

Attached is the Patient Care Technician Application

NOTE:

The application **MUST be completed in full** and all of the following items must be completed or attached prior to the processing of the application packet.

You MUST be registered at a Dallas County Community College and have a student I.D.

Submit the **COMPLETED** Project OnRamp Patient Care Technician Application

Attach a Photo ID (driver's license, passport, etc.)

You MUST be a US Citizen/Eligible to work in the US and you MUST be 18+ years old

You MUST have a current CNA License/Card attached to the application

Attach your College or High School transcripts/diploma

Make application for a High One Card through eConnect

Attach a current resume

You MUST have a current CPR certification/card (AHA BCLS) attached to the application

(assistance may be provided in obtaining CPR certification as long as all other requirements are met - please call our office at 214.860.2283 for registration)

Immunizations completed - verification MUST be attached to the application *(assistance may*

be provided in obtaining outstanding immunizations as long as all other requirements are met - please call our office at 214.860.2283 for assistance)



Project OnRamp Patient Care Technician Application

Last Name <input type="text"/>		Gender		Current Date: <input type="text"/>	
First Name <input type="text"/>	Middle Initial <input type="text"/>	<input type="radio"/> Female			
		<input type="radio"/> Male			
Address <input type="text"/>		Apt. # <input type="text"/>		Student ID <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>		Home Phone <input type="text"/>	
County <input type="text"/>				Cell Phone <input type="text"/>	
Mailing Address (if different than above) <input type="text"/>				Alternate Phone <input type="text"/>	
Do you agree to be contacted via text message?				Secondary Contact <input type="text"/>	
<input type="radio"/> Yes <input type="radio"/> No				Date of Birth <input type="text"/>	
College Email <input type="text"/>				Age <input type="text"/>	
Personal Email <input type="text"/>					

Employment History				Course Information (Internal Use Only)	
Position <input type="text"/>	Employer <input type="text"/>	Salary or Hourly Rate <input type="text"/>		Course Name <input type="text"/>	
Position <input type="text"/>	Employer <input type="text"/>	Salary or Hourly Rate <input type="text"/>		Course Number <input type="text"/>	
Position <input type="text"/>	Employer <input type="text"/>	Salary or Hourly Rate <input type="text"/>		Section Number <input type="text"/>	

Race - Ethnicity	Citizenship Information / Right-to-Work	Military Status
<p>Please select all that apply:</p> <p>Are you of Hispanic Latino or Spanish Origin?</p> <p><input type="radio"/> No, Not of Hispanic, Latino, or Spanish Origin</p> <p><input type="radio"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="radio"/> Yes, Puerto Rican</p> <p><input type="radio"/> Yes, Cuban</p> <p><input type="radio"/> Yes, Other Hispanic, Spanish or Latino Origin</p> <p>Race</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Hawaiian Native or Pacific Islander</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> White</p>	<p><input type="radio"/> U.S. Citizen</p> <p><input type="radio"/> Not U.S. Citizen</p> <p>Right-to-Work</p> <p>Legal Alien or Student Visa Alien</p> <p>ID Number <input type="text"/></p> <p><input type="radio"/> Permanent <input type="radio"/> Temporary</p> <p>Expiration Date <input type="text"/></p>	<p><input type="radio"/> Yes, Active Military Duty</p> <p><input type="radio"/> Yes, a veteran</p> <p><input type="radio"/> No, Not a veteran</p> <p><input type="radio"/> Yes, Eligible spouse</p>
		Disability Status
		<p>Are you disabled as defined by the American with Disabilities Act (ADA)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

Legal	Current Work Status	Current Employment
<p>Are you registered with Selective Service? (Not applicable for Women)</p> <p><input type="radio"/> Yes <input type="radio"/> No.</p> <p>Have you ever been convicted of a crime?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Felony <input type="radio"/> Misdemeanor</p> <p><input type="radio"/> Gross Misdemeanor</p> <p>Please list offense and year:</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="radio"/> Employed Full-Time</p> <p><input type="radio"/> Employed Part-Time</p> <p><input type="radio"/> Self-Employed</p> <p><input type="radio"/> Dislocated worker</p> <p><input type="radio"/> Unemployed.</p> <p><input type="radio"/> Unemployed with UI</p> <p><input type="radio"/> Eligible for TAA funding</p> <p><input type="radio"/> Volunteering</p> <p><input type="radio"/> Employee Benefits</p>	<p>Name of Employer</p> <p><input type="text"/></p> <p>Date of Employment <input type="text"/></p> <p>Job Title <input type="text"/></p> <p>Industry:</p> <p><input type="radio"/> Health Care</p> <p><input type="radio"/> Other <input type="text"/></p> <p>Hours Worked Per Week <input type="text"/></p> <p>Hourly Wage: <input type="text"/></p>

Education & Training **!!!!!!! Items to attach to this application !!!!!!!**

<p>Are you currently attending school/training?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Full-Time <input type="radio"/> Part-Time</p> <p>School Name <input type="text"/></p> <p>Start Date: <input type="text"/> End Date: <input type="text"/></p> <p>Program: <input type="text"/></p> <p>I am currently participating in practicums, clinical, or other required <u>on-the-job training</u>. <input type="radio"/> Yes <input type="radio"/> No</p> <p>Pell-Grant eligible: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Please attach transcripts to this application</p> <p>GED/Diploma Year <input type="text"/></p> <p>Certificate/Diploma <input type="text"/></p> <p>Year: <input type="text"/> School Attended <input type="text"/></p>	<p>CNA License #: <input type="text"/></p> <p><input type="radio"/> CNA License <input type="radio"/> Resume</p> <p><input type="radio"/> Immunization Record <input type="radio"/> College Transcripts (See attached form) (if applicable)</p> <p><input type="radio"/> CPR Card (if applicable)</p> <p align="center">Other Opportunities</p> <p>If you meet the program qualifications, are you interested in receiving funding for either of the two programs listed below, as the funds are available? (Check for yes, leave blank for no.)</p> <p><input type="radio"/> Medical Billing & Coding</p> <p><input type="radio"/> Medical Assisting Program</p>
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Equal Opportunity Is the Law

The seven independently accredited colleges of the Dallas County Community College District are part of an equal opportunity system that provides education and employment opportunities without discrimination on the basis of race, color, religion, national origin, sex, disability, age, sexual orientation, gender identity or gender expression.

This information is being requested to determine eligibility for grant-funded services. I know that state and federal privacy laws protect my records. I understand:

Why I am being asked to release this information.

Any information obtained will be kept confidential.

I authorize the colleges of the Dallas County Community College District, grant staff, and JP Morgan Chase - Grantor to share information about me in order to provide grant-funded services.

I may stop this consent with written notice at any time, but this written notice will not affect information the agency has already released.

Please send the completed form to any of the following:

Fax # (214) 860-2603

Email: dasmith@dcccd.edu

Mailing Address:
Danielle Smith
Health Careers Resource Center
801 Main Street, R700
Dallas, TX 75202

Physical Address: DO NOT MAIL TO THIS ADDRESS!
Danielle Smith
Health Careers Resource Center
701 Elm Street, 7th Floor
Dallas, TX 75202 - for questions call (214) 860-2276

I attest that the information I have provided is true and correct to the best of my knowledge.

Signed By _____ Date:

1. IMMUNIZATIONS

By State Law, these immunizations must be completed before direct patient care. All applicants must provide a copy of written documentation (CE office will NOT make copies for you) from a physician for:

_____TETANUS

All students must have proof of a Tetanus immunization within the last 10 years.

AND

_____VARICELLA (Chicken Pox) (Immunization, blood test, or history of illness)

All students must have one dose of varicella immunization after their 1st birthday; if the immunization was received before the 13th birthday, two doses of varicella immunizations. If the immunization was received after the 13th birthday, a serum titer confirming immunity or history of varicella (chicken pox) illness validated by student, student's parents or physician.

A statement from student, physician, or parent must be submitted with the following wording: *"This is to verify that (student's name) had varicella (chicken pox illness) on or about (date) and does not need the varicella immunization."*

AND

_____MMR (Measles, Mumps, Rubella Immunizations)

RUBELLA: All students must have proof of one dose of rubella immunizations administered on or after their 1st birthday OR serum titer confirming immunity or infection from disease. **MEASLES:** All students **born after January 1, 1957 must have proof of two doses of measles immunizations** administered on or after their 1st birthday at least 30 days apart OR proof of immunity to measles by serum titer. **MUMPS** All students **born after January 1, 1957** must have proof of **one dose of mumps immunization** administered on or after their 1st birthday or proof of mumps immunity by serum titer. Note: A MMR immunization includes one measles, one mumps, and one rubella immunization.

AND

_____HEPATITIS B Immunizations

All students must receive a **complete series of three hepatitis B immunizations** or show immunity to hepatitis B virus by serum titer prior to the start of direct patient care. If the immunization series is interrupted after the first dose, the second dose should be administered as soon as possible. The second and third doses should be separated by an interval of at least 2 months. If only the third dose is delayed, it should be administered when convenient. –Centers for Disease Control and Infection

AND

_____TB skin (PPd or chest x-ray) test with a negative reading. (*Test may not be more than 180 days old on the first day of class.*)

AND

_____Flue Shot (if in season)

AND

_____Include copy of driver's license and social security card

PREGNANCY—Requirements for measles, rubella, and mumps immunizations are waived during pregnancy. Pregnancy is not a medical contraindication for administration of Tetanus/diphtheria toxoids, but it is best to delay until the second trimester. If you are pregnant, you must provide proof from your doctor.