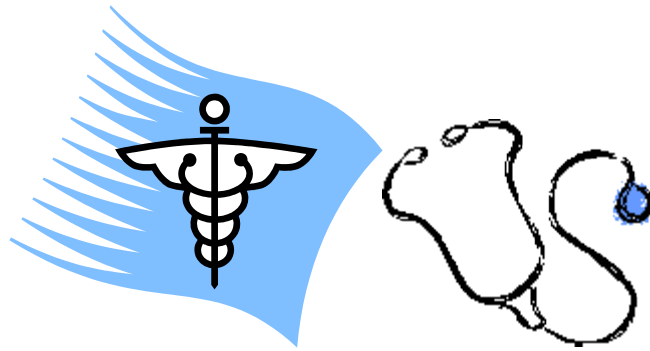




# DAYTONA STATE COLLEGE

**DUAL ENROLLMENT HEALTH CAREERS**

**APPLICATION/INFORMATION PACKET**



Dear Applicant:

Thank you for your interest in the Dual Enrollment Health Careers Program. The goal of this program is to encourage continuous improvement and preparation for future health career courses, state licensure examinations, and possible employment upon graduation. Enclosed in this packet are the forms necessary to apply to the program, Pages 4-9

Please complete and return the following to your guidance counselor.

- Application form
- Approval form
- Two (2) teacher recommendation forms
- One (1) counselor recommendation form
- Signed student and parent/guardian contract
- Daytona State College application form

Once you have completed all necessary forms and turn them in, passed the entrance exam, you are accepted into the program. You will receive a program packet over the summer prior to beginning of the fall term. If you have not received the program packet, please contact the Nursing Office 506-3250 or 506-3757, and ask to have one sent to you.

#### **CRITERIA FOR ADMISSION:**

- ❖ 2.5 GPA or higher
- ❖ Program begins each August and follows the Public School Calendar for the year.
- ❖ Provide own or shared transportation to Daytona State College and clinical sites
- ❖ Health screening: TB test, hepatitis vaccine. Please attach a COPY of your Immunization record to the Hepatitis B form.
- ❖ FDLE: Background checks required by the facilities within the community
- ❖ Watch with a second hand
- ❖ *No long, artificial nails, all visible tattoos must be covered at the clinical facilities.*
- ❖ Must pay for CPR card only, CPR course will be provided in program.
- ❖ Must PASS TABE test at Daytona State College Assessment Center (Daytona Campus Bldg 500), if no CPT, SAT, or ACT test taken and successfully passed with required scores.
- ❖ Good high school attendance

#### **Student will provide:**

- ❖ Paper, pencils (#2), pens, notebooks, white shoes, watch
- ❖ TB test, Immunization Record
- ❖ FDLE background screening

If you have any further questions please feel free to contact:

Sheryl L. Gray, RN, MSN  
Professor/Assistant Chair CNA/Dual Enrollment and Health Careers  
(386) 506-3726 [grays@daytonastate.edu](mailto:grays@daytonastate.edu)

or

LeeAnn Davis, Director Counseling and Dual Enrollment  
(386) 506-3404, [DavisL@daytonastate.edu](mailto:DavisL@daytonastate.edu)

## DUAL ENROLLMENT HEALTH CAREERS PROGRAM

This program is intended for students that have a cumulative grade point average of **2.5** or higher, a **good attendance** record, and are considering a career in a health-related profession. After successful completion of this program, the student will earn 14 College Credits and 11.7 Vocational Credits.

The Health Careers courses offered are:

- Patient Care Assistant 9.7 vocational credit
- Medical Terminology 4 college credit
- Basic Anatomy and Physiology 3 college credit
- Concepts of Disease 4 college credit
- Introduction to Health Care 3 college credit
- Phlebotomy 2.0 vocational credit

### OVERVIEW OF EACH COURSE:

**Patient Care Assistant:** Prepares students to perform selected tasks related to patient care in hospitals, assisted living facilities, and home health agencies under the supervision of a licensed nurse.

**Medical Terminology:** Intended to prepare the student for health-oriented careers through learning and understanding the language of the medical society.

**Anatomy and Physiology:** Provides the student with a basic overview of A & P of the human body in health and disease.

**Concepts of Disease:** The student will learn and understand how diseases invade and affect the human body.

**Introduction into Health Careers:** Introduces the student to all areas of health careers, whether it is administrative, clerical, social, or direct patient care.

**Phlebotomy:** The student will learn and perform phlebotomy, working knowledge of specific tests and colored top tubes for said tests and special procedures.

**DAYTONA STATE COLLEGE  
DUAL ENROLLMENT  
HEALTH CAREERS PROGRAM  
Student Information**

Please type or print

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Social Security No. \_\_\_\_\_ ALFA Letters \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_

School \_\_\_\_\_

Counselor \_\_\_\_\_

**Parent/Guardian Information**

\*\*\*Not needed after 18 years of age\*\*\*

Parent Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ (C) \_\_\_\_\_ Work Phone \_\_\_\_\_

**I HAVE DISCUSSED THE REASSIGNMENT OF SCHOOLS WITH MY PARENTS AND WE ARE REQUESTING ENROLLMENT IN THE PCA PROGRAM**

\*\*\*Not needed after 18 years of age\*\*\*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE return forms to your Guidance Counselor or**

**Mrs. Sheryl Gray: Daytona State College – Daytona Campus  
1200 W. International Speedway Blvd.  
Bldg 320 Room 334  
Daytona Beach, Fl 32114**

## STUDENT CONTRACT

I understand and agree that if I am accepted into the Dual Enrollment Health Careers Program, I will meet the following criteria:

- Attend classes at the designated Daytona State College campus and high school campus daily for the year of enrollment. *Refer to policy on attendance at bottom of page*
- Arrive to class/clinical on time
- Work cooperatively with peers and instructor(s)
- Bring essential materials and books to class every day, being prepared for class/clinical
- Write down assignments, complete all assignments and **submit them on or before due date**
- Be self-disciplined and meet deadlines
- Participate in Class, Lab, and perform all skills necessary to be successful in program and state exam.
- Review and study, both daily and before tests all material covered in class
- Properly care for and return or replace all school materials (books, work books, uniform, binder)
- Clear FDLE Record

I understand that failure to meet the above standards can result in dismissal from the Dual Enrollment Health Careers Program.

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

Student Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

## PARENT/GUARDIAN CONTRACT

I wish to enroll my child in the Daytona State College Dual Enrollment Health Careers Program. I understand and will support the following requirements:

- My child will attend classes on the designated Daytona State College campus or high school campus for a minimum of one (1) year
- My child will maintain good attendance
- My child will be required to work on a team, as well as on independent projects
- Clinical skills must be mastered
- Credits will be awarded based on student performance and not actual class time
- My child must be self-disciplined and master time management
- All appointments will be made before or after classes at Daytona State College.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: The student Absence is: four (4) days from lecture  
Two (2) from clinical (Fall and Spring semester)**

**These absences will result in a warning/counseling/probation, with possible dismissal from the program. Passing grade is 75% or high**

**Parents, please avoid making appointments on class times, as these results in absences for the student.**

Student Name (please print) \_\_\_\_\_

School Attending \_\_\_\_\_ Alpha code \_\_\_\_\_

Applicant: Please respond to the following questions:

1) Why have you decided to apply to this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What health careers(s) are you most interested in at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Is anyone in your family in the medical profession?  
Do you have any personal experience in caring for the elderly or ill?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Please provide any other information about yourself, school activities, outside activities, you're success or difficulties in academics, or learning difficulties (strong and weak points)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Dual Enrollment Health Careers Program

### COUNSELOR RECOMMENDATION

Student \_\_\_\_\_ Alfa Code \_\_\_\_\_

Please evaluate the student in the following areas:

	Excellent	Good	Average	Poor
<b>Academic Achievement</b>				
<b>Motivation</b>				
<b>Attendance</b>				
<b>Conduct</b>				

\_\_\_\_\_ **Student GPA \*\*must be a 2.5**

\_\_\_\_\_ Highly recommend

\_\_\_\_\_ Recommend

\_\_\_\_\_ Do not recommend

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academics/Social Issues:

\_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

## Dual Enrollment Health Careers Program

### TEACHERS RECOMMENDATION

(Two required)

Student \_\_\_\_\_ Alfa Code \_\_\_\_\_

Please evaluate the student in the following areas:

	Excellent	Good	Average	Poor
<b>Academic Achievement</b>				
<b>Motivation</b>				
<b>Attendance</b>				
<b>Conduct</b>				

\_\_\_\_\_ **Student GPA**

\_\_\_\_\_ Highly recommend

\_\_\_\_\_ Recommend

\_\_\_\_\_ Do not recommend

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic/Social Issues \_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature & Class

\_\_\_\_\_  
Date

## Dual Enrollment Health Careers Program

### TEACHERS RECOMMENDATION

(Two required)

Student \_\_\_\_\_ Alfa Code \_\_\_\_\_

Please evaluate the student in the following areas:

	Excellent	Good	Average	Poor
<b>Academic Achievement</b>				
<b>Motivation</b>				
<b>Attendance</b>				
<b>Conduct</b>				

\_\_\_\_\_ **Student GPA**

\_\_\_\_\_ Highly recommend

\_\_\_\_\_ Recommend

\_\_\_\_\_ Do not recommend

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic/Social Issues: \_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature & Class

\_\_\_\_\_  
Date