



833 METRO DRIVE • LEBANON, PENNSYLVANIA, 17042 • TELEPHONE: 717-273-8551 FAX:  
(717) 279-7520 • [www.lcctc.edu](http://www.lcctc.edu)

May 2024

Dear Parent or Guardian:

On behalf of the Lebanon County Career and Technology Center (LCCTC), we would like to welcome your student to the Health Careers and Technology program for the 2024-2025 school year.

Students in the Health Careers Technology will be expected to purchase and/or complete the items on the attached sheet(s). All uniform purchases, if applicable, must be made with Major League Screen Printing. They can be contacted at 717-270-9511, or you may use the LCCTC link from [www.lcctc.edu](http://www.lcctc.edu) and use the "Uniform" link at the top of the page. Students are expected to have all necessary items as listed on the attached forms, on the first day of school.

### Important Date

August 26, 2024

First Day of School

Please contact us at 273-8551 ext. 2170 for Mrs. Mattis or ext. 2114 for Mrs. Garrett if you have any questions. Email addresses are [lmattis@lcctc.edu](mailto:lmattis@lcctc.edu), and [bgarrett@lcctc.edu](mailto:bgarrett@lcctc.edu) respectively. We look forward to working with you to prepare your student for post-secondary education and/or a career in the health careers field.

Sincerely,

Lori Mattis, MEd., BSN, RN  
Health Careers Technology Instructor

Beth Garrett, RN  
Health Careers Technology Instructor

Attachment(s)

### 1<sup>st</sup> Year

### REQUIRED DOCUMENTATION/EQUIPMENT FOR THE HEALTH CAREERS



**1<sup>st</sup> Year**  
**REQUIRED DOCUMENTATION/EQUIPMENT FOR THE HEALTH CAREERS**  
**TECHNOLOGY/PATIENT CARE TECHNICIAN (PCT) PROGRAM**  
**Checklist**

**Shadow Experience Requirements:**

1. **Tuberculosis Test completed after July 1, 2024**
2. **Chicken Pox Vaccination (Varicella):** provide documentation of 2 placement dates or positive titer results.  
**NOTE: We will not accept “had disease” as documentation.**
3. **MMR Vaccination (Measles, Mumps, Rubella):** provide documentation of 2 placement dates or positive titer results. **NOTE: We will not accept “had disease” as documentation.**
4. **TDAP (Tetanus, Diphtheria & Pertussis):** provide documentation of one (1) adult dose after age 11-12.
5. **Hepatitis B Vaccination:** provide documentation of placement dates or positive titer results.  
NOTE: Hepatitis B is the only vaccination that is not mandatory for internships. It is recommended that you have the vaccine, if you will be working in a clinical area with any potential of blood or body fluid exposure. If you have not had the vaccination series or your Hepatitis B titer results were non-reactive or negative and you wish to **decline receiving the vaccine, please sign below**. By signing below, you acknowledge that you are aware of the risks involved with not receiving the vaccine and declining the Hepatitis B vaccines.

**Intern Signature:** \_\_\_\_\_

6. **Flu Shot: Mandatory.** Do not obtain prior to September 1, 2024
  - Proof of flu vaccination, which includes location administered, date of administration, lot number and expiration date.

**Shadow Experience:**

- **Students will be responsible to provide their own transportation to and from the shadow site**

## Health Careers Technology/PCT

**Appearance** Working in the healthcare profession requires critical thinking, coordination and strength. Good personal hygiene and a well-groomed appearance are two requirements of the Health Careers Technology/PCT Program. The following are guidelines for participation in this course:

**Dress Code: You are required to be in uniform daily beginning with the first day of class.**

**1. Uniform:**

- Uniform tops and pants are required to be worn daily. Must be cleaned, pressed and in good repair and fit properly.
- Students must arrive and leave CTC in full uniform. No changing in bathrooms will be allowed.
- Any shirt worn under the uniform top must be solid black, white, grey or navy blue.
- **\*NO PRINTED SHIRTS OR HOODIES CAN BE WORN UNDER THE SCRUB TOP**
- If student wearing a warm-up jacket, a scrub top must be worn underneath the jacket.

**2. Shoes:** All white leather sneakers or nursing shoes

- **No sandals, clogs, boots, canvas sneakers or Crocs**

**3. Socks-** Socks must be worn with shoes at all times

**4. Jewelry:**

- Watch with a second hand only. No other jewelry to be worn. I.E. necklaces, bracelets, rings
- No Smart watches will be permitted.
- Only one stud earring per ear. NO hoops, dangles
- No facial piercing will be permitted. This includes the tongue, nose piercings or nasal septum piercings

**5. Hair:**

- Hair must be worn up and away from the face.
- Hair is to be groomed prior to the arrival of school.
- Hair is to be a natural color: No unusual hair color is accepted. (I.E. blue, purple, red etc...)

**6. Nails:**

- a. Clear nail polish may be worn. Nails short and well-groomed
- b. **No artificial, acrylic, or gel nails**

**7. The classroom is cold so bring a uniform lab warm up jacket or uniform issued fleece.**

- a. No outside jackets, hoodies or sweatshirts are to be worn in classroom

Students will be expected to be in full uniform on the first day of school. Uniforms must be obtained through the school's uniform provider:

Major League, Screen Printing, 19 S.5<sup>th</sup> Ave, Lebanon, PA 17042

Phone: 717-270-9511

Email: [www.mlspe.com](http://www.mlspe.com) or via the school's website:

[www.lcctc.edu](http://www.lcctc.edu) and click on the tab "Uniforms," then choose then chose "Health Careers Technology" (along the left hand side of the screen)

\*This dress code has been developed to enable you to be properly groomed when on the job as a health care worker. These specific requirements are to be met while in this program.

It is vital that you are in proper uniform daily. Failure to do so will result in a lowering of your grade.

- You will not be allowed to work on procedures if the dress code is not followed.
- Daily work ethics point deductions will be given for improper uniform.

**Dress Code Policy Signature Page:**

**\*\*Please sign and return to instructor**

We have read and understand the Dress Code Policy

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Print Parent/Guardian Name

**Health Careers Technology Five P's of Success!**



### **Prompt**

- ✓ Always plan to be early to be on time!
- ✓ Assignments turned in on time
- ✓ If absent: report off by calling or emailing respective instructor:  
LCCTC 273-8551 ext. 2170 [lmattis@lcctc.edu](mailto:lmattis@lcctc.edu) for Mrs. Mattis or ext. 2114 [bgarrett@lcctc.edu](mailto:bgarrett@lcctc.edu) for Mrs. Garrett prior to 9:00am



### **Prepared**

- ✓ In Uniform
- ✓ Materials, tools, devices, books
- ✓
- ✓ Assignments completed



### **Polite**

- ✓ Greet others with respect
- ✓ Show consideration of others



### **Professional**

- ✓ Teamwork mentality



### **Positive**

- ✓ Support Peers Success
- ✓ Do your Part
- ✓ Take Ownership
- ✓ Have a “can do” attitude
- ✓ Work towards goals

## **ATTENDANCE**

- Due to the nature of the program requirements, attendance and punctuality are very important. Appointments should be scheduled during non-school hours.

- Students with 10 or more absences or tardies will be ineligible to participate in shadow experience and/or other classroom activities.

\*Failure to follow the five “P’s” of success will result in work ethic grade deductions.

\*An 80% or above overall average must be maintained for any student to participate in any outside activities. Including: field trips, HOSA events, shadowing, clinical etc.

\* Any student with disciplinary referrals at a level 3 or 4 resulting in suspension will automatically be ineligible to participate in any clinical experiences, Shadow opportunities, field trips or extra-curricular activities. This includes the immediate removal of the student holding a HOSA officer position.

**Five “P’s” of Success Signature Page:**



# Safety Pledge

**Directions:** Read and complete the student safety pledge form by filling in the blank spaces. Return the signed form during the first week of school.

*I \_\_\_\_\_, a student in the Health Careers Technology/Patient Care Technician Program, will be using health related equipment as part of my training. It is understood that each student will be given proper instruction, both in the use of the equipment and in the correct safety procedures concerning the equipment before being allowed to operate the equipment. The student must assume responsibility for the following safe practices; therefore, we ask that the followings the safety pledge:*

- ***I promise to follow all safety rules associated with the program.***
- ***I promise never to use any equipment without first having permission from the instructor***
- ***I will not use a piece of equipment unless I have had proper instruction on the use • I will report any damaged equipment, accident, or injury to the instructor immediately.***

*Thank you,*

*Lori Mattis M.Ed., BSN, RN  
Beth Garrett, RN  
Instructors*

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**Safety Pledge Signature Page**



Please sign and return to instructor:

We have read and understand the Safety Pledge:

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Student Signature

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Date

---

Parent/Guardian Signature

---

Date

---

Print Student Name

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Print Parent/Guardian Name

## Cell Phone/Computer Policy

Health Careers Technology/Patient Care Technician program wants to provide a learning rich environment. Therefore, all cell phones, personal devices (ipads, computers, smart watches etc..) are prohibited in the classroom. Each student is given access to a computer for use in the classroom and will not use any outside devices, including home school issued ipads/computers. All cellphones will be placed in a secure location within the classroom and students will be forbidden to use their personal cellphone at anytime during the class. Our contact information is listed below if there is an emergency and you need to contact the student during school hours. Mrs. Mattis

[lmattis@lcctc.edu](mailto:lmattis@lcctc.edu)

717-273-8551 Ext. 2170

Mrs. Garrett

[bgarrett@lcctc.edu](mailto:bgarrett@lcctc.edu)

717-273-8551 Ext. 2114

**Cellphone Policy Signature Page:**

Please Sign and return to instructors

We have read the cell phone/computer policy and agree to the policy.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Student Name

\_\_\_\_\_

Print Parent/Guardian Name

## **Emergency Contact**

Student Name: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_

Student email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Home Phone Number: \_\_\_\_\_

Parent/Guardian Cell Phone Number: \_\_\_\_\_

Parent/Guardian email Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Any important information you would like to share with instructor: (i.e.: allergies to foods, emergency medical problems (asthma, seizures....))

\_\_\_\_\_

\_\_\_\_\_

**Lebanon County Career and Technology Center  
TB Test Results**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**To be completed by health care provider:**

1. Tuberculin Test- PPD required

Date Administered: \_\_\_\_\_ Date Read: \_\_\_\_\_ Read By: \_\_\_\_\_

**Please Circle One:**

Results:                      NEGATIVE 0.0mm                      POSITIVE: Sent for CXR

**If history of positive PPD, answer following questions and provide copy of check x-ray results within the last 12 months.**

- Do you have any current symptoms (persistent cough, fever, night sweats, etc)? \_\_\_\_\_
- Did you do INH treatment? \_\_\_\_\_

**QuantiFERON Gold** performed after September 1<sup>st</sup>, 2024.  
Please provide results.

**T-spot** test performed after September 1<sup>st</sup>, 2024.  
Please provide results.

## Health Careers Technology

<b>Item</b>	<b>Required/Optional (R or O)</b>	<b>Cost</b>
<b>Fingerprinting (Senior Only)</b>	<b>R</b>	<b>Fingerprinting: \$23.25</b>
<b>10 Panel Drug Test (Senior Only)</b>	<b>R</b>	<b>Approx. \$60.00</b>
<b>Physical</b>	<b>R</b>	<b>Approx: \$30.00</b>
<b>TB Test</b>	<b>R</b>	<b>Approx: \$30.00/Each</b>
<b>Hepatitis B Vaccine</b>	<b>O</b>	<b>??</b>
<b>Flu Vaccine</b>	<b>R</b>	<b>??</b>
<b>Covid Vaccination</b>	<b>O</b>	<b>??</b>
<b>Uniforms</b>	<b>R</b>	<b>Approx. \$70.00</b>
<b>Watch with a Second Hand</b>	<b>R</b>	<b>Approx: \$20.00</b>
<b>Shoes</b>	<b>R</b>	<b>Approx: \$50.00</b>
<b>Patient Care Technician Certification Exam (Senior Only)</b>	<b>O</b>	<b>\$122.00</b>
<b>HOSA: Future Health Professionals Dues</b>	<b>R</b>	<b>\$20.00</b>