

# PATIENT CARE ASSISTING PROGRAM LAKE WORTH CAMPUS

*Spring, 2020*

- PCA Full-Time Day Program*
- PCA Part-Time Evening Program*

**APPLICATION DEADLINE: November 15, 2019**

Submit completed application to the Nursing office (Allied Health Building, Room 110) at the Lake Worth Campus.

For Locations and hours:  
[www.palmbeachstate.edu/programs/Nursing](http://www.palmbeachstate.edu/programs/Nursing)  
561-868-3412

Web Site:  
[www.palmbeachstate.edu/programs/PatientCare](http://www.palmbeachstate.edu/programs/PatientCare)

*Equal Opportunity Institution*

## Program Information

### About the Program

The Patient Care Assistant Program is designed to prepare students for employment as patient care assistants, home health aides, and certified nursing assistants. Clinical experiences are included as an integral part of this program. The Florida State Board of Nursing approves the program. Program completers are eligible to take the Prometric examination to practice as a certified nursing assistant in the state of Florida. **Attendance at a mandatory Information Session Online is required at least once per application period.** Please check above website for access to the electronic information session.

**Program Begins:** January 6, 2020

**Program Length:** 290 clock hours, approximately 3 months in length

**Program Schedule:** **Day:** Monday through Thursday: Classroom Hrs. 8am – 3:00pm; Clinical Hrs. 7am – 2:00pm.  
**Evening:** Monday, Tuesday, and Thursday: Classroom Hrs. 4pm – 10:30pm; Clinical Hrs. 4pm – 10:30pm  
Lake Worth location/Clinical locations vary; some Friday clinical may be required

**Salary Range:** \$19,590 - \$40,180 annually

### What are the costs for the program?

These costs are approximate and subject to change. Entire registration fees are *not* due upon acceptance into the program. Registration fees are due upon registration for each individual course. Current In-state Student (Florida resident) is \$2.78 per clock hour. Out-of-State Student (Non-Florida resident) is \$10.90 per clock hour. Financial aid is **NOT** available for this program, but outside scholarships can be available. Please attend the mandatory online information session for more details.

Tuition (in-state residents)	\$ 847.00
Textbooks (approximate)	\$ 79.00
Miscellaneous	<u>\$ 600.00</u>
Total approximately	\$ 1526.00

Course ID	Course Title	Clock Hours
HSC0003	Introduction to Concepts of Health Care	78
HSC0003L	Introduction to Concepts of Health Care Lab	12
HCP0300	Home Health Aide	75
HCP0120	Nursing Assistant	75
HCP0620	Patient Care Assistant	50
		<hr/> <b>Total: 290</b>

The following criteria must be completed and the relevant documentation on file at the Palm Beach State Nursing Office, Lake Worth, by **November 15, 2019**. Meeting criteria for selection does not guarantee admission to the Patient Care Assistant Program. Final selection will be based on the applicant pool and space available. **It is the student's responsibility to ensure all needed documentation is on file with the Nursing Office by the deadline date. These criteria supersede any other information.**

1. **ATTEND A PCA INFORMATION SESSION.** This is online and must be completed at least once per application period.
  
2. **COMPLETE PALM BEACH STATE COLLEGE APPLICATION**     **First-time students:** Submit a completed Palm Beach State general credit application at [www.palmbeachstate.edu/admissions/Admissions-Applications](http://www.palmbeachstate.edu/admissions/Admissions-Applications) by the deadline date. New students will be assessed a \$40 nonrefundable fee. International (F-1/M-1) students will be assessed a \$75 nonrefundable application fee. Be sure to insert your current and active email address where requested; be specific regarding your program of study (PCA=5233). Once submitted, a confirmation page with conditions of admission will be sent to the e-mail address provided in this application. Please print the confirmation page and follow the instructions within. Applicants must also submit the program application contained in this packet to the Admissions office.
  
3. **COMPLETE THE CONTROLLED ACCESS PROGRAM APPLICATION IN THIS PACKET.** Submit to the Nursing Program offices on the Lake Worth Campus (Allied Health Building, Room 110).

**Acceptance:** Applicants will be selected on a “first come, first served” basis depending on the space available in the Patient Care Assistant program. Applicants will be notified of their acceptance approximately seven (7) business days after the application deadline date. If a student is selected and does not enter the program, or is not selected, he/she must reapply and is not guaranteed acceptance in any subsequent selection process.

**ALL communication will be sent to your my.palmbeachstate.edu e-mail account including all acceptance documentation.**

**Status and all communication will be sent to your my.palmbeachstate.edu e-mail account including all conditional acceptance documentation. You will need a valid student ID and e-mail account to access this information.**

**Applicants who are selected will be notified approximately two weeks after the deadline date, by Palm Beach State e-mail. If an applicant is selected and does not complete the registration process, the applicant must reapply and is not guaranteed acceptance in any subsequent selection process.**

Following the receipt of a conditional acceptance notice, the academic department will contact you with additional information needed to process your application. The required notification which will include:

- (1) Registration information
- (2) Medical exam form
- (3) Criminal Background Check – (Includes Social Security number verification)
- (4) Drug screening form
- (5) Date of orientation

**All students who receive this notification are conditionally accepted and will be required to complete the Medical Exam Form, Criminal Background Checks, and Drug Screen (at the student’s own expense) and on file prior to registering for the first class of the Patient Care Assistant Program. Failure to provide such documentation will result in termination of your application.**

PLACE AN "X" IN ONE OF THE FOLLOWING:

- PCA FULL TIME DAY PROGRAM
  - PCA PART TIME EVENING PROGRAM
- Only one box may be marked

Please Type or Print Clearly

Return page 4 to the Nursing Office (Allied Health Building, Room 110)

PROGRAM CODE 5233

1. Palm Beach State College STUDENT ID \_\_\_\_\_

2. NAME \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX

Please list all previous names under which documents may be sent \_\_\_\_\_

3. LOCAL ADDRESS \_\_\_\_\_  
NUMBER AND STREET ADDRESS CITY  
 \_\_\_\_\_  
COUNTY (or PROVINCE) STATE ZIP CODE

4. HOME TELEPHONE ( ) \_\_\_\_\_ 5. WORK TELEPHONE ( ) \_\_\_\_\_  
 CELL PHONE ( ) \_\_\_\_\_

6. PBSC STUDENT EMAIL ADDRESS \_\_\_\_\_@MY.PALMBEACHSTATE.EDU\_

7. DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**TRANSCRIPTS**— Official transcripts **must** be sent directly to the College from issuing school/agency. A high school transcript may be waived for admissions purposes if a student has earned an Associate, Bachelor, or higher degree from a regionally accredited institution. College transfer students must submit official transcripts from all colleges in which applicant has enrolled. Please note: it is the student’s responsibility to ensure that ALL postsecondary transcripts received are complete and CURRENT, meaning all possible up-to-date grades prior to the deadline have been posted in that transcript.

8. HIGH SCHOOL GRADUATE WITH A STANDARD DIPLOMA?  Yes  No **or** GED?  Yes  No

9. COLLEGE/UNIVERSITY

List all postsecondary colleges or universities you have enrolled. Omission of any constitutes falsification of records and voids application.

NAME OF INSTITUTION	CITY/STATE	DATES	DEGREE	CREDIT

To list more colleges/ universities, attach a separate page.

10. Did you attend a PCA information session? (mandatory)  Yes  No Date attended \_\_\_\_\_ Date plan to attend \_\_\_\_\_

I understand that falsification or omission of any information may result in my dismissal or rejection from the Patient Care Assistant program.

I have read and I understand all the instructions pertaining to the Patient Care Assisting program, as explained in this Patient Care Assisting Application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_