



Application for Admission PATIENT CARE TECHNICIAN (PCT)

Jefferson College Workforce & Employment Services
1000 Viking Drive • Hillsboro, MO 63050-2441
(636) 481-3143 • TDD (636) 789-5772 • www.jeffco.edu

LAST FIRST MI PREVIOUS NAME

CURRENT ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

CELL PHONE

EMAIL

SOCIAL SECURITY NUMBER

SCRUB TOP SIZE: ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL

SCRUB PANT SIZE: ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL

It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religion, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. Please note: If accommodations for a disability are needed, please contact Disability support Services at (636) 481-3148. TDD users may call (636)789-5772. The contents of this application are provided for informational purposes. The application is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and are effective when made. Jefferson College reserves the right to terminate programs for financial or other reasons which the College determines warranted. The programs, services, or other activities of the College may be terminated at any time due to reasons beyond the control of the College, including—but not limited to—acts of God, natural disasters, destruction of premises, labor disturbances, governmental orders, or financial insolvency.

The PCT program follows the guidelines established by the Missouri Department of Health & Senior Services for assistive personnel.

All application materials must be returned to Jefferson College's Workforce Employment Services Office.

THE ESSENTIAL FUNCTIONS OF THE PCT

Satisfactory completion of the Jefferson College Patient Care Technician (PCT) Program is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodation, to perform successfully the essential functions necessary in the role of the PCT.

Following appropriate instruction and supervision of the charge personnel, the student will:

1. Observe needs/condition of the patient utilizing the five senses.
2. Participate in direct care of the patient.
3. Implement basic nursing measures to give safe and effective care to patients, including:
 - a. Administering physical care, which often requires moving/lifting patients and/or equipment.
 - b. Performing basic nursing procedures, which may require standing for extended periods and ability to stoop and bend.
 - c. Utilizing standard precautions to include the wearing of gloves.
4. Communicate appropriately with patients, families, and other members of the healthcare team, including:
 - a. Verbal communication
 - b. Written communication
5. Maintain a safe and appropriate environment for patients.
6. Attend class sessions, which may involve sitting for extended periods with short breaks periodically.
7. Take written/oral scheduled examinations related to course/clinical curriculum.

Do you believe you would be able to perform the above listed essential functions, which are necessary in the role of a PCT for which you are applying? Yes No

If you answered NO to the above, are there any reasonable accommodations that you believe can be made that would permit you to perform the essential functions necessary in the role of a PCT? Please answer in the space provided below.

I have read the above statement and have answered to the best of my knowledge.

Signature of Applicant

Date

In order to have a complete file, you must read and sign this form and return it to the Jefferson College Workforce & Employment Services Office.

Jefferson College PCT Program Application

EMERGENCY INFORMATION

Emergency Contact: _____ Phone #: _____
Physician: _____ Phone #: _____
Allergies: _____

Please make sure that all sections of this application are complete with accurate up-to-date information.

Contact the Workforce & Employment Services Office with change of address.

File Reviews will not be rated unless all admission information requested is in your file.

LIST THREE REFERENCES

List complete name & phone number below. All three must be on file before review.

Name: _____ Phone Number: _____

Employer/Other: _____

Relationship of Reference (no family members): _____

Name: _____ Phone Number: _____

Employer/Other: _____

Relationship of Reference (no family members): _____

Name: _____ Phone Number: _____

Employer/Other: _____

Relationship of Reference (no family members): _____

NOTES:

- 1). Three (3) letters of reference must be submitted in sealed envelopes with the PCT application in order to be eligible for a review.**
- 2). Student may not use Title IV Funds, including Pell Grants or Student Loans, to pay for this course. Contact your local Missouri Job Center about funding options. Private loan options might be available.**

