

## Business Technology – Sayre Campus

### Supply & Cost List: 2023 – 2024

#### Supply List Purchased by the student / Not included in the cost of Tuition:

<b>BPA attire</b>	*Professional dress *Will be required before competitions. Do not purchase yet.	Approx. \$100-200
<b>Basic school supplies</b>	<input type="checkbox"/> Pens & Pencils <input type="checkbox"/> Jump drive	Approx. \$10.00

#### Available Certifications:

***Certification costs could include but not limited to the following and vary based on chosen career major:***

IC3 – GS6 Level 1	\$31.06
IC3 – GS6 Level 2	\$31.06
IC3 – GS6 Level 3	\$31.06
Multiple ODCTE Certifications	Free
Multiple SHL Certifications	Free

*\*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 BPA, and be in good standing at WTC.*

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

Fundamentals of Technology	\$64.86
Employability Curriculum	\$18.00
Certiport	\$93.18
Administration and Management	\$31.00
Fundamentals of Administrative Technologies	\$39.00
Administrative Technologies II	\$204.00
Access to Various online platforms	\$20.00
BPA dues	\$20.00
NTHS dues (if student qualifies)	\$35.00
Portfolio	\$10.00

*\*Textbooks are provided for WTC student use.*

*\*All prices are subject to change.*

## Admission Checklist: COSMETOLOGY

Applicant Name \_\_\_\_\_ School: \_\_\_\_\_ GR: \_\_\_\_\_

➤ Documents must be received ON or BEFORE the deadline to be considered for Priority Enrollment.

ITEM TO BE COMPLETED	DATE RECEIVED	ON TIME – Yes	ON TIME - No
WTC Application Form			
Cosmetology Contract			
Student Agreement			
OSBCB Student Registration App			
Copy of Social Security Card			
Copy of Birth Certificate			
Copy of Transcript or Diploma			
Copy of Attendance Summary			
\$5 Money Order (must include applicant's name and address) <b>Once accepted</b>			
Marriage License/Doc of Name Change	NA		
Documentation of Transfer Hours	NA		
<b>COMPLETION DATE:</b>			
Mandatory Parent Meeting	Yes / No		

FOR OFFICE USE ONLY					
Select Priority:	High School	13 <sup>th</sup> Year			Adult
		Rec	Rec	Rec	
<b>Notes:</b>					

# Cosmetology – Sayre Campus

## Student Agreement

**Applicant:** Read and initial each statement below to demonstrate understanding and agreement to comply.

- Placement in WTC's Cosmetology Program is filled on a first come, first served basis. I will not be offered a spot in the class until all documents have been submitted and all requirements have been fulfilled. Failure to complete all necessary requirements could result in a cancelled application or removal from class. \*Money is not refundable once it has been submitted to OSBCB. Signing the Cosmetology Contract does not guarantee a spot in the class. If I do not attend the **Mandatory Initial Classroom Orientation on Aug 3, 2023, at 6:00 pm**, my name will be removed from the roster and be replaced by someone on the waiting list. **There are no exceptions.**
- I must wear the proper uniform and shoes which are required for training in WTC's cosmetology program. The approximate cost for each uniform is listed on the back of this form. I am not allowed to clock-in to receive cosmetology training hours until I am in the required uniform. (OSBCB rule 175:10-3-64).
- I understand that I must progress in my coursework and hours of completion to return each semester. My allowed absences may differ than that of WTC policy.
- **HIGH SCHOOL ONLY:** As a high school student, I must complete 1000 Cosmetology hours of training @ WTC plus 500 hours of related high school subjects as deemed by OSBCB (OSBCB rule 199.7G1-2, p68) to register to take the OSBCB Licensing Exam. I am limited to 4 semesters in WTC's Cosmetology program. In 4 semesters, I will have more than enough time to complete the 1000 required hours. If I do not complete my training in 4 semesters, I will need to seek Cosmetology training opportunities elsewhere and add 500 hours.
- **ADULTS ONLY:** As an adult student, I must complete 1500 hours of Cosmetology training @ WTC to register to take the OSBCB Licensing Exam. I am limited to 3 semesters in WTC's Cosmetology program. In 3 semesters, I will have more than enough time to complete the 1500 required hours. If I do not complete my training in 3 semesters, I will need to seek Cosmetology training opportunities elsewhere.

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent Name  
(if minor or high school student)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed High School Official's Name

\_\_\_\_\_  
High School Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mr. Bill Helton

Printed Instructor Name

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date



# Western Technology Center

## Cosmetology Contract

**Cosmetology for High School Students:** A two-year/4 semester program, requiring 1000 clock hours, and a passing grade of the curriculum and a high school diploma (by the completion of your program).

**Cosmetology for Adult Students:** A 3 semester program requiring 1500 clock hours and a passing grade of the curriculum standards and a high school diploma.

**All Student's must provide the following:**

- Black scrub pants
- Black scrub top
- Black scrub smock
- Black closed-toe shoes that are slip resistant
- \$5.00 State Board Registration fee

**WTC provides:** Cosmetology supplies, Instructional materials

**Campus:** Sayre      Burns Flat      **Student Type:** (circle one only) High School      Adult

**Initial** program you are enrolling in: High School (1000 hrs.) \_\_\_\_\_ Adult (1500 hrs.) \_\_\_\_\_

**Curriculum fee:** \$ \_\_\_\_\_ (Adults only)      **Tuition:** \$ \_\_\_\_\_ (Adults only)

I, \_\_\_\_\_, on (month) \_\_\_\_\_, (day) \_\_\_\_\_, (year) \_\_\_\_\_, as a student of the Western Technology Cosmetology program, have read and understand the contents of this contract and promise to uphold my part in my success in this program.

I understand that if I choose not to attend the program this contract is null and void. **(Initial)** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If a student does not complete the minimum hour (per-year) requirement, he/she will not be eligible to enroll for the following school year. Adult minimum: 1000 hrs. High School minimum: 500 hrs.

Oklahoma State Board of Cosmetology and Barbering requires each student to maintain a minimum of 15 hours per week. If he/she does not meet the weekly hour requirement they will be removed from the program.

**Print student name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Print address:** \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Print email address:** \_\_\_\_\_



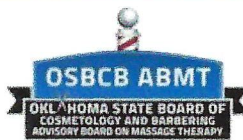


OSBCB 101 (01/19)

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AOD \_\_\_\_\_

DO NOT WRITE ABOVE THIS LINE



**OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING  
ADVISORY BOARD ON MASSAGE THERAPY**

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453

Student Department 405.522.7621 • Fax 405.521.2440 • [www.cosmo.ok.gov](http://www.cosmo.ok.gov)J. Kevin Stitt  
GovernorSherry G. Lewelling  
Executive Director**STUDENT REGISTRATION APPLICATION**

This form must be accompanied by copy of student contract, current photo (newer than one year) and proof of at least an 8th grade education.

Registration effective for 2 years (if attending same course in same school). No hours will be credited until registration receipt is issued.

*I hereby make application as a student for the purpose of acquiring knowledge of the profession in:***Western Technology Center 2002 NE Highway 66****Sayre, OK****73662**

Name of Cosmetology/Barber School

Address

City

Zip

\* \* \*  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden Name \_\_\_\_\_

Social Security Number (Required for Registration – Driver License Number will not be accepted): \_\_\_\_\_

\* \* \* \*  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* \* \* \*  
 Home Phone Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

(If 18 years of age or under, attach a copy of birth certificate or other proof of age)

Name under which enrolled in public school: \_\_\_\_\_

High School graduate/GED? ☐ Yes ☐ No If no, highest grade completed: \_\_\_\_\_ Date of graduation or withdrawal \_\_\_\_\_**If Expired Licensee, please submit copy of last license held:**

List any previous names under which you may have been licensed: \_\_\_\_\_

Last School attended and dates: \_\_\_\_\_ State the exact year you last held a license: \_\_\_\_\_

Attach Current 2" X 2"  
Full Face Photo Here  
(Tape, no staples)  
(Newer Than One Year)

**Date of Photo:**\_\_\_\_\_  
**Month/Day/Year****SCHOOL USE ONLY**

Please check the Student type:

<input type="checkbox"/> New Student	<input type="checkbox"/> Re-Registration	<input type="checkbox"/> Transfer
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Please check the Student's registered course:

<input type="checkbox"/> Barber	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Facialist Instructor
<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Additional/Review Hours	<input type="checkbox"/> Manicurist Instructor
<input type="checkbox"/> Cosmetologist		<input type="checkbox"/> Master Barber Instructor
<input type="checkbox"/> Facialist		<input type="checkbox"/> Master Cosmetology Instructor

For how many hours is the Student registered? \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

*I will faithfully obey any and all requirements of law, sanitation, rules and regulations of the State Board of Cosmetology and Barbering. I have read and received a copy of the School Contract. I certify that the above photo is of me, and I solemnly swear that the foregoing statements are true and correct.*

X \_\_\_\_\_

(NOTARY SEAL)

**Signature of Applicant**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Commission # \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_

## Admission Checklist: CRIMINAL JUSTICE

**Applicant Name** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Next school year  
grade

- Documents must be received ON or BEFORE the deadline to be considered for Priority Enrollment.

ITEM TO BE COMPLETED	DATE RECEIVED	ON TIME – Yes	ON TIME - No
WTC Application Form			
Code of Conduct Student Agreement			
Physical Fitness Release			
Clothing & Appearance Agreement			
Essay			
OSSAA Parent Consent (pg 1)			
OSSAA Physical Evaluation (pg2)			
<b>COMPLETION DATE:</b>			
<b>Mandatory Parent Meeting</b>	Yes / No		

**FOR OFFICE USE ONLY**

Select Priority:		High School	13 <sup>th</sup> Year			Adult
			Rec	Rec	Rec	
Notes:						
Committee Member Signature:						



## Criminal Justice – Sayre Campus

### Supply & Cost List: 2022 – 2023

#### **Supply List Purchased by the student:**

<b>Shirt</b>	<input type="checkbox"/> Dark blue Polo-type shirt *Plain – no writing/ emblems	Approx \$150-225
<b>Pants</b>	<input type="checkbox"/> Tan BDUs (regular dress pants not preferred)	
<b>Shoes</b>	<input type="checkbox"/> Black, high-top boots *Black tennis shoes are allowed but not preferred.	
<b>Belt</b>	<input type="checkbox"/> Black belt	
<b>SkillsUSA uniform</b>	*Black skirt/pant, white top, black shoes *Will be required before competitions. Do not purchase yet.	Approx \$30.00
<b>Basic school supplies</b>	<input type="checkbox"/> Notebooks <input type="checkbox"/> 3-ring binder – at least 2 <input type="checkbox"/> Pens & Pencils	Approx \$20.00

#### **Possible resources for clothing are:**

LA Police Gear (online)	Wal-Mart
Academy Sports and Outdoor	Target
Bass Pro Shop	5-11 stores
Galls (online)	

#### **Available Certifications:**

##### ***Certification costs could include but not limited to the following:***

Law, Public Safety, Security and Corrections Core	Free
Law Enforcement 1	Free
Unarmed Security Guard	\$35.00
Incident Command Systems 100	Free
Incident Command Systems 200	Free

*\*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 SkillsUSA, and be in good standing at WTC.*

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

Revel For Criminal Justice Today: An Introductory Text (ebook)	\$69.99
Revel for Criminal Investigation: The Art and the Science (ebook)	\$69.99
Criminal Investigation: The Art and Science (ebook)	\$44.99

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

*\*All prices are subject to change.*





## Criminal Justice – Sayre Campus

Mrs. Linda Maberry

Phone: 580.928.2097 Email:

[lmaberry@westtech.edu](mailto:lmaberry@westtech.edu)

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

- \_\_\_\_\_ **WTC Application for Enrollment**
- \_\_\_\_\_ **Code of Conduct Student Agreement**
- \_\_\_\_\_ **Physical Fitness / Physical Activities Release from Liability Agreement**
- \_\_\_\_\_ **Clothing and Appearance Agreement**
- \_\_\_\_\_ **Essay – Proofread before submitting!**
- \_\_\_\_\_ **OSSAA Physical Examination and Parental Consent Form** - will need new physical release each year of enrollment
- \_\_\_\_\_ **OSSAA Preparticipation Physical Evaluation**
- \_\_\_\_\_ **Attend Mandatory Parent Meeting**  
Select ONE:        January 30<sup>th</sup> from 5:30 – 6:00  
                         January 30<sup>th</sup> from 6:30 – 7:00  
                         January 31<sup>st</sup> from 5:30 – 6:00  
                         January 31<sup>st</sup> from 6:30 – 7:00

### IMPORTANT:

- OSSAA Physical forms can also be found at <http://ossaaonline.com/docs/Misc/phyexamfm.pdf>
- Do not purchase uniforms until you receive confirmation of your enrollment. Applying and attending Parent Night does Not automatically place you in a class.
- Students MUST be in full uniform on the first day of class in order to receive credit for the day.

Updated September 2022

## **Criminal Justice**

### ***Code of Conduct Student Agreement***

Due to the nature of the criminal justice profession and law enforcement hiring and internship standards, students accepted into the criminal justice program must not be on probation or have been convicted of any felony crime. As a requirement for participation in the criminal justice program, each student must give permission for a criminal history and/or character background check and agree to the requirements listed below:

1. I will attend and participate in all class activities and abide by all rules and policies as set forth by my instructor and Western Technology Center.
2. I will maintain a professional attitude both in and out of class to avoid any type of criminal activity, including excessive traffic violations, or otherwise act in any manner which would reflect negatively on the reputation of Western Technology Center or the Criminal Justice Program.
3. I will care for and maintain all equipment issued by Western Technology Center. I will not remove any equipment outside the classroom unless specifically authorized by the instructor.
4. I will maintain a respectful attitude for myself, my classmates, and my instructor.
5. I will come to class prepared with notepaper and pens/pencils
6. I will not use alcohol (if under 21) and/or any controlled or illegal substance(s).
7. As a minor I will not be in possession or use tobacco products. If 21 or older, I will obey the Western Technology Center's tobacco free campus policy.
8. I will affirm under penalty of student disciplinary action or removal from the Criminal Justice Program that I have no criminal record, no gang affiliations, history of drug or alcohol abuse, or history of excessive negative law enforcement contacts.

Violation of any of the above requirements may be grounds for recommendation for removal from this program.

**I give my permission for Western Technology Center to conduct a criminal history and character check, and hereby affirm that I will meet all the above requirements for acceptance into the Western Technology Center's Criminal Justice Program.**

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**Printed Student Name**

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**Student Signature**

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**Date**

---

**Printed Parent Name**

(if minor or high school student)

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**Parent Signature**

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**Date**

Updated September 2022

**Criminal Justice**  
***Physical Fitness / Physical Activities Release from Liability***

I, \_\_\_\_\_, understand that I am required to participate in weight training, cardiovascular training, physical conditioning, physical activities such as defensive tactics and active practicum's as part of the Western Technology Center's Criminal Justice program. I understand that it is mandatory and my responsibility that I complete a sports physical or see my family doctor to ensure that I may safely perform physical exercises, physical activities and martial art or wrestling type activities.

I understand that the cardiovascular exercise programs or use of free weights have an increased risk for injury if not used properly and agree to follow all safety rules and not participate in any horse play when using the exercise equipment, defensive tactics equipment or any other program tools or equipment. I understand and agree to remove all jewelry such as rings, earrings, bracelets and piercings that interfere or can potentially injure myself or another student during a workout or physical activity.

I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in all activities as required and will provide a release from a medical doctor if I am unable to participate in any portion of the program and/or to list any reasonable accommodations that may be necessary.

I further understand that accidents and injuries can arise out of the above listed activities knowing and understanding the risks I hereby agree to assume those risks and to release and to hold harmless Western Technology Center, the criminal justice program and all instructors, volunteers, and officials from liability and damages from any injuries that may occur.

I have read the above Release from Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
**Printed Student Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Parent Name**  
(if minor or high school student)

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**



## **Criminal Justice**

### ***Clothing and Appearance Regulations & Agreement***

The Western Technology Center Criminal Justice Program is a professional program that has formed partnerships with members of industry with whom our students participate in internship/observation-related activities. The industry area of law enforcement ranges from policing to detention officers to members of the court room work group. From professional standards to officer safety, dress codes and grooming are an inseparable component in employability and training. Keeping that in mind, the following areas shall be adhered to and followed:

- Uniforms shall always be worn unless during times of defensive tactics or physical training.
  - Shirts (**blue polo**) shall be tucked in.
  - **Black belts** shall be worn.
  - **Black boots/shoes** shall be worn.
  - Jackets or hoodies may be worn in colder weather.
- During the times of defensive tactics training, no jewelry may be worn, and hair must be pulled back.

**\*\* Participation in ride-alongs, dispatch observations, work-based experience personal industry observations and internships is mandatory for program completion. When participating, the industry standards for clothing and appearance shall be abided by, or the student will not participate. The standards may vary from agency to agency. The student shall align with industry dress and appearance standards and failure to do so will result in non-completion of the program.**

**Failure to adhere to the requirements may result in an absence and/or loss of journal points for that day.**

**By signing this agreement, I acknowledge that I have read the clothing and appearance regulations, agree to abide by this agreement and understand that any violation may result in loss of journal points or an absence for the day.**

---

**Printed Student Name**

---

**Student Signature**

---

**Date**

---

**Printed Parent Name**  
(if minor or high school student)

---

**Parent Signature**

---

**Date**

## **Criminal Justice**

### ***Essay***

We are excited you are interested in the Criminal Justice Program at Western Technology Center in Sayre. It is a dynamic and challenging program with many exciting areas. We want to make sure that our students who are seeking to obtain a criminal justice education from our program succeed and become leaders wherever they may go. With those ideas in mind, we have developed a written component to our entrance requirements. Along with the other forms, this essay must be completed and the directions must be followed.

The essay must be typed, no less than one page. Your name must be located in the upper-left hand corner of the first page. The essay must answer the following questions:

1. What are 2 areas of law enforcement or criminal justice that are interesting to you and why?
2. What are the top 2 personal qualities that make a person a good leader? Why?
3. Name 3 goals you would like to accomplish before you graduate from high school and discuss why these goals are important to you. If you are already a high school graduate, name 3 goals you would like to accomplish in the next 5 years.

\*Discuss why these goals are important to you.

\*\*Essays must be complete and free from grammar-errors.

# OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers below. Circle questions you don't know the answers to.

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm <input type="checkbox"/> Foot		
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the dates of your most recent immunizations (shots) for:		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____ Measles _____		
			Hepatitis _____ Chickenpox _____		
Explain "Yes" answers on a separate sheet.					

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of athlete \_\_\_\_\_

(Complete Back Side)



## PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body fat (optional) \_\_\_\_\_ % Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ )  
Initial BP Post Exercise 5 Min. Post Ex.

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y / N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

### CLEARANCE

( ) Cleared

( ) Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

( ) Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name & Title of Examiner (Print/Type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

## Admission Checklist: HEALTH CAREERS

Applicant Name \_\_\_\_\_ School: \_\_\_\_\_ GR: \_\_\_\_\_

- Documents must be received ON or BEFORE the deadline to be considered for Priority Enrollment.

ITEM TO BE COMPLETED	DATE RECEIVED	ON TIME – Yes	ON TIME - No
WTC Application Form			
Consent Form			
Shot Record (must include HepB)			
Reference Letter 1			
Reference Letter 2			
Reference Letter 3			
Essay			
Volunteer Hours at a Medical Facility			
Background Check (18+ only)			
COMPLETION DATE:			
Mandatory Parent Meeting	Yes / No		

FOR OFFICE USE ONLY					
Select Priority:	High School	13 <sup>th</sup> Year			Adult
		Rec	Rec	Rec	
Notes:					
Committee Member Signature: _____					



## Health Careers Certification – Sayre Campus

Instructor: Kylee N. Chapman, MSN, RN

Instructor: Kim McClure, RN

Phone: 580-928-2097; Email: [kchapman@westtech.edu](mailto:kchapman@westtech.edu)

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 record 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/](http://www.ok.gov/osbi/Criminal_History/).

Important Information:

- Type of Search Requested should include Name Based, Sex Offender, and Mary Ripley 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



## Health Careers Certification – Sayre Campus

### Cost List: 2023 – 2024

#### Supply List Purchased by the student:

<b>Clinical Uniform (Scrubs)</b>	*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
<b>Nursing shoes</b>	*Walking or nursing-type shoes, closed toe and heel *Color: all white, non-canvas
<b>Watch</b>	*Must have a sweep second hand- no Apple watches
<b>OSBI Background Check</b>	*Due before clinical rotations for students 18 years or older
<b>10 Panel Drug Screen</b>	*Due before clinical rotation
<b>HOSA uniform</b>	*Minimum 1 set – khaki slacks or skirt and white polo *Due before HOSA conference
<b>General school supplies</b>	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 <sup>th</sup> Edition	\$55.16
Human Body in Health and Disease 5 <sup>th</sup> 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 <sup>st</sup> year)
Certification tests for Long-Term Care	\$90.00 (1 <sup>st</sup> year)
Home Health Care Deeming	\$25.00 (2 <sup>nd</sup> year)
National Health Science Assessment	\$12.00 (2 <sup>nd</sup> year)
CTTC Phlebotomy Technician	Free (2 <sup>nd</sup> 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.**

**Health Careers Certification – Sayre Campus**  
*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:**

<b>Date of Volunteer Hours</b>	<b># Of Hours</b>	<b>Description of assistance given</b>

**Comments**

**Signature**

**Thank you for allowing our potential students this experience.**



# Health Careers Certification – Sayre Campus

## 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 10<sup>th</sup> 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.*

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Signature of Parent/Guardian

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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](mailto: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](mailto:lmaberry@westtech.edu)

## LETTER OF REFERENCE

**To be completed by Applicant:**

<b>Applicant Name</b> _____ (Please Print)	<b>Date</b> _____	<b>Program</b> <u>Health Careers</u> <b>Circle Campus</b> Burns Flat / Sayre
<p><b>Applicant's Release of Information:</b> 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.</p>		
_____ 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 _____

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



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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 _____