



Ossining Extension Center Integrated Patient Care Technician Program Application Process 2012

The integrated patient care technician program (IPCT) is a 120-hour program designed to prepare Certified Nursing Assistants to serve as Patient Care Technicians (PCTs). PCTs who function as multi-skilled care providers in a variety of health-care settings. The program is designed to prepare an individual to work in hospital, long-term care, or skilled nursing facilities. The program provides the CNA the opportunity to gain additional skills to be prepared to perform routine patient care treatments including simple lab tests, EKG's, simple dressing changes, phlebotomy, current technology. The technician will receive education on standard and universal health care precautions; therapeutic communication techniques, English and math skills, customer service, and patient care delivery systems. Upon successful completion of the program, students are eligible to take the Certified Patient Care Technician exam offered by the National Health Career Association (please be prepared to pay a separate fee of \$149 for the exam online at NHANow.com).

Prerequisite:

In order to be eligible for the Integrated Patient Care Technician program, individuals must have a valid license as a Certified Nurse Assistant in New York.

Costs

The cost for the program is \$1368.25, which may be paid in full or in three payments of \$455 paid before the start of each module. Please see payment schedule for module dates.

Module I	\$458.25 Due Feb 28, 2012
Module II	\$455.00 Due Mar 30, 2012
Module III	\$455.00 Due May 1, 2012

There are additional fees for this program that include:

1. Non-refundable application fee of \$20
2. \$15 malpractice insurance
3. Additional Costs: Text books, fee for certification exam, CPR, background and drug checks, transportation to externship site, and any additional supplies or uniforms.

Start date, module dates, and general schedule

The integrated patient care technology program will start on Tuesday February 28, 2012.

The program will end on May 18, 2012.

Classes are held on Tuesdays/Fridays 4:30pm-9:30pm. The three modules will be as follows:

Module I	February 28-March 27	T/Fri-4:30pm-9:30pm
Module II	March 27-April 17	T/Fri-4:30pm-9:30pm
Module III	April 17-May 18	T/Fri-4:30pm-9:30pm

Refunds

- There are no refunds for classes that meet for one session only
- Before first class: 100% refund of tuition. • Before second class: 50% refund. • After second class: no refund. All refund requests must be made to the college in writing. If you paid by check, please allow 6-8

weeks for your refund to be processed. Credit card refunds are processed immediately.

*****You must successfully complete all three modules including the externship, pass the National Certification examination for the Patient Care Technician (CPCT), and complete all financial obligations of the program to become a Certified Patient Care Technician. *****

1. Individuals interested in this credential must **submit an application packet** containing the following documentation by **February 1, 2012**:
 - A completed Integrated Patient Care Technician application
 - Copies of certificates of course completion for: the Certified Nursing Assistant Program
 - A valid New York State Certified Nurse assistant registration (other states CNA certifications may be submitted for consideration, but are not guaranteed acceptable for this requirement)
 - \$20 application for admission non-refundable fee. Please make out check or money order to "Westchester Community College"

The completed packet must be submitted to:

The Ossining Extension Center, Westchester Community College
22 Rockledge Avenue, Ossining, NY 10562
Attn: B. Reyna

2. Complete the top half of the **recommendation form** and submit to each reference person. Please make sure they understand you need the document submitted in a timely fashion so that it is here by **February 1, 2012**. Please give them stamped envelope that is addressed with the address listed above so they can return it easily.
3. Once your application is received, you will be screened. You will be scheduled for an interview and reading exam if appropriate. All candidates must successfully complete the screening interview prior to acceptance to the program.

Requirements due prior to start of externship:

Before the externship starts, students are responsible for:

1. Providing a copy of current CPR certification
2. Paying for both the malpractice insurance through the college and paying for school insurance.
3. Registering, paying for, and providing results for both a background check and the drug test from CertifiedBackground.com.
4. Submitting the Integrated Patient Care Technician Physical Examination Record form. Obtain a physical examination from a licensed physician and submit the physical examination record before the externship starts.
4. Submitting any additional tests, forms, or clearance procedures as required by the externship site.
5. Acquiring the appropriate shoes and or uniform as stipulated by the externship site.
6. Fulfilling all attendance and payment requirements of the program.

Westchester Community College adheres to the policy that no person on the basis of race, color, creed, national origin, age, gender, sexual orientation, or handicap is excluded from, or is subject to, discrimination in any program or activity.

Name of the applicant: _____

Please evaluate the applicant by checking the appropriate spaces below:

Qualifications	Excellent	Good	Average	Below Average
1. Ability to work with adults & children as clients in a health care setting				
2. Perseverance				
3. Verbal communication skills				
4. Written communication skills				
5. Punctuality				
6. Ability to work with others as a team (co-workers)				

Please feel free to add any additional comments:

Signature _____ Date: _____

Please return the completed form to: **Westchester Community College, Ossining Extension Center, 22 Rockledge Ave, Ossining, NY 10562, Attention: IPCT Program**

Or Fax to: 914 606-7401

Due: February 21, 2011

Name of the applicant: _____

Please evaluate the applicant by checking the appropriate spaces below:

Qualifications	Excellent	Good	Average	Below Average
7. Ability to work with adults & children as clients in a health care setting				
8. Perseverance				
9. Verbal communication skills				
10. Written communication skills				
11. Punctuality				
12. Ability to work with others as a team (co-workers)				

Please feel free to add any additional comments:

Signature _____ Date: _____

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Integrated Patient Care Technician Program

**Ossining Extension Center
Physical Examination Record 2012**

Applicant: Please complete the information requested below (including your signature, and then give the form to your medical provider so that your health status can be documented. Thank you.

Print Name

Social Security Number

Date of Birth

New York State Health Code 405, requires that this ANNUAL Physical Examination Report form be fully completed and on file Ossining Extension Center BEFORE the start of the program. Failure to comply will result in suspension without refund from clinical classes. The affiliating agency may ask to see copies of this report. According to New York State Law, you may be tested for drugs and alcohol abuse. The use of drugs and alcohol can jeopardize your student status in the medical curricula.

ALL LABORATORY AND TITER REPORTS MUST ACCOMPANY THIS RECORD

Hepatitis B Core Antibody Results: _____

OR

Hepatitis Vaccine Series: 1) _____ 2) _____ 3) _____

Blood Titer* Required	Titer: Numerical Value	Immune	Non-Immune	Immunization ** Date/Signature of Medical Provider
Measles				
Mumps				
Rubella				
Varicella				

* Returning Students ONLY: if original titers showed immunity; there is no need to repeat them

** Immunization is required if titers show non-immunity

Tuberculosis Screening	Vaccine
Annual PPD Test: _____ <div style="display: flex; justify-content: space-around;"> Date Result </div> If PPD is positive; a chest x-ray is required. Please enclose report. Chest x-ray results: _____ <div style="display: flex; justify-content: space-around;"> Date Result </div>	Tetanus Vaccine: _____ <div style="text-align: center;"> Date Tetanus Vaccine must have been administered within the past 10 years </div>

PLEASE COMPLETE THE REVERSE SIDE

Print Last Name	First	Middle
Age:	Sex:	
Height:	Weight:	
Blood Pressure:		

Physical Examination-Description, Comments, and/or Recommendations	
Vision	Heart
Hearing	Abdomen
Nose	Kidneys
Throat	Extremities
Teeth	Reflexes
Thyroid	Current Medications:
Lungs	Comments:
Breasts	

Is this student physically and emotionally able to participate in the curriculum of his/her choice, which involves classroom and laboratory activities and clinical practice? If not, please specify:

**Pursuant to: State of New York Department of Health memorandum, series 88-66, 3/22/88
Health Facilities Series: H-40
Subject: Revised Part 405 Hospitals - Minimum Standards**

This examination is of sufficient scope to ensure that the examined student of this date, is able to assume his/her duties free from a health impairment, which is of potential risk to the student The patient served by the student or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulates, narcotics, alcohol or other drugs or substances, which may alter the individuals behavior.

**EXAMINING HEALTH
CARE PROVIDER**

_____ Signature _____ Please Print Name

DATE: _____

ADDRESS: _____

TELEPHONE: _____

The contents of this report are confidential; information will be released only by court order or written consent of individual identified on this form

WESTCHESTER COMMUNITY COLLEGE
Ossining Extension Center

Integrated Patient Care Technology Program

HEPATITIS B VIRUS INFORMATION SHEET

The U.S. Occupational Safety and Health Administrator (OSHA) issued a new Blood borne Pathogens Standard in December 1991. The rule applies to all employers who have workers that may come in contact with blood or other body fluids during the performance of their job, putting them at risk of contacting highly contagious viral infections. Health Science student, because of the nature of their occupational training, may also be at risk of contacting these same blood borne infections.

Bloodborne pathogens include the Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) which causes AIDS. HBV is a potentially life-threatening virus. The CDC (Centers for Disease Control) estimates there to be approximately 280,000 HBV infections each YEAR IN THE United States, about 8,700 of these includes health care workers.

The observation of Universal Precaution technique and the utilization of protective clothing and equipment may prevent exposure to potentially infectious materials. However, the best defense against Hepatitis B Virus is vaccination. Although it is not a medical requirement, it is strongly recommended that you consider being vaccinated.

If anytime you are exposed to a blood borne pathogen, a report of the incident MUST be filed with the clinical affiliate, curriculum chairperson and the student Health Services Office.

PLEASE COMPLETE:

I understand that due to occupational exposure to blood or other potentially infectious materials, I may be at risk of contacting the HBV infection.

I have been informed of the importance and benefits of the HBV vaccination and it has been strongly recommended that I be vaccinated. Please indicate your status/decision regarding hepatitis B vaccination:

1. Begun/Completed Vaccination Series:

Vaccination Dates: 1) _____ 2) _____ 3) _____

2. My signature indicates that I have decided not to be vaccinated at this time.

Signature

Date