Become a nurse at the
Susquehanna County Career & Technology Center
Practical Nursing Program

The SCCTC Practical Nursing Program is a 12 month continuous program. This program will teach and prepare you for an exciting career as a practical nurse. Upon completion of the practical nursing (PN) program, students must apply to take the NCLEX-PN examination to obtain licensure as a practical nurse.

The SCCTC Practical Nursing Program will start you on your nursing path with classroom instruction and clinical rotations. Along this path you will develop skills and gain knowledge that will enable you to be successful in your new career.

SCCTC has a state-of-the-art skills lab that will provide you with the opportunity to learn and develop your nursing skills with simulation advanced mannequins that brings an unprecedented degree of realism to nursing education. The clinical portion of the Practical Nursing Program includes hands-on patient care experience at local area hospitals and health care facilities.

Nursing is a rewarding and exciting career. Nursing provides an equal opportunity for men and women alike. SCCTC looks forward to partnering with you for your success in the field of Nursing!
SCCTC Practical Nursing Program

GENERAL INFORMATION

• The practical nursing program offered at SCCTC is approved by the Pennsylvania State Board of Nursing.

• It is a 12 month continuous program.

• You must be 18 years old by the first day of the program and have a high school diploma or GED to be eligible for acceptance.

• Applications are accepted year round. Applications require several documents and take time to compile properly—plan accordingly. Applications can be downloaded from the SCCTC website, www.scctc-school.org or available at SCCTC Building “B” at the Main Office. SCCTC is an E.O.E. institution. The SCCTC Practical Nursing Program application lists the requirements for enrollment in detail.

• Total class size is limited to 40 students. Each clinical class will have 10 students each.

• Program hours are 8am-3:30pm, Monday thru Friday schedule. However, some clinical days maybe scheduled on second shift (3pm-11pm). This is a general schedule only. Once enrolled your will be given a schedule at the beginning of each quarter.

• Tuition for the Practical Nursing Program is $14,500. Tuition includes two uniforms, a laptop computer, nursing kit and use of text books. What is NOT included: The cost of application to the Practical Nursing Program, graduation fee and the cost of registering and taking the NCLEX-PN exam in order to be licensed (LPN) after graduating from the SCCTC program. These costs are the student’s responsibility.

• Please refer to the section “SCCTC Practical Nursing Program Financial Aid” for information on financial aid. Contact the Financial Aid Department at 570-278-9229 ext. 6671 with any questions.

• The entrance exam is the American Testing Institute (ATI) - Test of Essential Academic Skills (TEAS) exam. This entrance exam is held at the SCCTC. The TEAS exam fee is paid directly to ATI when you register. Information and to register go to the ATI web site: www.atitesting.com/Home.aspx. Your $25.00 application fee includes a free prep course held at the SCCTC. For information on dates and times of the entrance exam and prep course contact the Nursing Department at 570-278-9229 ext. 6670.

THE ADMISSION PROCESS

The selection of candidates for the Practical Nursing Program follows the nondiscrimination policy of the SCCTC. Admission into the program is tentative until all criteria are met. Applications can be submitted at any time during the year however, space is limited to 40 students per class.

Requirements:

1. Must be 18 years old on or before first day of program.
2. Graduation from an approved secondary school or proof of GED. Home school candidates must present a diploma from the Department of Education.

3. Complete Practical Nursing Program application and pay application fee ($25.00)

4. Completion of a general aptitude test. This test is the Princeton Review Aptitude Test. You must register on the Princeton Review web site: http://www.princetonreview.com/. If you have trouble accessing the general aptitude test, please use the following link: http://www.princetonreview.com/quiz/career-quiz

It is free to register for an account. After taking the test print out your results. Make sure your name is on the top before turning into SCCTC. This test tells your aptitude towards different careers.

5. Letter of reference (3) - References should be (one each) academic, employment, character. If an employment reference is not available two academic references would be acceptable. No family member references will be accepted. Reference forms are included in the application, additional forms available on our web site, www.scctc-school.org. Mail completed forms SCCTC, Attn: Practical Nursing Department, 2380 Elk Lake School Road, Springville, PA 18844.

6. Physical Examination including proof of all required immunizations. Refer to the Health Clearance and Immunization Record form for more information on requirements. Contact the Nursing Department at 570-278-9229 ext. 6670 with any questions.

7. Background Clearances (includes PA State Police Criminal Record Check, PA Child Abuse History Clearance and FBI Criminal Background Check).

HOW TO OBTAIN BACKGROUND CLEARANCES:

**PENNSYLVANIA STATE POLICE CRIMINAL RECORD CHECK INSTRUCTIONS**

**ELECTRONIC SUBMISSION**

Applicants can go to the Pennsylvania Access To Criminal History website and apply for their criminal record check online with the Pennsylvania State Police at: https://epatch.state.pa.us/Home.jsp

**PAPER SUBMISSION**

Paper submissions of the Pennsylvania Criminal Record Check application will still be accepted for anyone who may not have access to the internet. Please use Pennsylvania Criminal Record Check form (SP4-164). This form is available in the help section of the Pennsylvania Access To Criminal History website.

If you have questions about the Pennsylvania State Police Request for Criminal Record Checks form (SP4 164), please call: (717) 783-9973 or toll free 1-888-783-7972.

**PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE INSTRUCTIONS**

**ELECTRONIC SUBMISSION**

Child Abuse History Clearance Online: https://www.compass.state.pa.us/cwis/public/home
Creating an account and submitting your clearance application online will give you immediate access to your results or the status of your results if your results cannot be processed immediately.

**PAPER SUBMISSION**

[http://www.dhs.state.pa.us/cs/groups/webcontent/documents/form/s_001762.pdf](http://www.dhs.state.pa.us/cs/groups/webcontent/documents/form/s_001762.pdf)

Paper submissions of the Pennsylvania Child Abuse History Clearance application will still be accepted for anyone who may not have access to the internet. Submit paper applications to:

- Childline and Abuse Registry
- PA Department Of Human Services
- PO Box 8170
- Harrisburg, PA 17105-8170

Once the application is received in the ChildLine and Abuse Registry’s Verification Unit, the results of the Pennsylvania Child Abuse History Clearance will be mailed to the applicant’s address that was noted on the application within 14 days from the date that the application is received in the ChildLine Verification Unit.

For questions related to the Pennsylvania Child Abuse History Clearance, please contact the ChildLine Verification Unit at 717-783-6211 or toll free at 1-877-371-5422.

**FEDERAL BUREAU OF INVESTIGATION (FBI) CRIMINAL BACKGROUND CHECK INSTRUCTIONS**

[https://www.pa.cogentid.com/index_dpwNew.htm](https://www.pa.cogentid.com/index_dpwNew.htm)

ALL prospective students are to use the Pennsylvania Department of Human Services system. The Pennsylvania Department of Human Services is utilizing Cogent Systems to process fingerprint-based FBI criminal background checks.

You must register prior to going to the fingerprint site. Registration is available online 24 hours/day, seven days per week or phone registration is available at 1-888-439-2486 Monday through Friday, 8am to 6pm EST. The location of the fingerprint sites and days and hours of operation for each site are posted on 3M Cogent’s website. You will need to bring a qualified State or Federal photo ID with you to the fingerprint site. A list of approved ID types can be found on the 3M Cogent's website. Applicants will not be processed if they cannot produce an acceptable photo ID.

Results should take no longer than 4 to 6 weeks. If the applicant does not receive their results from DHS in this time frame, they should call (877) 371-5422. For questions about your FBI Clearance, please contact the FBI/Adam Walsh Unit at 717-783-6211 or 1-877-371-5422.

8. Take the TEAS exam. This entrance exam is held at the SCCTC. Your $25.00 application fee includes a free prep course held at the SCCTC. The general information section has specific details on how to register for this exam.

9. Entrance interview with the Nursing Department Panel. Interviews will not be scheduled unless all required documentation and testing is complete.

10. Student orientation will be scheduled prior to the first day of class. Students will receive supplies and textbooks for the Practical Nursing Program. This is by invitation only. Applicants will be contacted after all requirements are met.
11. Pass a drug test. This test can be given at any time.

**Final Acceptance** is contingent on the following:

1. Completion of PA State Police Criminal Record Check, PA Child Abuse History Clearance, FBI Criminal Background Check

   a. Applicant should be aware that health care facilities have the right and/or responsibility to preclude students who have a history of certain types of criminal activity or child abuse from the facility. Since experience in such a facility is required to achieve the clinical objectives, the applicants will not be able to complete the required course.

   b. No one will be admitted to the Susquehanna County Career & Technology Center Practical Nursing Program who has an offense that is listed on the Prohibitive Offense List contained in ACT 169 of the Pennsylvania Department of Aging.

   c. The State Board of Nursing may refuse, suspend, or revoke any license in any case where the Board shall find the applicant:

      • Has been convicted or has pled guilty or entered a plea of nolo contendere or has been found guilty by a judge or jury of a felony or a crime of moral turpitude in the courts of this commonwealth, the United States, or any other state, territory or country, or has received probation with verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition in the disposition of felony charges, or has been dishonorably discharged from the military forces of the United States or any other country.

      • Has committed fraud or deceit in securing his or her admission to the practice of practical nursing or to practical nursing school

      • Is addicted to alcohol or is addicted to hallucinogenic or narcotic drugs or other drugs which tend to impair judgment or coordination, so long as such dependence shall continue, or if he or she has become mentally incompetent

      (Professional Nursing Law and Practical Nurse Law Act 69: Section 5, Section 16)

2. Completion of Immunization Record & Health Clearance Form. Good Physical and mental health are prerequisites due to the physical and emotional demands of nursing. A comprehensive physical examination is required, including required immunizations and/or lab work. The examiner must find no apparent reason why the individual could not function in clinical classes without restriction. Students must also receive counseling regarding latex exposure.

The following are the required immunizations (also the requirements of clinical sites):

   a. MMR (Measles, mumps, Rubella)
   b. Hepatitis B
c. Varicella Zoster Serology  
d. Tdap or TD (Tetanus-Diphtheria-Pertussis)  
e. Influenza

TB Skin Testing (2-step) must be completed and result recorded on the Immunization Record & Health Clearance form. Two-step Mantoux tuberculin skin testing should be performed on the initial testing. A one-step Mantoux test is sufficient if Mantoux testing has been done in the last 12 months. Copy of results of prior test attached to Immunization Record & Health Clearance form.

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General Information About Financial Aid

Higher education can take you places! It will increase your lifetime earning potential, broaden your career options and improve your overall quality of life. Your commitment of time, money and energy toward a program at Susquehanna County Career and Technology Center (SCCTC) may be one of the best investments you’ll ever make.

We encourage adult students interested in attending SCCTC to schedule a visit to tour the school and meet with the Financial Aid Department. Since many factors are used to determine financial aid eligibility, we encourage students to apply for student aid. Don’t assume you are ineligible. (Please Note: Not all programs at SCCTC qualify for federal financial aid. Please contact the school for more detailed information at 570-278-9229 ext. 6671.)

As a student, your first question may be “Where do I start to find out more about financial aid?” The list below will help you through the process.


**Step 2.** Apply for student aid by completing the Free Application for Federal Student Aid (FAFSA). You can also access it on the Internet at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). If you access the FAFSA on the Internet, you must apply for a PIN (Personal Identification Number) at [www.pin.ed.gov](http://www.pin.ed.gov). When completing the FAFSA, Step Six of the FAFSA asks that the student lists the schools the student wants information sent to. The federal school code for the Susquehanna County Career and Technology Center is 035614.

**Why fill out a Free Application for Federal Student Aid (FAFSA)?**
The information you report on your FAFSA helps the U.S. Department of Education determine your eligibility for aid (loans, grants). This information is used to calculate your Expected Family Contribution (EFC), which our school uses to determine your need for financial aid and your eligibility for aid.

**What happens when you file the FAFSA?**
The information from your FAFSA will be shared with the federal government, the school(s) you plan to attend and AES/PHEAA. The school you plan to attend will take this information to ensure that you receive the most comprehensive student aid package available based on your financial need.

If you file the FAFSA through the Internet, you will receive a much quicker response than if you send the FAFSA through the postal system. If you mail your FAFSA form, about four to six weeks later, the federal government will send you a Student Aid Report (SAR) that will inform you and the school(s) to which you are applying of your Expected Family Contribution (EFC).

If is important that you review the information carefully to make sure the information is correct. Submit corrections promptly.

You will receive a Master Promissory Note (MPN) if you indicated an interest in student loans on the FAFSA. If you do not receive a MPN, you can obtain one by contacting AES/PHEAA at 1-800-692-7392 or contacting SCCTC at 570-278-9229 ext. 6671.

**Please Note:** The Susquehanna County Career and Technology Center participates in the following federal student aid: the Federal Pell Grant, the Federal Stafford Subsidized Student Loan, the Federal Stafford Unsubsidized Student Loan, and the Federal Parents Plus Loan.
Step 3. Don’t miss deadlines. All student aid programs have deadlines. You must apply by the deadlines. This is your responsibility. **IMPORTANT:** Please be aware that all SCCTC paperwork for admittance to SCCTC and student aid paperwork must be finalized and in order prior to an adult student starting a program at SCCTC. Adult students start programs at SCCTC at the beginning of a school year (usually late August) and at the mid-year point (usually late January).

Step 4. If you have any questions, ask! If you are interested in attending SCCTC, visit the school, meet with the Executive Director and talk to the Financial Aid Department. Make the move to higher education by calling 570-278-9229 ext. 6671.

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SCCTC Practical Nursing Program
Practical Nursing Program Application

PERSONAL DATA:

Last Name ___________________________ First Name ___________________________ Middle Initial __________

Social Security Number ___________________________ Date of Birth ___________________________

Address ________________________________________________________________

City ___________________________ State __________ Zip Code ______________

Home Phone ___________________________ Cell Phone ___________________________

E-mail Address ___________________________

EDUCATIONAL BACKGROUND:

Name of High School Attended ______________________________________________

City ___________________________ State __________ Did you graduate? ______ Year ______

If NO Do you have a GED? _______________ Year Awarded ___________ State Awarded _____________

List any previously attended colleges, universities and/or technical schools:

Name ___________________________ City ___________________________ State ______

Dates Attended ___________________________ Major ___________________________

Name ___________________________ City ___________________________ State ______

Dates Attended ___________________________ Major ___________________________

Name ___________________________ City ___________________________ State ______

Dates Attended ___________________________ Major ___________________________

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EMPLOYMENT EXPERIENCE: List your last five (5) years of employment

Employer _____________________________ Dates worked _____________________________
City _____________________________ State _______ Job Title _____________________________

Employer _____________________________ Dates worked _____________________________
City _____________________________ State _______ Job Title _____________________________

Employer _____________________________ Dates worked _____________________________
City _____________________________ State _______ Job Title _____________________________

Employer _____________________________ Dates worked _____________________________
City _____________________________ State _______ Job Title _____________________________

PROFESSIONAL LICENSES:

Certified Nursing Assistant _____________________________ Year Earned _____________________________

Emergency Medical Technician _____________________________ Year Earned _____________________________

Other _____________________________ Year Earned _____________________________

REFERENCES: References should be (one each) academic, employment, and character. If an employment reference is not available two academic references would be acceptable. No family member references will be accepted.

Name _____________________________ Type _____________________________

Name _____________________________ Type _____________________________

Name _____________________________ Type _____________________________

CRIMINAL BACKGROUND:

Have you ever been arrested? _______Yes _______No  If yes, were you convicted? _____________________________

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APPLICATION ESSAY: Write a one page essay describing your interest in becoming a nurse.

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SCCTC Practical Nursing Program
Practical Nursing Program Letter of Recommendation

Please complete Section I and forward the form to the person who will be completing the Letter of Recommendation. Please send the completed recommendation to:

Susquehanna County Career and Technology Center
Attention Practical Nursing Department
2380 Elk Lake School Road
Springville, PA 18844

Section I
To be completed by the applicant

Name of Applicant __________________________

Complete A or B

A. I authorize the release of a candid evaluation to assist in the selection process. Should I agree, I understand that the material will be kept confidential both from me and the public. I waive my rights or access that I might have by law. I further understand that the Practical Nursing Department of the Susquehanna County Career and Technology Center does not require me to execute this waiver and is willing to review my application without such waiver.

Signature ____________________________ Date ____________________________

B. I authorize the release of a candid evaluation but I choose not to waive my right to examine this letter of recommendation should I be accepted into the Practical Nursing Program at the Susquehanna County Career and Technology Center.

Signature ____________________________ Date ____________________________

Section II
To be completed by the Person completing the Letter of Recommendation

The person identified in Section I has applied for admission to the Practical Nursing Program at the Susquehanna County Career and Technology Center. Your candid and detailed assessment of the applicant will assist the Admissions Panel in its decision. Please describe the extent of your acquaintance with the applicant and his/her aptitude for success. NO ACTION CAN BE TAKEN ON THE APPLICATION UNTIL THIS FORM IS RETURNED.

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1. How long and in what capacity have you known the candidate?

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2. What do you consider to be the applicant’s outstanding talents or strengths? (Please give specific examples)

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3. What do you consider to be the applicant’s major liabilities or weaknesses?

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4. Please describe any situation or incidents that illustrate the applicant’s integrity, maturity, purposefulness, initiative, motivation or other qualities related to academic, leadership and professional ability.

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5. How well do you think the applicant has thought out his/her plans for their nursing career?

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6. Please rate the applicant in the following areas:

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<tr>
<th>Areas of Assessment</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis for Judgment</th>
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<th>Highly Recommend</th>
<th>Recommend</th>
<th>Recommend with reservation</th>
<th>Unable to recommend</th>
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<td>Recommendation for Acceptance to the SCCTC Practical Nursing Program</td>
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7. Is there any further information you would like to share regarding the applicant?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature ___________________________ Date ____________

Name _______________________________

Company ____________________________

Title ______________________________

Address ______________________________

________________________________________________________________________

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</table>

7. Is there any further information you would like to share regarding the applicant?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature ___________________________ Date ______________

Name ________________________________

Company _____________________________

Title _______________________________

Address ____________________________________________

________________________________________________________________________

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SCCTC Practical Nursing Program
Practical Nursing Program Letter of Recommendation

Please complete Section I and forward the form to the person who will be completing the Letter of Recommendation. Please send the completed recommendation to:

Susquehanna County Career and Technology Center
Attention Practical Nursing Department
2380 Elk Lake School Road
Springville, PA 18844

Section I
To be completed by the applicant

Name of Applicant ________________________________________________________________

Complete A or B

A. I authorize the release of a candid evaluation to assist in the selection process. Should I agree, I understand that the material will be kept confidential both from me and the public. I waive my rights or access that I might have by law. I further understand that the Practical Nursing Department of the Susquehanna County Career and Technology Center does not require me to execute this waiver and is willing to review my application without such waiver.

Signature ____________________________ Date ____________________

B. I authorize the release of a candid evaluation but I choose not to waive my right to examine this letter of recommendation should I be accepted into the Practical Nursing Program at the Susquehanna County Career and Technology Center.

Signature ____________________________ Date ____________________

Section II
To be completed by the Person completing the Letter of Recommendation

The person identified in Section I has applied for admission to the Practical Nursing Program at the Susquehanna County Career and Technology Center. Your candid and detailed assessment of the applicant will assist the Admissions Panel in its decision. Please describe the extent of your acquaintance with the applicant and his/her aptitude for success. NO ACTION CAN BE TAKEN ON THE APPLICATION UNTIL THIS FORM IS RETURNED.

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1. How long and in what capacity have you known the candidate?

2. What do you consider to be the applicant’s outstanding talents or strengths? (Please give specific examples)

3. What do you consider to be the applicant’s major liabilities or weaknesses?

4. Please describe any situation or incidents that illustrate the applicant’s integrity, maturity, purposefulness, initiative, motivation or other qualities related to academic, leadership and professional ability.

5. How well do you think the applicant has thought out his/her plans for their nursing career?
6. Please rate the applicant in the following areas:

<table>
<thead>
<tr>
<th>Areas of Assessment</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis for Judgment</th>
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<tbody>
<tr>
<td>Academic</td>
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<td>Citizenship</td>
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<td><strong>Professional</strong></td>
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<td>Ability to work under pressure</td>
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<td>Leadership</td>
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7. Is there any further information you would like to share regarding the applicant?

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__________________________________________________________________________

__________________________________________________________________________

Signature ___________________________ Date ________________

Name ________________________________

Company _____________________________

Title ________________________________

Address ______________________________

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DIRECTIONS:
To obtain a copy of your transcript, mail the completed request form to the institution you attended. Please use a separate form for each institution. Some institutions charge for this service. Contact each institution for proper instruction in order to reduce delays in obtaining your transcripts.

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Please send a copy of my official transcript to the following:

Susquehanna County Career and Technology Center
Attention Practical Nursing Department
2380 Elk Lake School Road
Springville, PA 18844

Student Information:

Last Name ____________________________ First Name ____________________________ MI _________

Name at Time of Enrollment ____________________________

Street Address ____________________________

City ____________________________ State __________ Zip Code ________________

Phone # ____________________________ Date of Birth ____________________________

Social Security Number ____________________________

Campus ____________________________ Year(s) Attended or Graduated ________________

Signature ____________________________ Date ____________________________
### HEALTH CLEARANCE & IMMUNIZATION RECORD FORM

**Last Name** __________________________  **First Name** __________________________  **Middle Name** __________________________

**Date of Birth** __________________________

This is the **ONLY** form that will be accepted to verify health information and **MUST** be completed and signed by your healthcare provider.  

**PHYSICAL EXAM** *(Physical exam includes health history)*

This is to verify that __________________________, was examined by me on __________________________

*(Name of Student)* and was found to be in good health and is medically cleared for the academic year __________________________.

Further, this is to certify that this student is in good health, free from communicable diseases and able to function in clinical classes without restrictions.

Signature of Healthcare Provider: __________________________  **Date** __________________________

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose #1 Date</th>
<th>Dose #2 Date</th>
<th>Dose #3 Date</th>
<th>Date of Positive Titer</th>
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</thead>
<tbody>
<tr>
<td>MMR (Measles, Mumps, Rubella) 2 Doses REQUIRED</td>
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<tr>
<td>All doses of MMR, given singly or in combination must be given after 1 year of age and at least one month apart. MMR requirement is only for those born in 1957 or later.</td>
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<td><strong>-OR-</strong></td>
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<tr>
<td>MEASLES – 2 Doses REQUIRED</td>
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<tr>
<td>MUMPS – 2 Doses REQUIRED</td>
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<tr>
<td>RUBELLA (German Measles) 2 Doses REQUIRED</td>
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<td>HEPATITIS B – 3 doses REQUIRED</td>
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<tr>
<td>TB SKIN TESTING (2-STEP)</td>
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<tr>
<td>REQUIRED Two-step Mantoux tuberculin skin testing should be performed on the initial testing. A one-step Mantoux test is sufficient if Mantoux testing has been done in the last 12 months</td>
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<tr>
<td>A. Tuberculin Skin Test (#1)</td>
<td>Date Read</td>
<td>Positive</td>
<td>Negative</td>
<td>Result _____ mm</td>
</tr>
<tr>
<td>B. Tuberculin Skin Test (#2)</td>
<td>Date Read</td>
<td>Positive</td>
<td>Negative</td>
<td>Result _____ mm</td>
</tr>
<tr>
<td>C. If positive TB Test – X-ray result required and treatment date, if applicable</td>
<td>X-ray Date</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Treatment Date</td>
</tr>
<tr>
<td>Varicella Zoster (Chickenpox) Serology  <em>Proof of the Disease The ONLY way to prove the disease is by titer (HC provider statement is NOT acceptable) OR Proof of Immunization – 2 doses REQUIRED</em></td>
<td>Date</td>
<td>Circle one</td>
<td>Date of Dose 1</td>
<td>Date of Dose 2</td>
</tr>
<tr>
<td>Non Immune</td>
<td>Date</td>
<td>Circle one</td>
<td>Date of Dose 1</td>
<td>Date of Dose 2</td>
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<td>Tdap or TD (within 10 Years)</td>
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<td>Influenza</td>
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Name & Address of Healthcare Provider __________________________

SCCTC Office Use Only

Approved By __________________________

Date __________________________