

Physical Therapist Assistant Program

BACKGROUND CHECK, DRUG SCREEN, PHYSICAL EXAMINATION, AND IMMUNIZATION REQUIREMENTS

Students must satisfactorily complete all requirements listed in the Student Instructions Form below from Certified Background in order to participate in clinical rotations and progress in the PTA Program. The cost for Certified Background is \$167.00. **Do not begin the Certified Background process until instructed to do so at PTA orientation meeting.**

All requirements must be completed before October 15th

Nursing and Health Sciences students at Florida Gateway College involved in direct patient care during a clinical rotation in a healthcare facility are required to complete an in-depth background check. This is a requirement mandated under the guidelines cited in Florida Statutes 435 and by healthcare agencies with which FGC has clinical contracts.

Individuals who have been convicted, found guilty of, pled guilty to, pled no contest to, entered an Alford plea, received treatment or intervention in lieu of conviction, or received diversion for any of the following crimes (this includes crimes that have been expunged if the crime has a and substantial relationship to physical therapy practice) may be ineligible for placement in a clinical education rotation and/or for employment:

- A gross misdemeanor committed in Florida, another State, Commonwealth, Territory, Province, or Country.
- A felony in Florida, another State, Commonwealth, Territory, Province, or Country.
- A crime involving gross immorality or moral turpitude in Florida, another State, Commonwealth, Territory, Province, or Country.
- A violation of any municipal, County, State, Commonwealth, or Federal drug law.

Prior to participating in any Nursing and Health Sciences clinical rotation, students must be tested and must pass a drug screening. The drug screening must satisfactorily demonstrate that he/she is free from the use of any illegal drug and unprescribed controlled substance described or named in the law hereinafter referred to as “drug-free”. Applicants must be tested by urinalysis for **at least** the following classes: amphetamines, cannabinoids (marijuana), cocaine, opiates, and phencyclidine (PCP). Random screenings within the program may be required.

All students enrolled in any health program are required to be drug and/or alcohol-free when at the college and while at any “affiliating agency” (including parking lots and grounds). “Affiliating agencies” may require students to be subject to the agencies’ drug testing policies, including but not limited to, when there is reasonable suspicion to believe a student may be impaired, or is using or has used illegal drugs and/or alcohol. The student may be tested in accordance with the “affiliating agency’s” policies. If tested by an “affiliating agency”, the student shall provide his/her program coordinator with a copy of any test results. Failure to promptly do so shall be grounds for dismissal from the program and/or college.

A positive drug or alcohol test shall also be grounds for dismissal from the program. Admitted students must remain drug-free throughout the tenure in their program at the college. Failure to do so shall be grounds for dismissal from the program.



STUDENT INSTRUCTIONS FOR FLORIDA GATEWAY COLLEGE PHYSICAL THERAPIST ASSISTANT

About CertifiedProfile.com

CertifiedProfile is a secure platform that allows you to order your background check online. Once you have placed your order, you may use your login to access additional features of **CertifiedProfile**, including document storage, portfolio builders and reference tools. **CertifiedProfile** also allows you to upload any additional documents required by your school.

Before Placing Your Order

- Required Personal Information** - In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.
- Drug Test (LabCorp)** - Within 24-48 hours after you place your order, the electronic chain of custody form (echain) will be placed directly into your CertifiedProfile account. This echain will explain where you need to go to complete your drug test.
- Immunizations** - Document trackers provide secure online storage for all of your important documents. At the end of the background check order process you will be prompted to upload specific documents required by your school for immunization, medical or certification records.
- Fingerprints** - The online order process will guide you through the steps to complete a statewide Live Scan Fingerprint with **FDLE**.
- Payment Information** - At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a \$10 fee and an additional turn-around-time.

Place Your Order

Go to: www.CertifiedBackground.com and enter package code:

FL47

You will then be directed to set up your **CertifiedProfile** account.

View Your Results

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as **"In Process"** until it has been completed in its entirety. Your school's administrator can also securely view your results online with their unique username and password. Your fingerprint results are sent directly to the school from the **FDLE** and are not viewable online.

Immunization Requirements

TB Skin Test (1 Step) or Chest X-Ray

-There must be documentation of one of the following:

- Negative 1 step test in the past 6 weeks
- Negative Quantiferon Gold Blood Test (lab report required) in the past 6 weeks
- If the results of either are positive a clear Chest X-Ray (with lab report) is required

Tetanus

-There must be documentation of a Tetanus booster within the past 10 years.

Varicella (Chicken Pox)

-There must be documentation of one of the following:

- 2 vaccinations
- Positive antibody titer (lab report required)

Measles, Mumps & Rubella (MMR)

-There must be documentation of one of the following:

- 2 vaccinations
- Positive antibody titers for all 3 components (lab reports required)

Hepatitis B

-There must be documentation of one of the following:

- 3 vaccinations
- Positive antibody titer (lab report required)
- Declination Waiver (Inform instructor if you are declining the Hep B vaccine as this will require a manual override.)

Physical Examination

-Download, print & have a medical professional (Physician, PA, NP, or Mid-wife) complete and sign the 1 page Physical Examination form (must be completed on the school form within the past 6 weeks) and upload this requirement.

Annual Flu Shot

-There must be documentation of one of the following:

- Flu shot administered during the current flu season
- Declination Waiver

CPR Certification

-Course must be either the American Heart Association Healthcare Provider OR the American Red Cross Professional Rescuer.

Health Insurance

-Provide a copy of your current health insurance card (front & back) or proof of coverage.

I NEED HELP!!!

If you need assistance please contact **CertifiedProfile.com** at **888-666-7788** or studentservices@certifiedprofile.com and a Student Support Representative will be available **Monday-Thursday 8am-8pm, Friday 8am-6pm & Sunday 12pm-8pm EST.**



WWW.CERTIFIEDPROFILE.COM



888.666.7788

studentservices@certifiedprofile.com

Form A

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau



VECHS WAIVER AGREEMENT AND STATEMENT
Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) FLORIDA GATEWAY COLLEGE to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I ___ have *OR* ___ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___ do *OR* ___ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: FLORIDA GATEWAY COLLEGE

Address: 149 SE COLLEGE PLACE, LAKE CITY, FL 32025-2007

Telephone: (386) 754-4358 Fax: (386) 754-4858

FDLE Assigned Qualified Entity Number: V12040016

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY



Physical Therapist Assistant Program

Hepatitis B Vaccination Decline Form

Because of the possibility of coming in contact with contagious diseases, it is highly recommended that you take the vaccine for Hepatitis B.

To satisfy the agreements with the health care facilities that we utilize for clinical rotations, we need verification that you were vaccinated or we need your signature acknowledging the statement below that you do not wish to take the vaccine.

I DO NOT WISH TO TAKE THE HEPATITIS B VACCINE.

Student signature

Date



Physical Therapist Assistant Program

Flu Shot Declination Form

Influenza vaccine is **STRONGLY RECOMMENDED FOR HEALTHCARE WORKERS**, not only to protect themselves, but to reduce the chance of spreading influenza to our patients and community. Influenza infection can lead to serious complications and can be fatal, especially in elderly or sick persons, including those who are hospitalized. Most clinical facilities consider influenza vaccination a high **PATIENT SAFETY** priority.

To satisfy the agreements with the health care facilities that we utilize for clinical rotations, we need verification that you were vaccinated or we need your signature acknowledging the statement below that you do not wish to take the vaccine.

I DO NOT WISH TO TAKE THE INFLUENZA VACCINE.

Student signature

Date



Please complete the Student Data Form and the Student Placement Questionnaire once instructed to do so at the PTA orientation meeting. Both forms should be completed electronically and submitted to chad.caswell@fgc.edu as a Microsoft Word document no later than August 16, 2013.

Student Data Form

| | | | |
|---|-------------|--|-------------|
| School/Clinical Experience Level: First Clinical | | Dates of Clinical: Spring 2014 | |
| Student Name: | | Expected date of graduation: August 2014 | |
| Current Address: | | | |
| Good until (date): | | | |
| Permanent Address: | | | |
| Current Phone: | | Permanent Phone: | |
| Cell Phone: | | E-mail: | |
| Emergency Contact (1) | | Relationship: | |
| Home Phone: | Work Phone: | | Cell phone: |
| Emergency Contact (2) | | Relationship: | |
| Home Phone: | Work Phone: | | Cell phone: |
| Health concerns that clinical faculty should be aware of: | | | |



Student Placement Questionnaire

Please complete the following statements to assist with clinical rotation placement.

Student Name:

I have volunteered at the following facilities:

I have worked at the following facilities:

I have family that works at the following facilities:

I would like to have a rotation at the following type(s) of facilities:

I live closest to facilities in these cities:

I plan to seek employment at a facility in this city after graduation:

I plan to seek employment at this facility after graduation:

Please list any special needs or circumstances that might affect your placement in a facility: