



Application Packet Patient Care Technician (PCT) Training Program

Required Application Documents:

1. Completed Patient Care Technician Training Program Application (Pages 6-13)
2. Completed Health History Form
3. Copy of Electrocardiography Program National Certification
4. Copy of Phlebotomy Program National Certification
5. Copy of High School Diploma/GED transcript or College/University Diploma or Transcript
6. Human Subjects Document – Assumption of Risk and Consent
7. Copy of Criminal Background Check Confirmation page thru *Precheck, Inc.*
 - Confirmation page, confirmation number, or copy of confirmation email is acceptable
8. Copies of Required Immunization Records including Tuberculosis Test (TB) within the last year
9. Concentra Drug Screen Custody Control Form
10. Hospital requires COVID vaccination or affidavit.

Application

Interested students must apply for the Patient Care Technician (PCT) Training Program by completing and submitting all required application documents to HealthCareOpenEnrollment@delmar.edu or deliver to 3209 S. Staples St. Room 115, Corpus Christi, TX. 78411. https://map.delmar.edu/#ctdl-GMAP_2017112125949 ALL applications will be destroyed within 30 days.

Registration

Approved program applicants will be notified when they are eligible for registration. Students can register at <https://self.delmar.edu/Student/InstantEnrollment> Registration is on a first come, first served basis. Classes may be closed due to maximum enrollment or cancelled without notice. Prospective students are encouraged to complete all documentation and register early.

Prerequisites

Students must have successfully completed both the Electrocardiography and Phlebotomy classes in order to apply for the Patient Care Technician Program. Student who have not met this qualification are ineligible for the Patient Care Technician Program.

English Reading and Writing Proficiency

Students are expected to be proficient in the English language. High School diploma or GED is not required to participate in the program.

Required Courses

<u>Course Name & Number</u>	<u>Total Contact Hours</u>	<u>Tuition Cost:</u>
NUPC 1020: Patient Care Technician	(96 contact hours)	\$787.00

Financial Aid

Financial Aid may be available for the Nurse Aide Training Program if the student qualifies and if funds are available. Those students wishing to inquire and/or apply for Financial Aid information may do so at <https://www.delmar.edu/becoming-a-viking/afford/finaid-forms.html> or by calling (361) 698-1726. Students interested in using financial aid or any other type of funding must have their financial aid voucher/form of payment ready at the time of registration. **Please indicate to the Financial Aid office at the time of application that you are applying to a Continuing Education Program and not a College Credit Program, as funding sources are different.**

Course Descriptions

NUPC 1020: Training, skills, and knowledge needed to gain employment as a Patient Care Technician in a hospital setting. Training includes basic patient care, clinical procedures, patient safety, and routine office-lab procedures. Students will learn ethical and legal responsibilities for those in a health care setting. **Students will be required to perform venipunctures on each other as well as perform EKG's on each other during lab sessions.**

Methods of Presentation

- Lecture
- Group discussion
- Demonstration and role play
- Laboratory practice with active student participation

Required Course Textbooks/Workbooks

- *Fundamental Concepts & Skills for the Patient Care Technician*, Little, 2018 ISBN# 978-0-323-43013-5
- *Fundamental Concepts & Skills for the Patient Care Technician Workbook* ISBN# 978-0-323-44571-9

Textbook may be purchased at one of the followingbookstores:

Del Mar College On-Campus Bookstore
East Campus – Harvin Center
Corner of Baldwin Blvd. & Ayers

Classroom Grading System

Quizzes.....	25%
Exams.....	25%
Final Exam.....	50%

Completion Grading System

90 - 100 = A
80 - 89 = B
Below 80 = Fail (F)

Del Mar College Student ID

Your instructor will inform you when ID badges may be obtained from the library.

***ID cards available only when campuses are open.**

Required Supplies for the first day and every class/clinical day

- Teal colored scrubs (scrub top with front pockets is preferred). Uniforms may be purchased at any uniform store. A lab coat may be worn and is required to be the same color as the scrub bottom and top. White is reserved for instructors only.
- Comfortable (predominantly) white closed-toe shoes. (Shoes with some color, for example on the brand logos, are acceptable but shoes should be predominantly white in color.) No Crocs™ allowed.
- Waterproof watch with a sweeping second hand and military time. No Smartphone or Smartwatches will be allowed.
- Supply kit which consists of a blood pressure, digital thermometer, stethoscope, gait belt and pen light. Kits may be purchased at Alameda Medical Supply located at 1326 Airline Road or any medical store where these items may be sold separately.
- ID badge provided by the college (announcement will be made by instructor where to obtain this). You must dress in the teal uniform for the photo id badge.
- Blue ink pens

Dress Code and Electronics Usage

- Students are expected to attend classroom and clinical sessions clean and neatly dressed in required scrubs that present a professional appearance with ID badge visible. Students not conforming to the dress code will be sent home. Repeat violations will result in dismissal from the program at the discretion of the Program Manager
- Your Photo ID is an integral part of the uniform. Placement is on the left upper chest with photo

visible.

- Hair must be a clean natural color, neat and pulled back away from the face. Male students must either shave regularly or keep a clean and well-groomed mustache and/or beard.
- Students should bathe every day and are expected to refrain from excessive use of perfume, cologne or after shave lotion due to the close proximity in the lab/clinical working environment with other students and patients. Fragrances or essential oils could cause bronchospasms in the patient.
- Fingernails must be kept clean and short (1/8" above the fingertips). Artificial nails are NOT permitted due to infection control issues. Only clear nail polish will be allowed on fingernails.
- Jewelry should be conservative and limited to only a wedding ring, wristwatch, necklace kept close to the skin and not dangling, and one pair of earlobe earrings not extending ½ inch below the earlobe. No bracelets, visible tattoos, body or face piercing, gauges, or cartilage piercings of any kind are allowed. Other articles of clothing such as hats, hair accessories, etc. that may present a safety issue or be disruptive to the learning process will not be allowed.
- An white, gray, or black undershirt discreetly hidden underneath the scrub top may have to be worn to avoid revealing undergarments or skin exposure. Scrub pants must be the right length and hems cannot be dragging or touching the floor.
- Please ensure scrub top and pants fit comfortably and provide appropriate cover during any type of physical movement such as bending down, bending over, kneeling, lifting, reaching, etc. Additionally, pants must not drag or touch the floor.
- All electronic devices, including cell phones must be turned off or muted. Absolutely no use of cell phones, including text messaging, during classroom or clinical time is allowed. No smart watches are allowed.

Clinical Conduct Expectations

Students who do not adhere to the classroom and laboratory site requirements may be dismissed from the program and may not be recommended for the National Certification in accordance with college policy.

This includes the following, but not limited to:

- Uncooperative behavior or attitude
- Excessive tardiness
- Excessive absences
- Malpractice (out of the scope of practice)
- Smoking, vaping or illegal drug use
- Any other concern brought up by the supervisor of the clinic/hospital.

Please refer to the Del Mar College Student Handbook for additional student information [Catalog and Student Handbook 2023–2024](#) » [Your Rights, Responsibilities, Safety](#) » [Rights and Responsibilities](#)

Drug Screen

All applicants must submit a drug screen thru *Concentra* located at 4025 South Padre Island Drive.

Concentra's phone number is 852-8255 and the fee is approximately \$54.00, payable by the student.

Students will receive a Custody Control receipt form from *Concentra* at the time of specimen collection and this form must be submitted with the Nurse Aide application. Official drug screen results will be sent directly from *Concentra* to Del Mar College. *Concentra* document is on page 12 and is to be submitted to *Concentra* at the time of your appointment.

Immunizations

Past immunization, records may be retrieved from your health care provider, the county health department, or your high school registrar. Immunizations may be updated with your health care provider, the county health department, *Concentra*, or any other medical facility that administers vaccines.

Only copies of immunization records will be accepted. All records submitted with the application will no longer be released back to the student. Therefore, it is imperative students hold on to their original immunization documentation.

Provide your health care provider with the list of ALL immunizations required below. Applicants must provide

a copy of official documented proof of ALL immunizations.

- **VARICELLA (CHICKEN POX) immunity as shown by one of the following:**
 - Physician/parent/guardian documented history of the disease (form attached)
 - Immunization record from physician documenting: One dose on or after the student's first birthday or, if the first dose was administered on or after the student's thirteenth birthday
 - Two doses of varicella (chickenpox) vaccine are required or serum titer confirming immunity
- **COMPLETE HEPATITIS B VACCINATION SERIES**
 - Three doses administered over a 6-month period or a serum titer confirming immunity.
- **MEASLES, MUMPS AND RUBELLA VACCINATION (MMR) or a serum titer confirming immunity to each disease**
 - Second measles vaccination (may be a part of a second MMR) or a serum titer confirming immunity.
- **PPD T.B. TEST WITH A NEGATIVE READING**
 - PPD skin test within the last year or chest x-ray or Tuberculosis Health Questionnaire within the last year
- **ONE DOSE OF A TETANUS-DIPHTHERIA TOXOID (TD) IS REQUIRED WITHIN THE LAST TEN YEARS**
 - The booster dose may be in the form of a tetanus-diphtheria- pertussis Tdap.
- **Age 21 and younger, the Meningitis/Meningococcal vaccine is required.**
 - Drug Screen(form is attached) Verification must be submitted with application packet.
- **Hospital requires proof of COVID vaccination or affidavit.**

Criminal Background Check

All applicants must submit a criminal background history check through *PreCheck, Inc.* Background checks may be submitted online (See attached instruction page). The complete background report does not need to be submitted with the application, only the confirmation page, or you may include the confirmation number on your application. The results of the background report are sent electronically to the department. If an applicant is unable to complete the report online, please contact *PreCheck, Inc.* at 1-800-999-9861. Police and state reports are not accepted – only background checks through *PreCheck, Inc.* are acceptable. If a report was previously sent in another semester, please provide proof of this submission. The department will accept previously submitted background checks through *PreCheck, Inc.* if the report can be retrieved electronically. You will be asked to submit and pay for another background check if the report is irretrievable. Failure to submit the background check upon request may result in the loss of tuition and removal from the program. **The following offenses will disqualify an individual from consideration for admission** (this includes, but is not limited to):

- Registered sex offenders
- Health and Human Services – Office of Inspector General list of excluded individuals, U.S. General Services Administration excluded parties list, Employee Misconduct Registry, U.S. Treasury - Office of Foreign Assets Control (OFAC) List of Specially Designated Nationals (SDN), Texas Health and Human Services Commission (TX HHSC), Office of Inspector General (OIG), Exclusion List.
- Felony convictions
- Felony deferred adjudications involving crimes against persons (physical or sexual abuse)
- Known or observed abuse or neglect of patients/clients/customers.
- Observed or proven theft
- Convictions of violent acts (misdemeanor or felony)
- Misapplication of fiduciary property or property of a financial institution (Class A misdemeanor or felony)
- Securing execution of a document by deception (Class A misdemeanor or felony)
- Violence in the workplace.

Patient Care Technician Certification Exam

After successfully completing the Del Mar College Patient Care Technician program, students will have the opportunity to test for the American Society of Phlebotomy Technicians Association (ASPT) National Certification Exam for Patient Care Technician. This certification denotes the student has received formal education and skill mastery in Patient Care Technician training. **The certification exam fee of \$110 is due**

at the time of registration. Refunds will not be available after the 3rd census date.

Attendance and Tardiness

Regular and punctual attendance is critical and required at all classroom and clinical sessions. Students must sign the Del mar College Daily sign-in record for attendance. The Program requires mandatory hours that are certified by your state approved instructor and Del Mar College. There will be no make-up lecture or clinical days. Consequently, student absences will be limited.

Services for Students with Disabilities

Del Mar College and the Center for Access and Advocacy are committed to ensuring equal access to college services, programs, and activities for qualified students with disabilities in accordance with The Americans with Disabilities Act (ADA) 1990, The ADA Amendments Act of 2008, Section 504 of the Rehabilitation Act of 1973, and applicable Texas state laws. As such, students shall not be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity of the College. Please contact the Center at 361-698-1292 or access@delmar.edu.

Access Services

Access Services is part of the [Center for Access & Advocacy \(CAA\)](#).

Heritage Campus – Harvin Center, Room 118

Windward Campus – Health Science 1, Room 215

Oso Creek Campus – Main Building, Room 213

Contact Number: 361-698-1292 Email address: access@delmar.edu

What is a Patient Care Technician?

A Patient Care Technician (PCT) is a relatively new position that is growing fast. PCT's incorporate skills and knowledge of a phlebotomist, EKG technician, and nurse aide. PCT's have daily hands-on experiences with patients by helping them with procedures and tasks such as taking vital signs, performing ECG's, blood draws, hemodialysis and many other supportive skills for both nurses and doctors. PCT's are able to work in a variety of health care settings such as hospitals, rehabilitation centers, dialysis facilities home health care agencies, nursing homes, clinical laboratories, and doctor offices.

The Del Mar College Patient Care Technician program is focused on providing the student with the knowledge and skills necessary for a Patient Care Technician. **Pay rates for entry level patient care technicians in the South Texas area range from \$18.00 to \$22.00 per hour** (*not analytical data.*) It is the student's responsibility to research the geographic location in which they plan to seek employment for accurate career information and employment demand. Del Mar College does not place students in jobs but the Career Office located on the East and West Campus is available to all enrolled students for related job search and career planning.



DEL MAR COLLEGE

HEALTH CARE PROGRAMS
PATIENT CARE TECHNICIAN (PCT) TECHNICIAN TRAINING PROGRAM

Last Name: _____ First Name: _____ Middle Initial: _____

Address _____ City _____ Zip _____

Home Telephone # _____ Alternate or Cell # _____

Social Security # _____ Date of birth _____

Email Address _____

PLEASE CHECK OFF THE LIST BELOW AND ATTACH THE REQUIRED DOCUMENTS TO THIS APPLICATION BEFORE SUBMITTING:

- Checkboxes for required documents: Patient Care Technician Training Program Application, Complete Health History Form, Copy of Criminal Background Check Confirmation page thru Precheck. Inc., Copies of Required Immunization Records including Tuberculosis Test (TB) within the last year, Human Subjects Document - Assumption of Risk and Consent (EKG and Phlebotomy), Copy of Electrocardiography National Certificate, Copy of Phlebotomy National Certificate, Custody Control Drug Screen Form receipt received from Concentra, Copy of American Heart Association CPR Basic Life Support (BLS) Provider and Heartsaver First Aid certification, Copy of High School Diploma/GED transcript or College/University Diploma or Transcript

STUDENT SIGNATURE: _____ DATE: _____

HEALTH HISTORY FORM
(Please fill out completely)

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

SS# or DMC ID# _____ E-mail _____

Phone (Home) _____ (Cell) _____ (Other) _____

Person to be contacted in the event of an emergency:

Name _____ Relationship to you _____

Address _____ City _____

Phone (Home) _____ (Cell) _____ (Other) _____

Doctor _____ Doctor's Phone _____

Hospital Preference _____ Medical Insurance _____

Any medications you are currently taking (prescribed and over the counter)

Check the following as it applies to your health history:

- | | |
|--|--------------------------------------|
| _____ High blood pressure | _____ Allergies |
| _____ Elevated blood cholesterol | _____ Respiratory problems |
| _____ Previous or current hernia | _____ Cancer |
| _____ Family history of heart disease | _____ Muscle, joint or back disorder |
| _____ Sedentary lifestyle (inactivity) | _____ Seizures |
| _____ Diabetes | _____ Currently pregnant |
| _____ Autism/Asperger Spectrum | _____ Mental Health |
| _____ ADD/ADHD | |

Explanation of the above items (continue on back if needed): _____

I understand there are risks inherent in participating in any physical activity and will seek the advice of my physician, if appropriate. Del Mar College assumes no liability for any injury or illness I may sustain while participating in classroom, lab, or clinical activities. I will inform my instructor of any health changes. I understand that I am participating at my own risk.

Signature of Student: _____ Date _____

Signature of Parent: _____ Date _____

(If applicable)

Documenting History of Illness: Varicella (Chickenpox)

This form summarizes the “Exceptions to Immunization Requirement (Verification of Immunity/History of Illness)” incorporated in Title 25 Health Services §97.65 of the Texas Administrative Code (TAC).

Section §97.65 of the TAC states, “A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's/student's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease (see form at <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>).” School nurses may also write a statement to record cases of chickenpox that they see. The school will make and keep copies of any reports proving chickenpox illness or the results of any serologic tests given as proof of immunity. The original should be given back to the parent or guardian. If a parent or guardian cannot give the history of disease, or if serologic proof is not available, the varicella vaccine requirement must be met.

Proof of having had chickenpox disease can be proved by:

1. Serologic blood confirmation of varicella immunity.
2. A written report from a doctor, school nurse, or the parent or guardian of the child or student using words like:

“This is to prove that _____ had chickenpox on or about
(Name of student)

_____ and does not need varicella vaccine.”
(month / day / year)

(Signature)

(Relationship to student)

(Date)

Visit our website at:
www.immunizetexas.com





DEL MAR COLLEGE PATIENT CARE TECHNICIAN
STUDENT INSTRUCTIONS

Background checks are required to ensure the safety of patients treated by students in the clinical education program. The reports are typically completed within 3-5 business days; however, you must submit your order in sufficient time for the report to be reviewed by the program coordinator or associated clinical site prior to starting the rotation. The background check is conducted by PreCheck, Inc., a firm specializing in the healthcare industry.

GETTING STARTED

Follow this link to [MyStudentCheck](#)

If you are unable to access the link, you may type in the web address located at the bottom of this page.

- Confirm the school name matches: **Del Mar College Phlebotomy Program**
 - Select your program from the drop down menu, and then select background check.
 - Log in with your username and password. If you do not have an existing profile, please create a new account.
 - Enter the required information, provide authorization, and continue to enter payment information.
 - If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.
 - You will be provided with a receipt and confirmation page when your order is placed.
-

PRICING

Background Check **\$61.32**

Applicable taxes will be collected for residents of Texas and New Mexico.

FREQUENTLY ASKED
QUESTIONS

- 1. What does PreCheck do with my information?**
Your information will only be used for the services ordered. Your credit will not be investigated and your name will not be given out to any businesses.
 - 2. I selected the wrong school, program or incorrect information.**
Please email StudentCheck@PreCheck.com with the details.
 - 3. Do I get a copy of the background report?**
Yes, go to www.mystudentcheck.com, log in, and select Check Status.
 - 4. I was denied entry into a program because of information on the report, who can I contact?**
Call PreCheck's Adverse Action hotline at 800-203-1654.
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DEL MAR COLLEGE

ELECTROCARDIOGRAPHY PROGRAM

HUMAN SUBJECTS DOCUMENT
ASSUMPTION OF RISK AND CONSENT TO PROCEDURES

General Information:

During this course you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training. As a part of these learning activities, you will be asked to perform specific skills as well as be the subject of specific skills practiced by students. These learning activities will be conducted under the supervision of the course instructor.

Benefits:

The activities listed have been selected because they are skills essential to the learning process and the faculty believes that realistic practice is essential for optimum learning.

Risks/Discomforts

Participation may create some anxiety or embarrassment for you. Students will be required to wear form fitting tops such as sports bras (with no underwire) and/or tank tops during electrode placement procedures in the ECG clinicals. Additional procedures may create minor physical or psychological discomfort. Specific risks are listed below.

Your Rights

You have the right to withhold consent and to withdraw consent after it has been given. You may ask questions and expect explanation of any point that is unclear.

Table with 3 columns: Learning Activity, Specific Benefit, Risks/Discomfort. Row 1: Performance of ECG's, Student gains experience needed prior to performing procedures on actual patients, Possibility of minor skin discomfort and irritation from electrodes.

I have read the above Human Subjects Document. I acknowledge my understanding of the risks and benefits described. I release Del Mar College, including its facilities and staff, from any liability for any injury or complication that may result from any and/or all activity occurring during the clinical practice sessions. All my questions have been answered and I agree to participate as a subject in the learning activities listed above.

Signature of student

Date of Birth

Date

Signature of Parent/Guardian if under 18 years of age

Date



DEL MAR COLLEGE

PHLEBOTOMY PROGRAM

HUMAN SUBJECTS DOCUMENT ASSUMPTION OF RISK AND CONSENT TO PROCEDURES

General Information:

During this course you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training. As a part of these learning activities you will be asked to perform specific skills as well as be the subject of specific skills practiced by students. These learning activities will be conducted under the supervision of the course instructor.

Benefits:

The activities listed have been selected because they are skills essential to the learning process and the faculty believe that realistic practice is essential for optimum learning.

Bloodborne Pathogen Exposure

It is important that you be aware that blood and other body fluids have been implicated in the transmission of certain pathogens, particularly Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), the virus responsible for Acquired Immune Deficiency Syndrome (AIDS). In order to minimize risk of exposure to bloodborne pathogens, the student must agree to follow Standard Precautions guidelines as well as comply with regulations outlined in the OSHA Bloodborne Pathogen Standard.

Risks/Discomforts

Participation may create some anxiety or embarrassment for you. Some procedures may create minor physical or psychological discomfort. Specific risks are listed below.

Your Rights

You have the right to withhold consent and to withdraw consent after it has been given. You may ask questions and expect explanation of any point that is unclear.

Learning Activity	Specific Benefit	Risks/Discomfort
Venipuncture using both evacuated tube system (ETS) and syringe system	Student gains experience needed prior to performing procedures on actual patients	Possibility of hematoma or bruising; slight, temporary pain with procedure; slight risk of temporary nerve inflammation
Finger puncture	Same as above	Slight, temporary pain upon puncture; minimal possibility of infection (provided area is kept clean)

I have read the above Human Subjects Document. I acknowledge my understanding of the risks and benefits described. I acknowledge my understanding of the risks and benefits described. I release Del Mar College, including its facilities and staff, from any liability for any injury or complication that may result from any and/or all activity occurring during the clinical practice sessions. All my questions have been answered. I agree to participate as a subject in the learning activities listed above.

Signature of student

Date of Birth

Date

Signature of Parent/Guardian if under 18 years of age

Date

**DRUG SCREEN
IS VALID FOR 30 DAYS,
PLEASE SCHEDULE YOUR DRUG
SCREEN 30-45 DAYS
PRIOR TO THE FIRST DAY OF CLASS.**



(Take this form to Concentra for Drug Screen. Patient must present Authorization and Photo ID at the time of service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

Work Related

Injury Illness

Date of Injury _____

Substance Abuse Testing* (check all that apply)

Regulated drug screen Breath alcohol

Collection only Hair collect

Non-regulated drug screen Rapid drug screen

Other _____

Type of Substance Abuse Testing

Preplacement Reasonable cause

Post-accident Random

Follow-up

Special instructions/comments:

Student is enrolled in Continuing Education Health Care Training Program. Drug Screen is required. Student is Self-Pay.

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Special Examination

Asbestos Respirator Audiogram

Human Performance Evaluation*

HAZMAT Medical Surveillance

Other _____

Billing (check if applicable)

Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: Mary Guerra, BBA

Please print

Title: Program Manager, Del Mar College Healthcare

Phone: 361-698-2358 email: mguerra52@delmar.edu

Date _____

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)