



Department of Health Sciences

PATIENT CARE TECHNOLOGY PROGRAM

STATEMENT OF UNDERSTANDING

I understand that if I miss more than 10% of a class, I may not be able to make it up and will have to retake the class. I also understand that if I am tardy to class, points may be taken off my final grade and/or it may be added to the 10% of hours missed in class. The syllabus will explain the method the instructor will use to determine the grade. He/She will determine if the absence can be excused.

I understand that prior to the start of class that I will be required to:

- 1) provide proof of immunizations or serologic proof of immunity to Measles, Mumps, Rubella, Varicella (Chickenpox), Hepatitis B, and Tetanus/Diphtheria/Pertussis, Influenza, and Bacterial Meningitis (required for adults aged 29 and under) at my own expense;
- 2) Current TB test;
- 3) Have a current CPR for Health Providers card;
- 4) Submit to a criminal background check through Texas DPS and a registry check through the Department of Aging and Disability Services. I further understand that certain offenses prohibit candidates from enrolling in the PCT program.

I certify that I have read each of the above statements and understand their meanings. I also have been given the opportunity to ask questions regarding these statements.

Applicant's Signature

Date