

Pontotoc Technology Center BIS Health Programs Checklist

Dental Assisting, Pre-Pharmacy Technician, Phlebotomy Technician, or Medical Office Administrative Assistant Programs:

- _____ 1. BIS Enrollment Form
- _____ 2. Valid Driver's License or Government issued photo ID
- _____ 3. Social Security Card (original card required-no copy will be made- verification is required)
- _____ 4. High School Diploma, GED, or college transcript
- _____ 5. Background Check (O.S.B.I –required within past 6 months)
- _____ 6. TB (Tuberculosis) Skin Test-2 **TESTS REQUIRED-Test must have taken place within 6 months of date of class (chest x-ray is required if positive test result)**
- _____ 7. Record of MMR 1 & MMR 2
- _____ 8. Record of Hepatitis B Series or completed declination form
- _____ 9. Record of Varicella or documentation form completed
- _____ 10. CPR Card (American Heart Assoc. Basic Life Support for Healthcare Provider- BLS for HCP)
- _____ 11. 10 Panel Drug Screen
- _____ 12. Influenza vaccine (for current season)

I understand that the above requested items are a mandatory requirement for consideration of enrollment for all PTC Short Term Health Programs. Failure to include ALL of these items in my application packet could result in my application being rejected. **If you have any questions, please call 580-310-2248, thank you.**

Student (print name): _____ **Signature:** _____ **Date:** _____

Thank you for inquiring about the Phlebotomy Technician program at Pontotoc Technology Center. The Phlebotomy Technician program provides an introduction to phlebotomy skills with supportive theory and lab experiences. Phlebotomy skills are taught in the classroom and laboratory, with some hands-on experience being provided in lab settings. Class includes 45 hours of theory & lab combined. Class will cover knowledge of equipment, OSHA's Bloodborne Pathogens training, and the mechanics involved in the collection of specimens. Participants will be provided with training that will teach them how to perform venipuncture properly and safely. Within this packet you will find the required pre-requisite list which must be returned no later than the first scheduled day of class. Please fill out the required paper work to attend this class and return it to the BIS department as soon as possible. Refer to our website for a class dates and times www.pontotoctech.edu or pick up a hard copy of the schedule at PTC. Thank you again for choosing Pontotoc Technology Center and we hope to see you soon!

Business and Industry Programs



BUSINESS & INDUSTRY SERVICES / PONTOTOC TECHNOLOGY CENTER
ENROLLMENT FORM *ALL Enrollment forms should be faxed to (580) 310-2295 if not completed in person*

PLEASE COMPLETE THIS SECTION IN FULL

COURSE DATE		COURSE TIME		COURSE NAME	
LAST NAME			FIRST NAME		M.I.
SSN			E-MAIL		
HOME PHONE			WORK PHONE		
ADDRESS		CITY		STATE	ZIP CODE
PLEASE CHECK THE SCHOOL DISTRICT IN WHICH YOU LIVE.			PLEASE CHECK THE HIGHEST EDUCATION LEVEL ACHIEVED.		
<input type="checkbox"/> Ada <input type="checkbox"/> Allen <input type="checkbox"/> Byng <input type="checkbox"/> Latta <input type="checkbox"/> McLish <input type="checkbox"/> Pickett-Center			<input type="checkbox"/> Roff <input type="checkbox"/> Sasakwa <input type="checkbox"/> Stonewall <input type="checkbox"/> Tupelo <input type="checkbox"/> Vanoss <input type="checkbox"/> Other _____		
PAYMENT METHOD <input type="checkbox"/> Cash /Check / Money Order Receipt # _____			<input type="checkbox"/> Discover		<input type="checkbox"/> Master Card
EMPLOYER'S NAME <u>OR</u> FUNDING AGENCY <u>OR</u> PAYING OWN FEES (write Self-Pay)			<input type="checkbox"/> Visa		

BIRTHDATE	RACE (PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> (3) White <input type="checkbox"/> (0) American Indian or Alaska Native <input type="checkbox"/> (1) Black or African American <input type="checkbox"/> (2) Hispanic/Latino
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <small>Pontotoc Technology Center, in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and Title IX of the Education Amendment of 1972, does not discriminate on the basis of race, ethnicity, religion, national origin, age, gender, disability or veteran status in any of its policies, practices or procedures. These equal opportunity provisions include, but are not limited to admissions, employment, financial aid and student services.</small>

THIS SECTION IS REQUIRED FOR CHICKASAW NATION EMPLOYEES ONLY

PLEASE CHECK ONE OF THE DIVISIONS BELOW.

HEADQUARTERS (A-L) <input type="checkbox"/> (A) Division of Administrative Services <input type="checkbox"/> (B) Division of Aging <input type="checkbox"/> (C) Division of Arts and Humanities <input type="checkbox"/> (D) Division of Communications <input type="checkbox"/> (E) Division of Education and Training <input type="checkbox"/> (F) Division of Facilities and Support <input type="checkbox"/> (G) Division of Heritage Preservation	<input type="checkbox"/> (H) Division of Legal Services <input type="checkbox"/> (I) Division of Program Operations <input type="checkbox"/> (J) Division of Youth & Family Services <input type="checkbox"/> (K) Division of Treasury <input type="checkbox"/> (L) Other _____
OTHER DIVISIONS (M-O) <input type="checkbox"/> (M) Division of Commerce (Chickasaw Enterprises) <input type="checkbox"/> (N) Division of Housing & Tribal Development <input type="checkbox"/> (O) Division of Health Systems	

CHICKASAW EMPLOYEE SIGNATURE _____	NAME OF YOUR DEPARTMENT _____	JOB TITLE _____
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<i>I acknowledge that my department will be billed for the class for which I am enrolling. I understand that if I cannot attend, I must give at least twenty-four (24) hours notice or my department will be billed regardless of attendance.</i>	SUPERVISOR SIGNATURE: _____
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RETURN TO: Chickasaw Nation Training Division	ACCOUNT NUMBER: _____
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PHOTO RELEASE:

I hereby give Pontotoc Technology Center the absolute right and permission to publish photographic pictures of me, in which I may be included in whole or in part, in advertising, promotional or other lawful purposes whatsoever.

Signature _____

CONSENT FOR HEALTH PROGRAMS DRUG/ALCOHOL SCREEN:

(Applicant will read each statement and sign below. Pontotoc Technology Center reserves the right to deny a student admission to any Medical Program if student refuses to sign this consent form.)

1. In applying for admission to any medical program at Pontotoc Technology Center, I understand that a drug/ alcohol screening test could be administered based on suspicion of drugs or alcohol at school or at a clinical site.
2. The drug/ alcohol test will consist of an initial screening test and a confirmatory test for any sample that produces a positive result. The drug/ alcohol testing is to be done within 24 hours of suspicion. Once you enter the drug testing facility, you cannot leave the facility until the sample is collected.
3. The undersigned hereby authorizes the designated drug testing facility to perform a drug/ alcohol screening test as a requirement to stay in any medical program if suspicion exists.
4. I understand the presence of chemical substances in my body fluids may result in dismissal from any medical program at Pontotoc Technology Center.

I hereby authorize that the results of the drug/ alcohol screening test be given to officials at Pontotoc Technology Center for review of continued enrollment in the medical programs. I release and hold Pontotoc Technology Center, its agents, and employees harmless for any action in taking or testing of the sample. I also release and hold harmless Pontotoc Technology Center, its board of education, superintendent, management, instructors, or any other agent or employee for the use of any information received as a result of the screening test process.

I also acknowledge that an offer of admission and continued enrollment to any health program will be contingent upon my submission to and the subsequent results of this drug/ alcohol screen.

Printed Name

Applicant Signature

Date

**Pontotoc Technology Center
PPD/TST Form**

Student Name: _____

Date: _____

Time: _____

Location (circle): Left or Right Forearm or Trapezius

Medication used: _____

Lot #: _____

Signature: _____

Reading

Date: _____

Time: _____

Reactive _____

Non-Reactive _____

Signature: _____

**Pontotoc Technology Center
PPD/TST Form**

Student Name: _____

Date: _____

Time: _____

Location (circle): Left or Right Forearm or Trapezius

Medication used: _____

Lot #: _____

Signature: _____

Reading

Date: _____

Time: _____

Reactive _____

Non-Reactive _____

Signature: _____

Varicella (Chicken Pox) Documentation

Varicella Immunization (chicken pox) or signed documentation with dates of disease. If no immunization or dates of disease are available a titer test may be required.

I _____ do verify that
(Signature of Student or Signature of Parent/Guardian)

_____ had the disease
(STUDENT NAME- PLEASE PRINT)

Varicella (also known as Chicken Pox) in 19____ at the age of _____.

(SIGNATURE)

Hepatitis B Declination

Name: _____

Program: _____

Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have received information about hepatitis B vaccine, and I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I further understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I will make my own arrangements to receive the vaccine.

- I decline hepatitis B vaccine.
- I have already received the hepatitis B vaccine.

Signature: _____

Date: _____

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX

http://www.ok.gov/osbi/Criminal_History/

Type Of Search Requested:

Name Based - \$15.00
 Sex Offender - \$2.00
 Mary Rippy Violent Offender - \$2.00
 State Fingerprint-based - \$19.00
** Must provide fingerprint card.
* Includes name based search.*

DATE _____

Request Submitted via:
 Fax Mail In Person

*Requests will be returned in the manner received.
Mail requests should include postage-paid reply envelope.
Fax requests must include payment by credit card and a
dedicated Fax Phone Line for return of completed search:*

() _____

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER
 BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____
Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ E-MAIL ADDRESS _____
Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)
Forms with corrections done with white out or by striking through the fields in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation Computerized Criminal History	Oklahoma Department of Corrections Sex Offender	Oklahoma Department of Corrections Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.

**ABSOLUTE* AND POTENTIALLY DISQUALIFYING OFFENSES
THAT MAY PREVENT AN APPLICANT FROM OBTAINING A
HEALTH RELATED OKLAHOMA LICENSURE OR CERTIFICATE**

<p>Aggravated Murder *</p> <p>Murder*</p> <p>Voluntary Manslaughter*</p> <p>Involuntary Manslaughter</p> <p>Felonious Assault*</p> <p>Aggravated Assault</p> <p>Assault</p> <p>Failure to Provide for a Functionally Impaired Person</p> <p>Aggravated Menacing</p> <p>Patient abuse or neglect</p> <p>Kidnapping*</p> <p>Abduction</p> <p>Child Stealing</p> <p>Criminal Child Enticement</p> <p>Coercion</p> <p>Extortion</p> <p>Rape*</p> <p>Sexual Battery*</p> <p>Corruption of a Minor</p> <p>Gross Sexual Imposition*</p> <p>Sexual Imposition</p> <p>Importuning</p> <p>Voyeurism</p> <p>Public Indecency</p> <p>Felonious Sexual Penetration</p>	<p>Compelling Prostitution</p> <p>Promoting Prostitution</p> <p>Procuring</p> <p>Prostitution</p> <p>Disseminating Matter Harmful to Juveniles</p> <p>Pandering Obscenity</p> <p>Pandering Obscenity Involving a Minor</p> <p>Pandering Sexually Oriented Matter Involving Minor</p> <p>Illegal Use of a Minor in Nudity-Oriented Material or Performance</p> <p>Aggravated Arson*</p> <p>Aggravated Robbery*</p> <p>Robbery</p> <p>Aggravated Burglary*</p> <p>Burglary</p> <p>Breaking and Entering</p> <p>Theft, Aggravated Theft</p> <p>Unauthorized Use of a Vehicle</p> <p>Unauthorized Use of Property/Unauthorized Access to Computer Systems</p> <p>Passing Bad Checks</p> <p>Misuse of Credit Cards</p> <p>Forgery</p> <p>Medicaid Fraud</p> <p>Securing Writings by Deception</p> <p>Insurance Fraud</p> <p>Receiving Stolen Property</p>	<p>Unlawful Abortion</p> <p>Endangering Children</p> <p>Contributing to the Unruliness or Delinquency of a Child</p> <p>Domestic Violence</p> <p>Prohibition of Conveyance of Certain Items onto Grounds of Detention Facility or Mental Health or Mental Retardation and Developmental Disabilities Facility.</p> <p>Carrying Concealed Weapons</p> <p>Having Weapon while under Disability</p> <p>Improperly Discharging a Firearm/Habitation or School</p> <p>Corrupting Another With Drugs</p> <p>Drug Trafficking Offenses</p> <p>Illegal Manufacturing of Drugs</p> <p>Funding Drug Trafficking</p> <p>Illegal Administration or Distribution of Anabolic Steroids</p> <p>Drug Abuse</p> <p>Permitting Drug Abuse</p> <p>Deception to Obtain Dangerous Drugs</p> <p>Illegal Processing of Drug Documents</p> <p>Adulteration of Food</p>
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*Absolute disqualifying offense