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

PATIENT CARE TECHNICIAN

Why Limit Youself to one skill when you can master three? As a Patient Care Technician, you will learn a variety of skills that include basic nursing, phiebotomy 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 (phiebotomy) 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



PATIENT CARE TECHNICIAN DIPLOMA

Diploma/Certificate

Course #	Course	Hours	Credits
Semester I			
BI103	Human Biology Theory	60	4
BI103L	Human Biology Lab	30	1
HB303	Medical Terminology	45	3
	0,	-	-
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
00254		100	2
PC251	Practicum	100	2
PC250	Externship	60	1
36 Weeks	Combined Program Totals	655	31

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

CITY CAMPUS	COUNTY CAMPUS
909 S Taylor	1297 N Hwy. Drive
St. Louis, MO 63110	Fenton, MO 63026
(314)652-0300	(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 Assitants, on the Internet at https://www.bls.gov/ooh/healthcare/nursing-assistants.htm





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slchc.edu

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 Permaner	nt Residence	Area Code & Cell Telephone #
Are you at U.S. Citizen?	Have	you ever served or are	you now serving in the A	Armed Forces?	E-Mail Address
\Box Yes \Box No		Yes 🗆 No I	Dates of Service:		

ADMISSIONS INFORMATION

Today's Date (Month - Date -	Application Status:	If a Readmission,	Program in which previously	
Year)	□ New Student □ Independent	date previously attended:	enrolled:	
	□ Readmission □ Dependent			
]	PLEASE INDICATE PROGRAM	1 & SCHEDULE OF INTERES	T:	
CITY CAMPUS PROGRAMS:	SCHEDULE:	COUNTY CAMPUS PROGRAM	S: SCHEDULE:	
□ Medical Assistant	□ DAY	□ Medical Assistant	\Box DAY	
□ Medical Assistant (AAS)	\Box EVENING	□ Medical Assistant (AAS)	□ EVENING	
□ Patient Care Technician		Occupational Therapy Assistan	t (AAS)	
\Box Medical Office Administration		Patient Care Technician		
□ Professional Medical Billing (AA	S)	Pharmacy Technician		
□ Pharmacy Technician		□ Pharmacy Technician (AAS)		
□ Pharmacy Technician (AAS)		D Physical Therapist Assistant (A.	AS)	
		□ Practical Nursing		
		□ Respiratory Therapy (AAS)		

EDUCATIONAL INFORMATION

<u>ATTESTATION</u> 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 high school diploma? □ Yes □ No Graduation Date: Do you have a GED certification □ Yes □ No Date Earned:		
High School Name	City, State		Dates Attended		Diploma
Name of School	City	State	Dates Attended	Diploma/Degre	ee/ # of Hours
College/University					
College/University					
Other					



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EMPLOYMENT INFORMATION (this information is utilized to assist graduates pursuing employment opportunities)

Present or Most Recent Employer		Address & City/State/Zip Code	Area Code & Telephone #
Dates of Employment		Job Title	Immediate Supervisor
From	То		

Previous Employer	Address & City/State/Zip Code	Area Code & Telephone #
Dates of Employment	Job Title	Immediate Supervisor
From To		

SPECIAL NEEDS INFORMATION

What means of transportation will you use to get to school?	Personal Auto:	Year	Make/Model	License #
Do you feel that you have any physical/mental handicaps or disabilities that may restrict your ability to successfully complete your program or seek employment? \Box Yes \Box No	If Yes, please expla	in:		
Do you feel that you have or have had any illness/disease transmittable to patient or other individuals you may come in contact with in the classroom or clinical area? \Box Yes \Box No	If Yes, please expla	in:		

EMERGENCY CONTACTS (please provide two separate names & numbers)

Name	Relationship	Address	Telephone #
Name	Relationship	Address	Telephone #

STATEMENT OF AGREEMENT

All information and material submitted to St. Louis College of Health Careers shall become property of the College and shall only be disclosed to when deemed necessary for official purposes. The applicant affirms the information contained on the application is complete and true.

- Upon enrollment, you must submit any documents or records required for acceptance into the instructional program you have designated.
- Upon enrollment, you must submit \$50 application fee prior to meeting with Financial Aid. \$40.00 of this fee will be refunded if the applicant is denied admission with \$10.00 kept for Wonderlic Processing. An additional fee will be charged for High School Diplomas/Transcripts and GED information that may be required.
- You must sign and date this application.

Concerning the release of information, I hereby give my consent to release to the Admissions Representatives any and all of my previous academic records – including transcripts and diplomas – that may be needed to help determine my enrollment eligibility. I also hereby give my consent to release any and all information regarding my financial records to the Financial Aid Representatives acting in my interest before, during or after my attendance at St. Louis College of Health Careers.

Furthermore, I hereby give my consent to release my educational records to any sponsoring agencies to which I have applied for funding assistance, as well as my enrollment information to any other agencies with which I am associated for assistance, such as housing, child care, work study, clinical/practicum/externship, etc., and for which I will give prior notification to the College.

Additionally, I hereby give my consent for my parents of records or others that I designate to obtain information pertaining to my educational records at St. Louis College of Health Careers. However, the recipient of this information must present to a school official a written request signed and dated by me that contains my name, social security number, program and start date, as well as the recipient's name, relationship to me and the item to be released, and must display some form of identification.

Applicant Signature

Date

St. Louis College of Health Careers adheres to the principle of equal education and employment opportunity without regards to race, sex, age, color, creed, physical or mental handicap, veteran status or national origin. This policy extends to all programs and activities supported by the college.

The following information is being collected for statistical purposes only. This information will not be considered for Admission purposes.

RACE: 🗆 African American 🗆 Hispanic 🗆 Caucasian 📄 Asian 🗆 American Indian/Alaska Native 🗔 Other SEX: 🗆 Male 👘 🗍 Female