of Investigation (FBI).

I understand that the criminal background checks are conducted by the electronic imaging of my fingerprints and then electronically submitting my fingerprints and personal information to the National WebCheck® system, which is administered by the Ohio Attorney General’s Office.

By having my fingerprints scanned on a National WebCheck® scanner, I authorize the Ohio BCI&I to release any criminal history information obtained from their files regarding me, and/or the files held by the FBI, and hereby release the Ohio BCI&I and the Sinclair Community College Police Department from all liability in connection with the dissemination of any criminal history information obtained.

I request the results obtained by the National WebCheck® system be delivered:

By US Mail to: Sinclair Patient Care Technician Ofc

444 West Third Street – Room 14-313A

Dayton, OH   45402

Signature: __________________________________________   Date____________________

Operator Signature: __________________________   Trans #____________________

WEBCHECK® is a registered trademark of the Ohio Attorney General’s Office.   Prices effective July 1, 2008
BACKGROUND CHECKS
FELONY OFFENSES PROHIBITED FOR HEALTHCARE PROFESSIONS
Source: Ohio Revised Code – 109.572 Criminal Records Check
Ohio Code Description

Offenses Related to Domestic Animals
959.13 Cruelty to Animals

Food
2716.11 Adulterated Food
3716.11 Placing harmful or hazardous objections in food or confection

Homicide/Assault
2903.01 Aggravated murder
2903.02 Murder
2903.03 Voluntary manslaughter
2903.04 Involuntary manslaughter
2903.11 Felonious assault
2903.12 Aggravated assault
2903.13 Assault
2903.15 Permitting child abuse
2903.16 Failing to provide for functionally impaired person
2903.21 Aggravated menacing
2903.211 Menacing by stalking
2903.22 Menacing
2903.34 Offenses against residents or patients of care facilities

Kidnapping/Extortion
2905.01 Kidnapping
2905.02 Abduction
2905.05 Criminal child enticement
2905.11 Extortion
2905.12 Coercion

Sexual Offenses
2907.02 Rape
2907.03 Sexual battery
2907.04 Unlawful sexual conduct
2907.05 Gross sexual imposition
2907.06 Sexual imposition
2907.07 Importuning
2907.08 Voyeurism
2907.09 Public indecency
2907.12 Felonious sexual penetration
2907.21 Compelling prostitution
2907.22 Promoting prostitution
2907.23 Procuring
2907.25 Prostitution
2907.31 Disseminating matter harmful to juvenile
2907.32 Pandering obscenity
2907.321 Pandering obscenity involving minor
2907.322 Pandering sexually oriented material involving a minor
2907.323 Illegal use of a minor

Arson
2909.02 Aggravated arson
2909.03 Arson
2909.22 Soliciting or providing support for act of terrorism
2909.23 Making aterroristic threat
2909.24 Terrorism

Robbery/Burglary
2911.01 Aggravated robbery
2911.02 Robbery
2911.11 Aggravated burglary
2911.12 Burglary
2911.13 Breaking and entering

Theft
2913.02 Theft: aggravated theft
2913.03 Unauthorized use of vehicle
2913.04 Unauthorized use of property
2913.11 Passing bad checks
2913.21 Misuse of credit cards
2913.31 Forgery
2913.40 Medical fraud
2913.43 Securing writings by deception
2913.47 Insurance fraud
2913.49 Identify fraud
2913.51 Receiving stolen property
**Offenses Against the Public Peace**

2917.01 Inciting to violence
2917.02 Aggravated violence

**Offenses Against the Family**

2919.12 Unlawful abortion
2919.22 Endangering children
2919.23 Interference with custody
2919.24 Contributing to unruliness or delinquency of a child
2919.25 Domestic violence

**Public Administration**

2921.36 Conveyance of certain items onto grounds of detention, MRDD, or MH facility

**Weapons Offenses**

2923.12 Carrying concealed weapons
2923.13 Having weapons while under a disability
2923.161 Improperly discharging a firearm at or into a school or house

**Drug Offenses**

2925.02 Corrupting another with drugs
2925.03 Trafficking offenses
2925.04 Illegal manufacture of drugs
2925.05 Funding, aggravated
illegal cultivation of marijuana trafficking
marijuana-methamphetamine disobedience
2925.06 Illegal administration or distribution
anabolic steroids
2925.11 Drug abuse
2925.13 Permitting drug abuse
2925.22 Deception to obtain
2925.23 Illegal processing of drug documents
Dangerous drug

**Miscellaneous Offenses**

2927.12 Ethnic Intimidation
4511.19 Operating vehicle under the influence of alcohol or drugs or operation a vehicle underage consumption (two or more offenses committed within the three years immediately preceding the background check)