

Admission Requirements

- Be at least 18 years of age
- Have a High School Diploma or GED and provide a copy of ONE of the following:
 - Unofficial college transcripts
 - H.S. Diploma
 - GED
- Create a [Student Profile](#) for registration
- Successfully pass a [Level 1 Drug and Background Screening \(additional information below\)](#) with Castle Branch
 - Separate fee of \$101.25
 - Results can take up to 7-10 business days
- [Complete Health Exam Form \(copy attached below\)](#) and provide proof of immunizations listed below
 - **Varicella Titer** (Chickenpox)
 - **Measles, Mumps, and Rubella** (MMR)
 - **TB 2 Step** within the last 12 months
 - **TDAP** within last 10 years
 - **Influenza**, during flu season only
 - **Hepatitis B**
- Email all above documentation to CERegistration@spcollege.edu

Please Note: Meeting minimum requirements **does not** guarantee admission into the programs

Dear Student,

Thank you for your interest in the SPC Allied Health Programs. A successful background check and drug screening is required to be accepted into the program. Provided below are the instructions you will need to begin the background check and drug screening process.

Instructions for Completing the Drug and Background Screening

- The drug and background screening must be completed as soon as possible
- The cost for the drug and background screening is a **total of \$101.25**
- Please review the [SPC background and drug screen policy \(copy attached below\)](#)
- To submit your screening order go to: <https://www.castlebranch.com>
- Click on **Place Order**
- Enter the appropriate **Package Code** for your program:
 - Phlebotomy: **PZ56bgdt**
 - Patient Care Technician (PCT): **PZ57bgdt**
 - Certified Clinical Medical Assistant (CCMA): **TV96bgdt**
- If you need assistance, please contact a **CastleBranch** directly via live chat through your **my CB account** or by calling **888-723-4263** or go to <https://discover.castlebranch.com/contact-us/>
- Students who do not complete the drug and background screening will not be able to participate in any of the Allied Health Programs

Background and Drug Screening for Health Programs at SPC

All students entering a health program at St. Petersburg College are required to successfully complete a background screening within 120 days prior to starting the first health program course. The student will pay the background screening fee directly to the appropriate vendor. Applicants for health related programs at St. Petersburg College must be free of offenses that would disqualify one for employment in a health related field or to sit for a state licensing exam.

For progression into the first health program course, prospective students may not have one felony or two misdemeanor charges with a disposition dated within five years from the start of the health program courses with a judgment of guilty, or with a plea of nolo contendere (no contest), or where adjudication was withheld. Further, an applicant may be disqualified for admission based on Florida Statute 456.0635, where such person has been convicted on felony charges relating to medical fraud, neglect or substance abuse, or where terminated for cause from the Florida Medicaid Program or other Medicare program.

Pursuant to [Section 456.0635](#), Florida Statutes, effective July 1, 2009, health care boards or the department shall refuse to renew a license, certificate or registration, issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been:

1. Convicted or plead guilty or nolo contendere, regardless of adjudication, to a felony violation of: chapters [409](#), [817](#) or [893](#), Florida Statutes; or [21 U.S.C. ss. 801-970](#) or [42 U.S.C. ss1395-1396](#), unless the sentence and any probation or pleas ended more than 15 years prior to the application.
2. Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
3. Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

Additionally, the following crimes may disqualify applicants from entering into any health education program regardless of date of disposition:

- Murder
- Manslaughter
- Vehicle homicide
- Killing of an unborn child by injury to the mother
- Assault, if the victim of the offense was a minor
- Battery, if the victim of the offense was a minor
- Aggravated assault
- Aggravated battery
- Kidnapping
- False imprisonment
- Sexual battery

- Prohibited acts of persons in familial or custodial authority
- Lewd and lascivious behavior
- Lewdness and indecent exposure
- Arson
- Theft, robbery, and related crimes if the offense is a felony
- Incest
- Abuse or neglect of a disabled adult or elderly person
- Exploitation of disabled adult or elderly person
- Aggravated child abuse
- Negligent treatment of children
- Sexual performance by a child
- Animal cruelty or abuse
- Prostitution
- Drug related offense if a felony or involved a minor

Acceptance into the health program does not guarantee that the student will be eligible for licensure. Clinical facilities may limit or prohibit students with criminal histories from participating in clinical experiences which are part of the curriculum. Other options may not exist for the student to fulfill required clinical hours in order to complete the program; as a result, the student would receive a failing grade and may not be eligible to complete the health program or apply for licensure. All of the above factors should be taken into consideration prior to making a decision about pursuing a career as a healthcare provider.

Once admitted into the health program courses and continuing through enrollment in a SPC health program, the student is responsible for notifying the dean/program director of any arrests. Failure to notify the dean/program director within five business days shall be grounds for dismissal from the program. Continuing through enrollment in the health program, the student must not be found guilty, regardless of whether adjudication is withheld, of an offense that would disqualify the student under the standard(s) as referenced above.

Drug Screening

While enrolled in a SPC health related program, the health care professions are committed to providing excellent patient care and services in a safe, productive, and quality-conscious environment. All students entering a health program at St. Petersburg College are required to successfully complete a drug screening within one hundred twenty (120) days prior to starting the first health program course. The student will pay the drug screening fee directly to the appropriate vendor. The drug screening must satisfactorily demonstrate that the student is free from the use of any illegal drug or misuse of a prescription drug. In the case of a positive screening, the student or employee shall have five (5) days during which to either contest or explain the result. Students who do not successfully pass the drug screening on the first attempt will be allowed to reapply for admission to a health program for a following semester. A student who fails the drug screening a second time will not be permitted to reapply for admission to a health program for the period of one year from the date of the most recent application. 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.*** A Student who has not maintained continuous enrollment in health program courses for a period of one hundred twenty (120) days or more from the last date of attendance, must successfully complete and pass a new drug and background screening upon readmission and/or

before resuming enrollment into health program classes.



HEALTH EDUCATION CENTER

All students enrolled in a health related program are required to be drug and/or alcohol free when reporting to school and while at "affiliating agencies" (including parking lots and grounds). For all "affiliating agencies" which require students to be subject to the agency's 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. Prior to being assigned to an affiliating agency, the student shall sign a consent to allow the affiliating agency to release any drug testing results to the College. If tested by an "affiliating agency" the student shall provide his/her dean/program director with a copy of any test results. Failure to promptly do so shall be grounds for dismissal from the program. A positive drug or alcohol test result shall also be grounds for dismissal from the program. Students and employees who are under clinical affiliation agreements who test positive for marijuana are unable to continue in clinical placement, which will affect their status in the Health program. A student who has a prescription for medical marijuana and tests positive for marijuana will also be ineligible to participate in clinical placement due to the federal restriction on the use of marijuana. While the use of medical marijuana is permitted in Florida, marijuana remains classified as a controlled substance under federal law and its use, possession, and cultivation at educational institutions and clinical affiliates remains prohibited. ****

****This paragraph also applies to students already enrolled in a health related program at the time of the effective date of this Rule.

HEALTH EXAMINATION FOR HEALTH OCCUPATION PROGRAMS

NAME: Last First Middle initial Student number

Program for which you are applying

TO THE HEALTHCARE PROVIDER: The patient requesting this health examination is an applicant to one of the health occupation programs at St. Petersburg College. The purpose of the examination is to ascertain whether the applicant's health is adequate to enter occupational programs requiring physical and emotional stamina, and contact with patients in clinical settings. Should you have questions regarding this form, please call or write the director of the health program to which your patient is applying. **Thank you for your assistance.**

TO BE COMPLETED BY A LICENSED HEALTH PRACTITIONER (M.D., D.O., A.R.N.P., P.A.)

Height:	Weight:	Pulse:	Blood pressure:
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Health History: To be completed by practitioner. Please describe all significant findings under Practitioner's Comments.

Check each item below: To be completed by practitioner.

Yes	No		Normal	Abnormal	
<input type="checkbox"/>	<input type="checkbox"/>	1. Eye or vision problems	<input type="checkbox"/>	<input type="checkbox"/>	1. Ears, hearing
<input type="checkbox"/>	<input type="checkbox"/>	2. Ear or hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	2. Oral cavity: hard and soft tissue
<input type="checkbox"/>	<input type="checkbox"/>	3. Mouth or teeth problems	<input type="checkbox"/>	<input type="checkbox"/>	3. Nose, throat and sinuses
<input type="checkbox"/>	<input type="checkbox"/>	4. Ear, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	4. Lungs
<input type="checkbox"/>	<input type="checkbox"/>	5. Cough, sputum, difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	5. Breasts
<input type="checkbox"/>	<input type="checkbox"/>	6. Breast lumps, enlargements, nipple drainage	<input type="checkbox"/>	<input type="checkbox"/>	6. Heart-size, rhythm and sound
<input type="checkbox"/>	<input type="checkbox"/>	7. Heart disease/hypertension	<input type="checkbox"/>	<input type="checkbox"/>	7. Lymph nodes
<input type="checkbox"/>	<input type="checkbox"/>	8. Swollen lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	8. Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	9. Indigestion, pain or food intolerance	<input type="checkbox"/>	<input type="checkbox"/>	9. Back
<input type="checkbox"/>	<input type="checkbox"/>	10. Bowel-constipation, diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	10. Upper extremities
<input type="checkbox"/>	<input type="checkbox"/>	11. Hepatitis (If yes, type _____)	<input type="checkbox"/>	<input type="checkbox"/>	11. Lower extremities
<input type="checkbox"/>	<input type="checkbox"/>	12. Back pain or surgery	<input type="checkbox"/>	<input type="checkbox"/>	12. Feet and arches
<input type="checkbox"/>	<input type="checkbox"/>	13. Muscle pain, weakness	<input type="checkbox"/>	<input type="checkbox"/>	13. Reflexes
<input type="checkbox"/>	<input type="checkbox"/>	14. Foot problems	<input type="checkbox"/>	<input type="checkbox"/>	14. Skin
<input type="checkbox"/>	<input type="checkbox"/>	15. Headaches or seizure	<input type="checkbox"/>	<input type="checkbox"/>	15. Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	16. Skin rashes, lesions	<input type="checkbox"/>	<input type="checkbox"/>	16. Anus
<input type="checkbox"/>	<input type="checkbox"/>	17. Urinary problems	<input type="checkbox"/>	<input type="checkbox"/>	17. Posture
<input type="checkbox"/>	<input type="checkbox"/>	18. Rectal problems	<input type="checkbox"/>	<input type="checkbox"/>	18. Pelvic exam
<input type="checkbox"/>	<input type="checkbox"/>	19. Female: vaginal discharge, excessive bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	20. Male: prostate problems	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	21. Emotional illness	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	22. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	23. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	24. Chemical dependency/substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	25. Other : _____			

Describe any abnormalities. Precede each comment by number referring to appropriate item.

Visual exam: Distance: OD _____ OS _____ Near: OD _____ OS _____ Color perception _____

Does applicant have any current or past emotional illness? Yes No If yes, give dates(s) and describe treatment.

Has applicant had any medical/surgical problem that has required treatment in the past two years? Yes No If yes, give date and describe treatment.

Does applicant have any current or past chemical dependency/substance abuse problem? Yes No If yes, list dates and describe treatment.

Please list any medication the patient is taking on a continuing basis:

REQUIRED IMMUNIZATION SCREENING HISTORY

MUST HAVE SUPPORTING LAB VALUE AND/OR OFFICIALLY DATED DOCUMENTS

IMMUNIZATION	REQUIREMENT – meet at least one of the stated requirements			
Hepatitis B	<ul style="list-style-type: none"> a. Positive Titer b. Signed Declination Form 	Date of Titer: Results:	Declination Letter Date:	
TB	<ul style="list-style-type: none"> a. 2 step TST – one to three weeks apart b. 2 consecutive years of TST c. IF ANY TST POSITIVE RESULTS – Baseline CXR with TB report followed by annual TB questionnaire d. Proof of BCG Vaccine and obtain baseline CXR with TB report followed by annual TB questionnaire e. IGRA’s: QuantiFERON or T-Spot and if positive obtain a baseline CXR with TB report followed by annual TB questionnaire <p>**NOTE: no expiration dates on CXR – do not repeat if have TB report, annual TB questionnaire is required</p>	Date #1: Results: CXR Date: Results: Questionnaire: Date of BCG: CXR Date: Results: Questionnaire: Date of IGRA: Results: CXR Date: Results: Questionnaire:	Date #2: Results	
MMR	<ul style="list-style-type: none"> a. Proof of positive MMR Titer – individual reports of all three titers b. Two adult boosters if titer negative, boosters MUST be 4 weeks apart 	Measles titer – Date: Results: Booster #1 Date:	Mumps titer – Date: Results: Booster #2 Date:	Rubella titer – Date: Results:
Varicella	<ul style="list-style-type: none"> a. Proof of positive varicella titer b. Two adult boosters if titer negative, boosters MUST be 28 days apart and completed BEFORE start of clinical 	Varicella titer – Date: Results: Booster #1 Date:	Booster #2 Date:	

Influenza	a. Annual vaccine dated as soon as vaccine is available for current season (after 09/01) b. Annual declination letter	Influenza Vaccine Date:	Declination Letter Date:	
Tetanus, Diphtheria and <u>PERTUSSIS</u>	a. Tdap booster within past 10 years	Tdap Booster Date:		

PRACTITIONER’S COMMENTS: Include any additional significant information concerning health findings and/or treatment.

To the best of my knowledge, applicant appears to be free of infectious disease. My signature indicates that I believe this applicant's health history and physical examination findings justify him/her to undertake a health program, which includes class and clinical practice. Yes No

_____ Date

_____ Health practitioner’s name (printed)

ADDRESS: Street _____ City _____ State _____ ZIP Code _____

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by e-mail at eaao_director@spcollege.edu.