



Financial assistance is available to those who qualify, and we offer placement assistance.

PATIENT CARE TECH

PATIENT CARE TECHNICIAN

Why Limit Yourself to one skill when you can master three? As a Patient Care Technician, you will learn a variety of skills that include basic nursing, phlebotomy and electrocardiogram. (EKG)

THE PATIENT CARE TECHNICIAN (PCT) program is an entry-level program, offering a wide variety of skills that allows the trained healthcare provider to enter the field of patient care. Patient Care Technicians are trained in a wide variety of patient care skills. In addition to basic patient care and hygiene, patient assessments, care plans and vital signs, the program offers instruction in human biology, psychology, medical terminology, blood drawing (phlebotomy) and electrocardiograms (EKGs).

The Patient Care Technician provides support services to nurses and doctors in numerous hospital and healthcare settings. The Patient Care Technician can work in hospitals, home health organizations, assisted living facilities, long-term care facilities, adult day care, rehabilitation facilities and physical/occupational therapy clinics.

SLCHC GRADUATES may be eligible to apply to sit for the Certified Nurse Assistant examination.



ST. LOUIS COLLEGE
of HEALTH CAREERS

SLCHC.EDU

City Campus
909 S Taylor
St. Louis, MO 63110
(314)652-0300

County Campus
1297 N. Hwy. Drive
Fenton, MO 63026
(636)529-0000

www.slchc.edu



Come Here, ... **GO ANYWHERE**

PATIENT CARE TECHNICIAN ASSOCIATE

Associate Degree

Course #	Course	Hours	Credits
Semester I			
BI103	Human Biology Theory	60	4
BI103L	Human Biology Lab	30	1
HB303	Medical Terminology	45	3
PS101	Psychology	45	3
AH100	Professional Development	45	3
MT201	Technical Math	45	3
Semester II			
PC101	Fundamental Skills Theory I	45	3
PC101L	Fundamental Skills Lab I	60	2
PC102	Fundamental Skills Theory II	45	3
PC102L	Fundamental Skills Lab II	60	2
PC251	Practicum	100	2
PC250	Externship	60	1
Semester III			
EN150	Communications	45	3
SC101	Sociology	45	3
ENG101	English Composition	45	3
MT204	Pre-Algebra	45	3
HM201	Electronic Health Records Theory	45	3
HM201L	Electronic Health Records Lab	30	1
Semester IV			
PA204	Medical Billing Procedures Theory	45	3
PA204L	Medical Billing Procedures Lab	30	1
PH202	Human Pathology & Pharmacology Concepts	45	3
HC101	Ethics	45	3
HM306	Legal Aspects of Medical Records	45	3
72 Weeks	Combined Program Totals	1120	60

Fill out the online application or to request an application packet contact:

CITY CAMPUS
909 S Taylor
St. Louis, MO 63110
(314)652-0300

COUNTY CAMPUS
1297 N Hwy. Drive
Fenton, MO 63026
(636)529-0000

admissions@slchcmail.com

What will you learn?

The Patient Care Technician(PCT) program offers a well-rounded curriculum intended to enhance a graduate's portfolio with both general education courses and occupational courses developed to perfect patient care skills. Students in this program will learn a variety of skills including assessing patients, developing and implementing care plans, obtaining vital signs, drawing blood (phlebotomy), taking electrocardiograms (EKGs), and supporting a team in the overall care of a patient.

Graduate Opportunities:

Graduates of the Patient Care Technician program may seek employment opportunities in hospitals, home health settings, assisted living facilities, long-term care centers, adult day cares,

Certification:

Upon successful completion of the Patient Care Technician courses and practicum, PCT students will be eligible to apply for approval to take the Certified Nurse Assistant examination. PCT students may also have opportunities to work towards qualifying to apply for approval to take the Phlebotomy Certification.

*Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2016-17 Edition, Nursing Assistants, on the Internet at <https://www.bls.gov/ooh/healthcare/nursing-assistants.htm>



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APPLICATION FOR ADMISSIONS

Please complete all items on both sides of this form, and print legibly in ink.

Withholding information requested on this application or giving false information may delay or void admission or result in dismissal following admission.

PERSONAL INFORMATION

Name: Last	First	Middle Initial	Maiden	Social Security #
Present Address: Number & Street	City	State	Zip	Area Code & Home Telephone #
Date of Birth	Place of Birth	State of Permanent Residence	Area Code & Cell Telephone #	
Are you at U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever served or are you now serving in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			E-Mail Address
Dates of Service:				

I agree to allow all SLCHC team members to call, text or email me using the info above: _____ (initial please)

ADMISSIONS INFORMATION

Today's Date (Month – Date – Year)	Application Status: <input type="checkbox"/> New Student <input type="checkbox"/> Independent <input type="checkbox"/> Readmission <input type="checkbox"/> Dependent	If a Readmission, date previously attended:	Program in which previously enrolled:
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PLEASE INDICATE PROGRAM & SCHEDULE OF INTEREST:

CITY CAMPUS PROGRAMS:	SCHEDULE:	COUNTY CAMPUS PROGRAMS:	SCHEDULE:
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> DAY	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> DAY
<input type="checkbox"/> Medical Assistant (AAS)	<input type="checkbox"/> EVENING	<input type="checkbox"/> Medical Assistant (AAS)	<input type="checkbox"/> EVENING
<input type="checkbox"/> Patient Care Technician		<input type="checkbox"/> Occupational Therapy Assistant (AAS)	
<input type="checkbox"/> Medical Office Administration		<input type="checkbox"/> Patient Care Technician	
<input type="checkbox"/> Professional Medical Billing (AAS)		<input type="checkbox"/> Pharmacy Technician	
<input type="checkbox"/> Pharmacy Technician		<input type="checkbox"/> Pharmacy Technician (AAS)	
<input type="checkbox"/> Pharmacy Technician (AAS)		<input type="checkbox"/> Physical Therapist Assistant (AAS)	
		<input type="checkbox"/> Practical Nursing	
		<input type="checkbox"/> Respiratory Therapy (AAS)	

EDUCATIONAL INFORMATION

ATTESTATION		Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Graduation Date: _____	
By my signature on the reverse of this application, I declare that I have achieved high school or equivalent graduate status, and the information I am providing on this application is accurate and valid.		Do you have a GED certification <input type="checkbox"/> Yes <input type="checkbox"/> No Date Earned: _____	
High School Name	City, State	Dates Attended	Diploma

Name of School	City	State	Dates Attended	Diploma/Degree/ # of Hours
College/University				
College/University				
Other				

