



Health Science Application

Checklist of Required Items

Central Sterile Processing

Required Items *(To be submitted in order)*

- ___ Completed Checklist of Required Items (Use as Cover Sheet for packet)
- ___ Copy of CASAS test scores (if applicable) or Official Transcript of an AAS/AA/AS Degree or higher, from an approved, accredited U.S. Educational Institution. Documentation of other literacy test exemption.
- ___ Signed and dated Instructor Interview/Admission Seminar FAQ & Notes
- ___ Signed and dated Essential Job Functions
- ___ Official Transcript of standard High School Diploma or GED, Non-U.S. citizens should use an Official Equivalency and Certified Degree to meet the High School Diploma requirement. No photocopies accepted.
- ___ Signed and dated Criminal Background Check & Drug Screen Disclaimer
- ___ Copy of Paid Receipt for EZ FingerPrints Level 2 Background Check
- ___ Copy of Paid Receipt for 10-Panel Drug Screening
- ___ Completed Program Application
- ___ Signed and dated Health Screening for Health Science Education (Proof of Immunization) form and Documentation of test results/immunizations.
- ___ Signed and dated Vaccination & Testing Acknowledgement
- ___ Signed and dated Medical Insurance Proof of Coverage and copy of Medical Insurance Card (front & back)
- ___ Signed and dated Notification of Exposure
- ___ Signed and dated Confidentiality Statement

Optional Items

- ___ Other Official (Postsecondary) Transcripts being submitted; PTC first, followed by any others
- ___ Copies of current Health Related Certifications (CNA, CPR, First Aid, Health CORE, etc.)

COMPLETE this checklist and include it as the cover sheet for your application packet. **ENTIRE** application packet must be completed, and ALL fees paid, prior to the start of the program. Application packet is considered incomplete unless ALL required items are turned in.

DO NOT attempt to **mail, email or fax** any paperwork from this packet to Pinellas Technical College (*none will be accepted*).

SUBMIT completed application packet to Student Services during regular office hours.

CONTACT Program counselor, Jeromy Johnson with questions regarding admission johnsonjer@pcsb.org or (727)893-2500 ext. 2392

(PLEASE PRINT)

Applicant Name _____

Email _____

Telephone _____

Applicant assumes full responsibility for accuracy and confirmation of packet completion, prior to submission (PTC staff will not check packets for completion).

x _____
Applicant Signature

Date

(CSP | SP)



Pinellas Technical College follows the mandated literacy testing as required by the Florida Department of Education*

Students take the **CASAS** for *Reading* and *Math* skills assessment. The tests are free, and the test scores are valid for two years.

- The entire testing session may take between 2 ½ – 4 hours to complete. For some, completion of the CASAS tests may require two, or more, testing sessions.
- **Photo ID required to enter the building and to test**
- No Backpacks, Large Bags or Electronic Devices**
- Arrive 30 minutes before testing time for processing
- Test sessions begin promptly

Testing Schedule

ST. PETERSBURG CAMPUS

901 34th St S, St. Petersburg, FL 33711

Seating availability is first-come, first-served, basis

- Mon – Fri | 8:00 am (Note: No Friday Testing during Summer Term)
- Mon & Wed | 2:30 pm

Test Prep Resources

CASAS www.casas.org (free sample test items)

TABE www.fl DOE.org (free *Preparing for the TABE* booklet)

www.studyguidezone.com/TABE/ (study resources)

** Test exemptions may apply (e.g., having earned an Associate Degree, or higher, from an accredited U.S. college); speak with PTC Counselor for more information.*

*** Pinellas Technical College is not responsible for student's lost or missing items*



Instructor Interview/Admission Seminar FAQ & Notes

Instructor Interviews

and/or Admission Seminars are provided at Pinellas Technical College because

we want you to be successful in your chosen technical program.

Instructors are generally available to meet incoming students (in scheduled interviews) and answer questions about their specific program. The purpose of both the interview, and admission seminar, is to provide you with additional information about the program. Please ask as many questions as you wish; some common topics are listed below.

Interview/Admission Seminar FAQ

- What is the length of the program and what will I be required to learn?
- What is the cost of books, tools, and materials and when will they be needed?
- How are the classes taught (lecture, demonstrations, hands-on experiences)?
- What will be expected of me while in the program?
- What, and where, are the job opportunities in this technical field?
- Do you assist with job placement?
- What is the starting pay? What is the range of earnings?
- Is there a final examination, certification, or licensing required to be employed in this field?
- What is the graduation rate for this program?

Notes

Counselor Comments _____

Counselor Signature x _____

Instructor Comments _____

Instructor Signature x _____ Date _____

(PLEASE PRINT)

Applicant Name _____

Instructor _____

Schedule an Instructor Interview

For these programs, please contact the program instructor:

Central Sterile Processing (SP)

Diana Tacey, Instructor

taceyd@pcsb.org

727.893.2500 x 2664

Attend an Admission Seminar

For these programs, refer to the *Cover Sheet & Program Overview* of this *Health Science Application Packet* for schedule (and whether attendance is mandatory or optional):

Central Sterile Processing Technology (SP)

Emergency Medical Technician (SP)

Practical Nursing (SP)

Surgical Technology (SP)



Essential Job Functions

Central Sterile Processing

Basic Skills [*Minimum Qualifying Test Scale Scores (SS)*]

CASAS — (*Comprehensive Adult Student Assessment Systems*) Reading: 239 (9th Grade Equivalent) & Math: 236 (9th Grade Equivalent)

Basic Skills

- CASAS (Minimum qualifying scores)
 - Reading – 239 (9th Grade Equivalent)
 - Math – 236 (9th Grade Equivalent)

Health & Safety Requirements

- Must be able to adjust to additional body covering (gown, gloves, hat, mask, eye protection, shoe and boot covers) for the duration of decontamination procedures as stated by the dress code and OSHA requirements
- Work around high temperature and chemical equipment

Mental/Cognitive Factors

- Visually monitor the dirty and clean instruments at all times with unlimited bilateral central and peripheral vision and depth perception
- Be able to hear, comprehend and respond appropriately to verbal commands in English from a masked individual and able to communicate verbally and in writing
- Able to perceive, process, and respond accurately, quickly, and efficiently to situations of an anticipated or emergency nature
- Able to recall previously learned material in a timely and organized manner
- Able to function calmly and efficiently with proper decorum in a fast-paced, stress-producing environment

People Skills

- Work with an assigned team for the duration of cases and/or shift of work

Physical Requirements

- Ability to stand for the duration of a shift of work
- Using fingers or hands to grasp, move, or assemble very small and very large and heavy objects, instruments, and equipment
- Make fast, simple, repeated movements of fingers, hands, and wrists
- React quickly using hands, fingers, or feet
- Use muscles to lift, pull, or carry heavy objects; lift up to fifty pounds and push up to fifty pounds
- Use abdominal and lower back muscles to support the body for long periods of time without getting tired
- Hold the arm and hand in one position or hold the hand steady while moving the arm
- Use hands to handle, control, and feel objects, tools, or controls

Technical Skills

- Operation of computer, intercom, and paging systems

Tools & Equipment

- Operate: Various sterilization units both steam and chemical, ultrasonic units, heat sealing units, handle heavy instrument trays, handle sharp instruments and work with various sized movable carts

Working Conditions

- Must be able to work in a space exposed to chemical agents used for cleaning and sterilization
- Adapt to controlled room temperatures
- Working while wearing PPE (mask, gown, gloves and hats)
- Stand on wet and/or hard floors
- Exposed to controlled and sometimes limited lighting

I have read and understand the Essential Job Functions above.

Applicant Name (*PLEASE PRINT*) _____

Applicant Signature x _____ Date _____



Background Check & Drug Screening Information & Disclaimer

By law, criminal background checks and drug screenings are required for employment in the health care industry and to take licensing exams for the medical professions.

Disqualifying offenses may be a history of felony and/or misdemeanor convictions or substance abuse. It is your responsibility as a program applicant/participant to understand all disqualifying offenses that may impact your ability to become employed in the health care field or enroll/remain in a health care program at an educational institution.

Additional information can be found online on *Florida Department of Health* websites:

- **Nursing/CNA** student inquiries > <https://floridasnursing.gov/certified-nursing-assistant-faqs/background/>

I fully understand that, as a prospective student applying to a Health Science program at Pinellas Technical College,

- **If my background check reveals any disqualifying offenses or the drug screening indicates a positive result, I will not be allowed to enter the program to which I am applying and I may be withdrawn, if I have already started.**
 - If the withdrawal/dismissal occurs within the first 50 hours, I will receive a refund as allowed according to school policy.
 - If the withdrawal/dismissal occurs after the first 50 hours, I will not be entitled to a refund.
- **Passing the background check and drug screening does not guarantee certification, or registration, in the field I have chosen.**
- **The Level 2 Background Check and 10-Panel Drug Screening are specific to my enrollment at Pinellas Technical College as a student. Should there be any interruption in my enrollment re-screenings will be required prior to re-enrollment.**

I acknowledge that I have read and understand the above disclaimer and information.

Student Name (PLEASE PRINT) _____

Student Signature _____ Date _____

Fingerprinting Process

Information & Steps

Background Checks for Health Science/Clinical Education Programs begin with Fingerprinting.

EZ FingerPrints is PTC's official provider for fingerprinting and background checks. Fingerprinting is conducted on-site, at their location (walk-in, or by appointment).

At EZ FingerPrints, you must:

- Present EZ FingerPrints with your valid Driver's License
- Present EZ FingerPrints with your Social Security Card
- Identify yourself as a *Pinellas Technical College* student, applying for a *Health Science/Clinical Education* program (You do not need to know ORI, or OCA, code numbers)

Fingerprints are scanned electronically using an ink-free process. Once scanned, the fingerprints are sent electronically to the *Florida Department of Law Enforcement FDLE* (which forwards them to the appropriate governing agency, i.e. *AHCA* or *DCF*); no mailing is necessary. Depending on the agency, the entire fingerprinting process requires approximately 7-14 days to receive the results.

PTC cannot determine if previous offenses will, or will not, clear the background check.

The results will be sent directly to the Pinellas County School Board Administration Building (you will be contacted only if there is a problem).

Instructions for Individual using EZ Fingerprints:

- Complete **SECTION 1** below
- Make an Appointment, OR Walk-In (no appointment needed)
 - **Appointments:** Call 727.479.0805 or visit <https://ezfingerprints.com/>
 - **Walk-Ins:** Call 727.479.0805 and let them know you are coming
- Go to *EZ Fingerprints:*
1725 East Bay Drive,
Suite D, Largo, Florida, 33771
Monday – Friday | 8:30 am – 6:00 pm
- Bring the following with you:
 - Completed Request Form/Receipt (below)
 - Your valid Driver's License
 - Your Social Security Card



Instructions for Referring Company (if applicable):

- Give this completed request form/receipt to individual to be fingerprinted

Health Services Student Fingerprint Request Form/Receipt

SECTION 1 (Completed by individual)

Individual Name (PLEASE PRINT) _____

Reason for Screen: ☐ Employment ☐ Volunteer ☐ Other _____

What Company is this screening for? VECHS – PINELLAS COUNTY SCHOOL BOARD

SECTION 3 (FOR EZ FINGERPRINTS USE ONLY)

TCN # _____ R # _____

Payment Method (Circle One): Check ☐ Cash ☐ Credit Card ☐ _____

Screen Date _____ ☐ Pend for Payment Submission Date _____

EZFP Rep Signature x _____

10-Panel Drug Screening

Information & Steps

10-Panel Drug Screenings are required for all students that are *accepted* into these PTC Programs: Central Sterile Processing, Dental Assisting, Emergency Medical Technician, Practical Nursing and Surgical Technology.

- This Drug Screening utilizes a urine sample and, **in order to be valid, the screening must be completed within 30 days of the program's start date.** Students are issued a "Screening ID Number" at the time the lab sample is collected. Results are typically provided within 24 – 48 hours.
- The results of this Drug Screening are valid only for the purposes of applying to a Medical/Health Science program at Pinellas Technical College.
- Students who fail the Drug Screening are automatically withdrawn from the program and not permitted to seek enrollment again for one entire fee term, or until the next start date, whichever is sooner.
- Students who withdraw (and seek to re-enter a program) must resubmit and clear a new Drug Screening at the time of Re-Admission, within 30 days of the new start date.

Local Providers*:

[Concentra](#) – St. Petersburg

3745 33rd St N, Suite A
St. Petersburg, FL 33713
727.231-0154

Office Hours: Monday – Friday
(7:30 am – 5:00 pm)

10-Panel Drug Screening \$82.00**
(Cost for PTC Students)

[EZ FingerPrints](#) – Largo

1725 East Bay Dr, Suite D
Largo, FL 33771
727.479.0805

Office Hours: Monday – Friday
(9:00 am – 5:00 pm)

10-Panel Drug Screening \$55.00**
(Cost for PTC Students)

FYI: 10-Panel Drug Screenings

test for evidence of illicit drug classes including:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Marijuana (THC)
- Phencyclidine (PCP)
- Methadone
- Methamphetamine
- Opiates
- Oxycodone

* **Important:** Students are welcome to use other providers for their 10-Panel Drug Screening; note however that only Official Results will be accepted by PTC (and used for Admissions purposes). Costs for Drug Screenings vary based on each lab's fee scale; therefore applicants are encouraged to check pricing beforehand.

** **Student Cost:** Specify that the screening is for admission into Medical Programs at PTC (Pinellas Technical College)



Health Science Application

Program Application: Central Sterile Processing

Applicant Information (PLEASE PRINT)

Full Name _____
Last First M.I. Date

Address _____
Street Address Apt/Unit# City State Zip

SSN (Last 4 digits) _____ Email _____

Telephone (Home) _____ (Mobile) _____ (Work) _____

Gender ☐ Male ☐ Female Age _____ DOB _____

Race ☐ White, Non-Hispanic ☐ Black, Non-Hispanic ☐ Hispanic ☐ Asian ☐ American Indian/Alaskan Native ☐ Multiracial

Emergency Contact (Name & Telephone) _____

Are you a citizen of the United States? ☐ YES ☐ NO If not, provide Country of Origin _____

Are you a military veteran? ☐ YES ☐ NO If yes, list Branch of Service _____

Have you previously applied for the Central Sterile Processing Program at PTC? ☐ YES ☐ NO

If yes, Date Applied _____ Campus _____

Educational Background

Highest Level of Education ☐ HS Diploma/GED ☐ AA/AS ☐ BA/BS ☐ MA/MS ☐ PhD

Major in College (or program of concentration) _____

List any medical and/or health care training/education below. *NOTE: If you are a CNA, include a copy of your license in your application packet.*

TYPE OF TRAINING	DATES	SCHOOL	LENGTH

Work Experience

List your last *three* years of work experience below (with *MOST RECENT/CURRENT* employment first)

JOB TITLE	DATES	BUSINESS NAME	REASON FOR LEAVING

Transfer/PTC Re-entry Student Request

If applicable, check which statement applies to your admission request:

- ☐ I am requesting Advanced Standing to enter a Central Sterile Processing class and be given credit for previously completed coursework. See attached syllabus describing coursework completed, and a transcript detailing coursework to be considered, as part of my PTC Central Sterile Processing training.
- ☐ If I cannot be placed with credit, for previously completed coursework, I would like to start the PTC Central Sterile Processing program from the beginning, and I agree that I will complete all assignments required of the curriculum.

Disclaimer

I certify that my answers are true and complete, to the best of my knowledge. I understand that misrepresentation, or omission of facts, is an acceptable reason for denial into the program.

X _____
Applicant Signature Date



Health Screening for Health Science Education

Proof of Immunization (1 of 2)

PINELLAS COUNTY SCHOOLS HEALTH SCREENING FOR HEALTH SCIENCE EDUCATION

Student Name (Print) _____

Students enrolling in a Health Science Education Program with a clinical component must have the items identified for their health program completed prior to the class start date except TB screening requirement as stated below. Students recognized to be non-immune to any of the diseases must seek appropriate medical attention before entering the class.

**ATTACH THIS COMPLETED FORM TO OFFICIAL DOCUMENTATION,
INCLUDING LAB REPORTS, BEFORE PAYING TUITION, STARTING CLASS, AND/OR CLINICAL EXPERIENCE.**

Your Health Program (one from list below) _____

HEALTH PROGRAM REQUIREMENTS*	TB	Rubella	Rubeola	Varicella	Tetanus	Diphtheria	Pertussis	Hep B	Neg Drug
Allied Health Assistant (Phlebotomy)	X	X	X	X	X	X	X	X	X
Central Sterile Processing	X	X	X	X	X	X	X	X	X
Dental Aide	X					X	X	X	
Dental Assistant	X				X	X	X	X	X
Emergency Medical Technician	X	X	X	X	X	X	X	X	X
Health Career II	X	X	X	X	X	X	X	X	
Health Unit Coordinator	X	X	X	X	X	X	X	X	
Home Health Aide	X								
Medical Assistant	X	X	X	X	X	X	X	X	X
Nursing Assistant	X	X	X	X	X	X	X	X	X
Patient Care Technician	X	X	X	X	X	X	X	X	X
Pharmacy Technician	X	X	X	X	X	X	X	X	X
Practical Nursing	X	X	X	X	X	X	X	X	X
Surgical Technician	X	X	X	X	X	X	X	X	X

*Depending on requirements of clinical site.

I. TUBERCULOSIS

- A. 2 TB skin tests (Mantoux), 1 within past year and 1 within 30 days prior to clinical experience, **OR**
- B. 2 TB skin tests (Mantoux), 1 week apart 30 days prior to clinical experience, **OR**
- C. negative chest x-ray within 30 days of clinical experience, **OR**
- D. taking or have completed a prescribed medication **OR**
- E. documentation of negative IGRA blood test

II. RUBELLA (German measles)

If under 40 years of age:

- A. positive Rubella serology, **OR**
- B. immunization with live vaccine since January 1, 1980, **OR**
- C. 2 immunizations with live vaccine after 12 months of age

If over 40 years of age:

- D. positive Rubella serology, **OR**
- E. Measles, Mumps, Rubella (MMR) vaccine after 1970

III. RUBEOLA (10 day measles)

- A. born prior to 1957, **OR**
- B. positive Rubeola serology, **OR**
- C. immunization with live vaccine since January 1, 1980, **OR**
- D. 2 immunizations with live vaccine after 12 months of age

IV. VARICELLA (Chickenpox)

- A. 1 vaccine, if administered under age 13, **OR**
- B. 2 vaccines, 4-8 weeks apart, if administered 13 years of age or older, **OR**
- C. positive Varicella serology (allow 2 months for blood testing process)

Varicella titer is a blood test for antibodies to Chickenpox. We are finding that even if a student had Chickenpox, he may not have the antibodies to protect him from the disease as an adult. The blood test is necessary if students cannot document the 2 vaccines. If the test comes back negative then the student must have the 2 vaccinations prior to entering a clinical area. You may obtain further information from the web site: CDC.GOV. Click on V-Varicella. Please allow two months prior to clinicals to begin the blood testing process.



Health Screening for Health Science Education

Proof of Immunization (2 of 2)

V. TETANUS

within last 10 years

VI. DIPHTHERIA

within last 10 years

VII. PERTUSSIS

within last 10 years

VIII. HEPATITIS B VACCINE (Dental Assisting applicants are required to complete Injection #1 by class start date and Injections #2 and #3 by external clinical component.)

Some clinical facilities for the other health programs will require the Hepatitis B Vaccine series before your externship.

Therefore, you will not be able to complete your program without completing the HBV series.

A. injections #1, #2, #3, **OR**

B. titer

IX. NEGATIVE DRUG TEST

within 30 days prior to class start date

I, _____ hereby grant my licensed physician and /or the physician /laboratory/facility performing the procedures to release this information to the Pinellas County Schools.

Student Name (Printed) _____ Date _____

Parent Signature for Student Under Age 18



Vaccination & Testing Acknowledgment Proof of Immunization

I understand that completion of clinical experiences in health care facilities is a requirement for full program completion of Health Occupations Education Programs at Pinellas Technical College.

I understand that the health care facilities implement requirements for entry to the facility and participation in clinical experiences where my interaction with patients is required. Among these requirements are proof of vaccinations and testing for infectious diseases.

I understand that it will be my responsibility to provide the required documentation of the mandated vaccinations and proof of infectious diseases testing as dictated by the health care facility.

I understand that I am responsible for all costs incurred for any immunizations and/or testing.

I understand that not providing the required documentation as mentioned above, could result in my inability to complete all requirements of the health occupations training program and not be eligible for a Certificate of Program Completion from Pinellas Technical College.

I acknowledge that I have read and understand the information above and have had the opportunity to ask related questions.

Student Name *(PLEASE PRINT)* _____

Student Signature x _____ Date _____



Medical Insurance Proof of Coverage

School Board of Pinellas County, Florida
Pinellas Technical College Health Science Programs

Verification of Medical Insurance (PLEASE PRINT)

I, _____, **verify that** I am enrolled in a Health Science Program through Pinellas Technical College. I fully understand that clinical sites and facilities require students to have their own medical insurance to participate in the clinical assignment(s). I also understand that **clinical hours are required for Health Science program completion** and that, without clinical hours, I cannot complete the program.

Should the need arise for medical care due to an accident or other injury or loss, while participating in my regularly scheduled theory or clinical learning activity, my medical expenses will be covered by:

(CHECK APPROPRIATE SECTION(S) & PROVIDE INFORMATION BELOW)

1 **Medical Insurance Policy**

Insurance Company _____

Policy Number _____

Effective Date _____ Expiration Date* _____

2 **Medicaid, Medicare, or Department of Veterans Affairs, etc.**

Insurance Company _____

Policy Number _____

Effective Date _____ Expiration Date* _____

** I am aware that, if I am enrolled in the program beyond my policy's expiration date, I must purchase another policy.*

I understand that, in the event my insurance policy does not cover my complete loss or damages, I agree to be personally responsible for such uncovered injury, loss, or damages I sustain while participating in my regularly scheduled theory or clinical learning activity.

I further understand that I am not entitled to any benefits, or workers compensation, in the event of any injury occurring on the premises of the class/clinical learning experience.

I acknowledge that I have read and understand the contents of this entire form, and have selected the appropriate insurance option(s) above for my situation.

Student Name (PLEASE PRINT) _____

Student Signature x _____ Date _____

Note: Staple Proof of Insurance (Copy of Medical Insurance Card, front & back) to this form and return it with your Application Packet.

The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, sexual orientation or disability in any of its programs, services or activities.



Notification of Exposure

Pinellas Technical College

I understand that, as a student at Pinellas Technical College in the *Central Sterile Processing, Dental Assisting, Emergency Medical Technician, or Surgical Technology* programs, I may come in contact with toxic chemicals, infectious organisms, and communicable diseases.

In addition, I understand that I am to be tested, treated or vaccinated against any condition warranted according to the clinical experience facility and the Pinellas County Schools immunization requirements policy (*Health Screening for Health Science Education*).

I accept full responsibility for:

- All costs incurred for any testing/immunizations.
- Time missed from school as a result of testing, immunizations or exposure.

I also understand that it is my responsibility to:

- Wear and/or use the following protective clothing and/or gear when carrying out my clinical duties: gloves, face masks/shields, lab coats, goggles, disposable gowns, fluid resistant clothing, head coverings, shoe coverings, lead aprons and laser goggles.
- Follow proper safety procedures as required by OSHA and the facilities.

I acknowledge that I have read and understand the above exposure notice and safety procedures.

Student Name (PLEASE PRINT) _____

Student Signature x _____ Date _____



Confidentiality Statement

Pinellas Technical College

The Health Science programs at Pinellas Technical College expect their students to represent the school in a manner that reflects high standards of personal integrity, education and service to patients.

I understand that, as a student in the *Central Sterile Processing, Dental Assisting, Emergency Medical Technician, Medical Coder/Biller, or Surgical Technology* program, I will conduct myself according to the highest ethical standards. Underlying principles are based on common courtesy and ethical/moral behavior. These are essential for me to grow professionally and to receive the desired trust and respect of all members of the health care profession.

I agree to the following items:

- I will not discuss patients, or any identifying data, in public settings such as cafeterias, elevators, hallways, over the phone, with family or friends, with other patients, or where patients might overhear me.
- Discussion of my patient should only occur in approved settings, such as, giving or taking reports or in clinical conference.
- I will use patient initials in all discussions and on written documents.
- I will destroy all notes and computer-generated papers after completing my daily assignment.
- To protect the integrity of the medical record I will not photocopy material from the medical record.
- If there are concerns about patient confidentiality, I will check with my instructor to obtain guidance.

I acknowledge that I have read and understand the confidentiality statement and procedures above.

Student Name *(PLEASE PRINT)* _____

Student Signature x _____ Date _____



Central Sterile Processing

Mission

To provide education, professional development, and certification. To promote patient safety by raising the level of expertise needed to be better equipped to handle the increasingly specialized requirements of medical device reprocessing.

Length 650 Hours

Program (H170222) consists of a planned sequence of courses

- **Central Supply Assistant** – Course STS0015 (210 hours) – Consists of theory and application of central services departmental organization and function; basic anatomy, physiology, microbiology and chemistry related to central service activities; quality assurance; infection control and isolation techniques, principles of safety; principles, methods and controls of sterilization processes; cleaning, processing packaging, distributing, and storing.
- **Basic Healthcare Worker** – Course HSC0003 (90 hours) – Instruction covers basic health care and safety procedures, employability, communications, interpersonal skills, basic mathematics, science, and computer literacy.
- **Central Sterile Service Materials Management** – Course STS0019 (150 hours) - Instruction covers supply distribution and inventory control, Procurement skills, and Sterile supplies.
- **Central Sterile Processing Technician** – Course STS0013 (410 hours) – Students will practice language knowledge, critical thinking, leadership and teamwork as well as demonstrating roles and responsibilities of the central supply worker.

Core Content

- Clean, disinfect, inspect, assemble and sterilize surgical instruments
- Students create a portfolio for employment purposes
- Students complete the first 240 clock hours of 24 quizzes, 6 tests related to theory and curriculum, then complete 410 hours of hands-on experience which include: General Cleaning, Wrapping Packaging, Assembling Instrument Tray, Sterilization, Storage Clean & Sterile, Patient Care Equipment, Linen Folding, Case Carts, Distribution and Miscellaneous Policies & Procedures
- Prepare for international certification by the *International Association of Healthcare Central Service Material Management (IAHCSMM)*

Note: The Pinellas Technical College Surgical Technology program is unable to accommodate students who wish to participate in clinicals at sites other than those approved for use locally. Only day hours are available.

Special Admission Requirements

A High School Diploma, or a GED, is required for this program. Other, specific health occupations admission guidelines (immunizations, drug screening, background check, etc.) are listed in this application packet. *Students enrolled in the program must be 18 years of age at the time of graduation from the program.*



Health Science Application Packet

Program Overview (2 of 2)

Central Sterile Processing

Central Sterile Processing Distance Education

Not available at this time.

Accreditation

- Council on Occupational Education (COE)
7840 Roswell Road, Building 300 Suite 325, Atlanta, GA 30350
770.396.3898 or 1.800.917.2081

Industry Certification(s)

- Upon completion of this course, students will be able to sit for the
CRCST (Certified Registered Central Service Technician) Certification Exam

Related Resources

- O-NET Online (U.S. Department of Labor) Occupational Data for *Medical Equipment Preparers* –
www.onetonline.org/link/summary/31-9093.00