



Health Careers Certification – Sayre Campus

Instructor: Kylee N. Chapman, MSN, RN

Instructor: Kim McClure, RN

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The following items are due to Western Technology Center (WTC) **by January 27, 2023**. Your enrollment in the Health Careers Program cannot be considered until all items are received and you and a parent/guardian have attended a Mandatory Parent Meeting.

_____ **WTC Enrollment Form**

_____ **Parental and Student Consent Form**

_____ **Documentation of immunizations.** A copy of the entire immunization recorded is needed. Also, a TB test will be required before winter break if the student is accepted into the program for them to attend clinical. This can be obtained free of charge at the local county health department. Hepatitis B series must be completed or at least started before application unless a declination form is included. This should already be completed for high school students. TB test will be required before Christmas Break if accepted to the program. Please note that students will be required to have the flu vaccine in season.

_____ **Letters of Reference.** Submit 3 letters of reference. These should be from current instructors, counselors, principals or from other persons of responsibility who can give a reference of your desire or ability in the health care field. NO relatives.

_____ **Essay.** Submit a **500-word** essay. This essay is to include the following information: why you have chosen to pursue a health-related career; your career goals, and a recent medical or science or technology advance in health care that is of interest to you. Please type your response on an 8.5 x 11-inch paper with your name at the top right corner of each page.

_____ **Documentation of volunteer assistance.** Submit the enclosed form as documentation of at least 4 hours of volunteer assistance in a healthcare facility (nursing home, retirement center, assisted living center, hospital, home health agency, hospice, clinic, medical office, rehabilitation center, etc.).

_____ **Background Check.** Background checks are required for students 18 years or older. This document can be found at http://www.ok.gov/osbi/Criminal_History/.

Important Information:

- Type of Search Requested should include Name Based, Sex Offender, and Mary Rippy Violent Offender for a total of \$19.
- Fax application to the number listed on the form and request it be faxed back to 580-928-9827 (WTC Sayre).
- Purpose of Request is *Health Careers Class*.

_____ **Attend Mandatory Parent Meeting**

Select ONE:

- January 30 from 5:30 – 6:00 pm
- January 30 from 6:30 – 7:00 pm
- January 31 from 5:30 – 6:00 pm
- January 31 from 6:30 – 7:00 pm

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Documentation of Volunteer Hours

To be Completed by the Student:	
Name of Volunteer	_____
Name of Medical Facility	_____
Facility Phone Number	_____
Facility Address	_____ _____
Name of Facility Contact	

To be Completed by Facility Contact:		
Date of Volunteer Hours	# Of Hours	Description of assistance given
Comments		
Signature		

Thank you for allowing our potential students this experience.

Health Careers Certification – Sayre Campus Cost List: 2023 – 2024

Supply List Purchased by the student:

Clinical Uniform (Scrubs)	*Minimum of two sets *Color: Steel gray color – solid top and bottoms *Must wear to class Monday through Friday – starting the first day of school
Nursing shoes	*Walking or nursing-type shoes, closed toe and heel *Color: all white, non-canvas
Watch	*Must have a sweep second hand- no Apple watches
OSBI Background Check	*Due before clinical rotations for students 18 years or older
10 Panel Drug Screen	*Due before clinical rotation
HOSA uniform	*Minimum 1 set – khaki slacks or skirt and white polo *Due before HOSA conference
General school supplies	Pens, pencils, highlighters, notebook, binder

High school students are not responsible for the following costs. They are included with the tuition waiver that high school students receive.

Online Medical Terminology: The Language of Medicine – 12 th Edition	\$55.16
Human Body in Health and Disease 5 th Edition Online Access	\$56.96
BLS HealthCare Providers Student Manual	\$11.00
Health Occupations Students of America membership each year-State	\$ 7.00
Health Occupations Students of America membership each year-National	\$10.00
Textbooks	Varies
National Technical Honor Society (for students who qualify)	\$35.00
Portfolios	\$10.00

**Textbooks are provided for WTC student use. Purchasing personal copies is optional but not required.*

**All prices are subject to change.*

Available Certifications

Optional certification costs could include but not limited to the following:

Basic Life Support- CPR	Free (1 st year)
Certification tests for Long-Term Care	\$90.00 (1 st year)
Home Health Care Deeming	\$25.00 (2 nd year)
National Health Science Assessment	\$12.00 (2 nd year)
CTTC Phlebotomy Technician	Free (2 nd year)

- **WTC Board of Education allows \$100 per year to be used for student certification testing!! To be eligible, students must maintain a B-average, 90% attendance rate, be active in HOSA, and be in good standing at WTC.**

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Parental and Student Consent Statement:

The undersigned hereby understand, consent, and agree as follows:

We understand that health care education program has experiences in laboratory and clinical environments that use equipment, scientific instrumentation, chemicals, and biologicals when under ideal laboratory conditions may involve a degree of risk which is greater than ordinarily encountered in daily life and which certainly could involve greater risk if used improperly. We also understand that the laboratory and clinical personnel are mindful that they have special obligations and responsibilities to exercise care and attention in the instruction and supervision of our son/daughter and in excluding them from activities they believe to be inherently dangerous or inappropriate to their experience level.

Our son/daughter will be required to attend a laboratory and clinical safety instruction course and will be taught and/or supervised in the proper handling of such equipment, instrumentation, and materials to minimize risk.

We understand that this program is not an “introductory” class, but rather, a program to prepare the student for success in the healthcare field. This program consists of a **self-paced, discovery learning type curriculum**. The instructor is a facilitator to assist the student to explore a variety of resources to solve problems to gain knowledge needed to complete the objectives of the course.

Students will be part of the local, state, and national chapters of Health Occupation Students of America (HOSA). Dues are the students’ responsibility

We understand the student should have the following skills, characteristics, and attributes to be successful in this program:

- Understanding that remediation is available for those who need it, students should have at least 10th grade levels in the areas of reading, comprehension, and mathematics.
- **Student must be a “self-starter.”** The student must be able to work through the curriculum on his/her own. Each student will work toward their own goal at their own pace though there are benchmarks to assure that the student progresses toward their goal of completion, certification, and employment.
- **Students must be able to work well with others** on group projects or study sessions.
- Students may be required to lift or transfer up to 25 pounds or work on the floor, stand at a workstation or sit at a workstation typical to those in the healthcare field.
- Students that have a felony you may not be able to be employed in the healthcare field.
- Students who would not be likely to acquire the necessary credentials to work in the healthcare field may not be successful in HCCS.
- Students will be required to comply with health and safety regulations that include dress code, immunizations, and background check. **Costs are the students’ responsibility.**
- The board has the right to deny a license to an individual with a history or criminal background, disciplinary action on another health-related license or certification or judicial declaration of mental competence. These cases are considered on an individual basis at the time application for licensure is made except for felony or sex offender status. An individual with a felony conviction cannot apply for licensure for at least five years after completion of all sentencing terms, including probation and suspended sentences, unless a presidential or gubernatorial pardon is received [59 O.S. 567.6]

I, the undersigned, acknowledge that **I have requested the opportunity to be a student** in the Health Careers Certification program at Western Technology Center, Sayre Campus. I understand that if accepted, I will be subject to **certain rules and regulations** concerning safety, the clinical facility, and general decorum and conduct. I also understand that this arrangement is by invitation and that the needs and plans of the Technology Center and the clinical facility where I am assigned may change or **require termination of the arrangement at any time.** *I agree that I will follow the policies and procedures that are outlined in the student handbook, or I may be dismissed from the program and if I am a high school student, I will have to return to my home high school for the remainder of the school year.*

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Applicant

Date

WTC – Burns Flat Campus
 621 Sooner Drive
 Burns Flat, OK 73624
 Phone: (580) 562-3181
 Fax: (580) 562-4476
 Email: kwedel@westtech.edu



WTC – Sayre Campus
 2002 Northeast Highway 66
 Sayre, OK 73662
 Phone: (580) 928-2097
 Fax: (580) 928-9827
 Email: lmaberry@westtech.edu

LETTER OF REFERENCE

To be completed by Applicant:

Applicant Name _____ (Please Print)	Date _____	Program _____	Health Careers _____
		Circle Campus	Burns Flat / Sayre
 Applicant's Release of Information: I give my permission to release information to Western Technology Center concerning my qualifications for entrance into a skills-based program, and I agree to hold blameless the person being requested to complete and return this form.			
_____ Signature of Parent	_____ Signature of Applicant		

To be completed by the Reference. Please return the form to the High School Counselor OR appropriate campus above.

Please complete the following checklist based upon your experience with the applicant listed above. **Please be honest.** Do *not* return this form to the applicant; information is confidential and will be kept secure.

Check the box that best describes the individual performance characteristics for each of the dimensions or traits listed. Thank you for your time.

Dimensions or Trait	Exceeds Standard	Meets Standard	Below Standard
Judgment and Problem Resolution			
Tolerance for Stress			
Teamwork			
Communication Skills			
Attention to Detail and Organization			
Initiative			
Appropriate Appearance and Demeanor			
Graciously Accepts Criticism and Suggestions			
Attendance and Punctuality			
Additional Comments:			

Individual Completing Reference:

Name _____	Title or Position _____
Place of employment _____	Relationship to Student _____
Mailing Address _____	Phone _____

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Graciously Accepts Criticism and Suggestions			
Attendance and Punctuality			
Additional Comments:			

Individual Completing Reference:

Name _____ Title or Position _____

Place of employment _____ Relationship to Student _____

Mailing Address _____ Phone _____