

Health Careers

100 East College Avenue, Porterville, CA 93257

(559) 791-2321 FAX (559) 791-2417

Dear Psychiatric Technician Applicant:

Thank you for inquiring into the Porterville College Psychiatric Technician Program. The next class will start January 2016; the deadline for filing an application is September 30, 2015. The program lasts for three semesters.

To be considered for the Psychiatric Technician Program you must:

- Complete the Porterville College assessment test
- Complete the following required program prerequisites with a grade "C" or higher (these classes must be taken within five years of starting the PT program)
 - ANAT P052 (Introduction to Anatomy)
 - **PTVN P009** (Nursing Fundamental Concepts)
 - **PTVN P010C** (Lifespan Development)
- A grade "C" or higher in both ENGL P050 (College Writing) and MATH P061 (Pre-Algebra), or equivalent assessment test scores, is highly recommended.
- Four to six general education courses are recommended.

Application Procedures:

- Submit a completed application form to the Health Careers Office (HC-2071) with the following*:
 - A sealed copy of official high school transcripts, with the full date of graduation clearly stated, from a recognized, accredited high school or school district, <u>OR</u> an official GED with test scores.
 - Porterville College assessment scores
 - Unofficial Porterville College transcripts
 - Official transcripts from any other colleges attended (if applicable)
 - A letter of verification of work or volunteer experience in the health field, including the length of time worked. *It is the applicant's responsibility to see that all the above are on file at the Health Careers office. Applications without the above attachments will not be considered.
- After acceptance into the program, proof of the following must be provided to the Heath Careers office
 - An American Heart Association BLS(formerly CPR) Healthcare Provider card, valid through the entire program, is required
 - A physical, provided by the student's chosen doctor, at the student's expense, to ensure the student meets the physical requirements of the program, must be provided.
- Students will have to pass a drug/alcohol screening and a background screening (at student's expense). Major or minor infractions in a student's background (including informal probation) can lead to a denial of access to certain clinical sites.

Priority placement for Veterans

Students will be admitted to the program based on their scholastic eligibility. If the program is receiving Workforce Invest Act (WIA) funding or federal grant funding, in accordance with the Jobs for Veterans Act (JVA), priority will be given to applicants with proof of military, naval, or air service, who were discharged under conditions other than dishonorable. Students must work with Admissions and Records to determine eligibility. An eligible spouse or window(er) will also be extended this priority status.

Once you have submitted your application, should any tracking information (name, address, phone numbers, etc.) change, it is your responsibility to notify our office as soon as possible. If you have any additional questions, please do not hesitate to call (559) 791-2321.

Sincerely,

Kim Behrens MSN, RN Associate Dean, Health Careers

> A member of the Kern Community College District. "Providing Excellence in Education"

Porterville College Psychiatric Technician Program Projected Costs 2014-2015

SEMESTER 1	COST				
Registration fees (\$46 per unit)	\$727.00 (includes student center, health fees, parking)				
Books	\$418.00 (includes taxes)				
Supplies	\$50.00				
CPR	\$65.00 (varies by provider)				
Physical Exam	\$150.00 (varies by provider)				
Immunizations	\$200.00 (varies by provider)				
Drug Testing	\$35.00				
Background Check/document tracker	\$65.00				
Uniform with patch	\$65.00				
Lab Coat	\$80.00				
Shoes	\$50.00				
Watch	\$35.00				
Name Badge	\$8.00				
Skills Tote	\$86.00				
Subtotal	\$2,034.00				
ABOVE ADMISSION REQUIREMENT	S MUST BE COMPLETED PRIOR TO THE FIRST DAY OF CLASS				
SEMESTER 2	COST				
Registration	\$773.00 (including student center, health fee, parking)				
Books	\$152.00 (including taxes)				
Supplies	\$50.00				
Subtotal	\$975.00				
SEMESTER 3	COST				
Registration	\$750.00 (including student center, health fee, parking)				
Books	\$157.00 (including taxes)				
Supplies	\$50.00				
Graduation Expenses	\$44.50				
Fingerprinting (for clinical sites)	\$77.00				
BVNPT Licensing Fees (breakdown):					
Application	\$150.00				
Fingerprints and photo	\$82.00				
License Fee	\$300.00				
Subtotal	\$1,610.50				
GRAND TOTAL FOR 3 SEMESTERS	\$4,619.50				

Revised 5/29/14

Mail to:

Porterville College Health Careers 100 E. College Ave. Porterville, CA 93257 Attn: Applications



Porterville College Psychiatric Technician Program

Admission to:	Fall Semester			Spring Semester Year:			r:				
Semester:	1 st			2 nd			3 rd				
Personal Information											
Full Name:											
	Last	First M.I.						Prev	ious Last		
Address:	Street	Address						Apartme	ent/Unit #		
						_ Email Address	:				
	City		Stat	te		Zip Code	9				
Day Phone: ()			Alternate	Phone:	())	_			
Birth Date:			_	Student	ID #:						
U.S. Citizen:	Yes	No	Do	you have a va	lid Socia	I Security	or Tax Payer ID Nur	iber Yes	No		
Did you serve on active duty in the U.S. Armed Forces or are you an eligible spouse of a veteran?:* Yes No *If yes, please see Admissions & Records for possible Veterans priority.											
•		the Porterville Coll			Yes	No When?:					
				Job Informat	tion						
Name of Employer: Position:											
Education											
High School Attended:							Did you graduate	Did you graduate?: Yes No			
If no, do you have a high school proficiency or GED? Yes No Last year completed?:											
College(s) Attended:											
Name			City, State			Dates Attended	t	Degree			
In case of an em	ergency	, whom should we r	notify?: <u> </u>	ne							
Address			Pho	ne				elationship			
							d that any				
I certify that to the best of my knowledge, the information provided on this document is complete and accurate. I understand that any false or omitted information, intentional or otherwise, will result in removal of consideration for the program.											

Completion of this Page is Optional

Demographic Information

Please complete the following survey:

Male Female

Your age (please mark one of the following)

- <24 years of age
- 25 30 years of age
- 31 40 years of age
- 41 50 years of age
- 51 60 years of age
- >61 years of age

Ethnic background (please mark one of the following)

American Indian or Alaskan Native

Asian or Pacific Islander

African-American

African

Filipino

Hispanic

White, other than Hispanic

Other/Unknown

ESL Yes No

It is the applicant's responsibility to keep the Health Careers Office informed of any changes in personal information, including telephone numbers or addresses.

1/23/2014