



**SOUTH CENTRAL TN REGIONAL
PATIENT CARE
TECHNOLOGY/MEDICAL
ASSISTING PROGRAM**

September 2024 - 2025



TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

PULASKI

Dear Prospective Patient Care Technology student:

Thank you for choosing Tennessee College of Applied Technology Pulaski for your educational goals. We are excited about having you as a student and becoming a future Patient Care/Medical Assisting.

To be eligible for admission, you must either have an acceptable ACT score of 17 in reading AND a 17 in math or a HESI score of 60 in reading and 50 in math. The ACT cannot be a composite score. **Only those that have graduated high school within the last year can use their ACT.** To schedule the HESI exam and pay the \$50 fee, please call Katrina 931-424-2402 as soon as possible. You will need to pre-pay before the test date with cash, check or credit card to reserve a spot. If you fail to show on your scheduled date, you forfeit the \$50 and you must re-schedule and repay the fee. Passing scores are required by Thursday, July 18, 2024.

You will need to complete a Tennessee College of Applied Technology application online at www.tcatpulaski.edu/apply/now as soon as possible and no later than July 18, 2024. Please see the instructions on the last page. If you do not have access to internet, you can apply at TCAT in Pulaski.

Enclosed in the packet, you will find a list of deadlines and important dates. Please read carefully and follow all directions.

Deadlines needed by July 18, 2024:

- TCAT Pulaski online application
- ACT or HESI score
- Signed Release of Information (ferpa form) (inside the packet)
- Driver license (copy)
- Medical Insurance (copy)
- 3 References (inside packet)
- Proof of healthcare experience
- Current transcript/High School diploma or GED. (Upon graduation, you will be required to provide a copy of your high school diploma/HiSet/GED or final transcript).
- College transcripts
- Proof of military service

There is a *Release of Information* in your packet. Please sign and date. This form will need to be returned by Thursday, July 18, 2024.

There are 3 *blank reference forms* that need to be completed and returned Thursday, July 18, 2024. Please ask those providing your reference to put in a sealed envelope. These references can be provided by an employer, teacher, professional, etc... immediate family members and friends are not acceptable references.

Proof of any healthcare experience should be returned in your packet as well as proof of any Health Science classes taken in high school. This can be accomplished by a letter from the HOSA teacher, your transcript, or HOSA membership card. It is strongly encouraged that all individuals entering the PN program obtain some *healthcare experience* prior to enrollment.

Mandatory Information Session: July 26, 2024

For those that have submitted passing HESI scores or acceptable ACT scores, you are **required** to attend the **MANDATORY INFORMATION SESSION** ON Friday, July 26, 2024 @ 9:00 am. The meeting will last until approximately 12:00 noon. CHILDREN are not allowed at this meeting.

Patient Care students are accepted based on a points system. Simply passing the HESI does not guarantee entry into the program. Acceptance into the Patient Care program is not automatic, even though an applicant may be academically qualified. Class size is limited by clinical sites and classroom space as well as faculty availability. Applicants will be notified by letter of acceptance contingent upon a **clear criminal background check and a negative drug screen**. We provide the instructions for these two items. The class hours are 8:00 a.m. until 2:30 p.m. Monday through Friday. Proof of CPR certification can be turned in at any time. CPR must be American Heart Association Basic Life Support for the Healthcare provider. If you do not have CPR certification, a class will be offered at a later date.

If you have any questions or would like to discuss the program further, feel free to call or visit our campus at any time.

Sincerely,

A handwritten signature in black ink that reads "Amy Key RN, BSN". The signature is written in a cursive style and is contained within a thin black rectangular border.

Amy Key RN, BSN
Director of Nursing and Allied Health

ak/enclosures



Dear Prospective TCAT-Pulaski Student:

To apply online:

1. Go to our website www.tcatpulaski.edu/apply/now
2. This will then take you to the Admission Login page. Click on First Time User Account Creation.
3. You will create a Login ID, create a Pin and verify Pin. (Please save this information because you will need it.)
4. You will then Login and it will take you to Select an Application Type.
5. Use the drop-down box and choose (A1) New College Applicant or (A2) Returning TCAT Applicant and hit Continue. (Note: If you select (A2) Returning TCAT Applicant, then you will have to fill out the entire Prior College Section).
6. It will direct you to Apply for Admissions where you will select your Admission Term "Fall 2024". Enter your name and click Fill out Application.
7. *You will have an Application Checklist (blue icons). Please make sure you complete all fields.
8. Once you have successfully completed all icons they will each have a red check mark. Click Application is Complete and you must agree to the terms.
9. If you do not have access to the internet, you can apply in person at TCAT-Pulaski.

*Please note: You will need to enter your phone information without dashes or hyphens and leave the extension box blank.

If you have any questions, please give a student services representative a call at (931)424-4014.

TCAT Pulaski Admissions

HOW TO APPLY FOR FINANCIAL AID

You must complete and submit the **2024-2025 FAFSA** to apply for federal student aid and for state and institutional aid. The SCHOOL CODE for the Tennessee College of Applied Technology-Pulaski is **009464**.

There are 3 ways to apply for financial aid. You will need to have your **2022 tax returns and W2's** available in order to apply for any financial aid.

Option #1-Go to fafsa.gov and apply online

Option #2-go to <https://studentaid.gov/sites/default/files/2022-23-fafsa.pdf> to print a PDF version of the FAFSA

Option #3-Call 1-800-4-FED-AID (1-800-433-3243) and request a paper application by mail

If you choose to apply using *Option 1* listed above, you will need to create an FSA ID.

Please see attachment for further instructions on creating an FSA ID.

Select the option to “Fill out your FAFSA”, and then select the “appropriate year FAFSA”. At this point you will proceed and begin completing the FAFSA by answering each question that is asked. Do not leave any questions blank when completing the online FAFSA. If you fail to answer all the required questions, you will not be allowed to move on to the next screen. Once you have completed the entire application you will be asked to sign electronically. Be sure to submit the application completely, and do not close the web page until you receive a submission confirmation and get a confirmation number. If you do not get a confirmation number, then your application was not submitted correctly and will not be processed and sent to the school.

If you choose to apply using *Option 2 or 3* listed above, you will need to simply complete and sign the paper FAFSA form and mail it to the address listed on the FAFSA application, which is Federal Student Aid Programs, PO Box 7650, London, KY 40742-7650.

If you complete the FAFSA online, please allow 7-10 days for processing. Allow 3-4 weeks for the paper applications to be processed. You may contact the school after allowing the appropriate processing time for your FAFSA to inquire about eligibility.

FSA ID STEP-BY-STEP GUIDE

Your FSA ID gives you access to Federal Student Aid's online system and serves as your legal signature. Both student & parent(s) should each create an FSA ID username and password to electronically sign the FAFSA. Only create an FSA ID using your own personal information and for your own exclusive use. You'll use your FSA ID every year you are in college to complete the FAFSA and review your federal student aid. The 2024-2025 FAFSA is scheduled to open in December 2023.

To create an FSA ID, go to studentaid.gov then follow the steps below.

STEP 1: First Name, Last Name, Date of Birth, Social Security Number

STEP 2: Create Username and Enter Email & Password

Tip: use a non-school related email address that students will have access to after graduation.

STEP 3: Mailing Address & Mobile Phone Number

STEP 4: Choose Communication & Language Preference

STEP 5: Select & Answer Four Challenge Questions

See challenge question box below

STEP 6: Review Information

STEP 7: Verify Email & Mobile Number

CHALLENGE QUESTIONS

To avoid the FSA ID site timing out account creation, preselect and answer challenge questions from the list below. You will need **four** challenge questions and answers when you create your FSA ID.

What was the name of your elementary school? _____

What city were you born in? _____

What was the name of your first pet? _____

What was your high school's mascot? _____

What color was your first car? _____

What is the name of the street where you grew up? _____

What is your father's middle name? _____

What was the name of your first teacher? _____



TN FAFSA FRENZY

MY FSA ID INFORMATION

Now that you have all your information prepared, use the fill-in-the-blank sections below to remember what you need to create your FSA ID.

STUDENT FSA ID

Username: _____

Password: _____

Email: _____

Challenge Answer 1: _____

Challenge Answer 2: _____

Challenge Answer 3: _____

Challenge Answer 4: _____

Backup Code: _____

PARENT 1 FSA ID

Username: _____

Password: _____

Email: _____

Challenge Answer 1: _____

Challenge Answer 2: _____

Challenge Answer 3: _____

Challenge Answer 4: _____

Backup Code: _____

PARENT 2 FSA ID*

Username: _____

Password: _____

Email: _____

Challenge Answer 1: _____

Challenge Answer 2: _____

Challenge Answer 3: _____

Challenge Answer 4: _____

Backup Code: _____

**Only create Parent 2 FSA ID if married and filed 2022 taxes separately.
Married filing jointly requires only Parent 1 FSA ID.*

IF YOU NEED HELP WITH YOUR FSA ID, PLEASE CALL 1.800.433.3243



TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

PULASKI

1233 East College Street, Pulaski, TN 38478
931-424-4014 www.tcatpulaski.edu

Career Training

- Administrative Office Technology
- Advanced Manufacturing Education
- Basic Dental Assisting
- Building Construction Technology
- CNC Machining Technology
- Computer Operating Systems and Network Technology
- Criminal Justice: Correctional Officer
- Electrical and Plumbing Construction Technology
- Heating, Ventilation, Air Conditioning and Refrigeration
- Industrial Electricity
- Industrial Maintenance Technology
- Patient Care Technology/ Medical Assisting
- Pharmacy Technology
- Practical Nursing
- Residential/Commercial Wiring & Plumbing
- Welding Technology

Training Locations

- Main Campus (Pulaski, TN)
- Lawrence County Instructional Service Center
- Lawrenceburg Instructional Service Center
- North Lawrence Instructional Service Center
- South Lawrence Instructional Service Center

PATIENT CARE TECHNOLOGY/MEDICAL ASSISTING

The Patient Care Technology/Medical Assisting program is designed to provide the student with a thorough understanding of basic nursing care, including providing direct bedside care to patients in a variety of settings. The PCT/MA is a multi-disciplinary technical assistive healthcare personnel. PCT's/MA's are educated to provide basic nursing care under the supervision or direction of a Physician, Advanced Practice Nurse, Registered Nurse, or Licensed Practical Nurse. The education shall be in an organized program with planned learning experiences in a logical sequence, including both theory and clinical. Upon completion of the program and certification tests, each PCT/MA will obtain certifications in Certified Nursing Assistant, Certified Medical Assistant, Phlebotomy Technician and ECG Technician. Class time includes subject lecture, lab time and clinicals. To be eligible for admission, you must either have an acceptable ACT score of 17 (valid for one year after graduation) or a HESI score of 60 in reading and 50 in math.

Employment Opportunities:

- Hospitals
- Doctor's Office/clinics
- Long term care facilities

Program Instructor:

Doug Rutherford
douglas.rutherford@tcatpulaski.edu
931-424-2960

ENROLLMENT INFORMATION

Classes Offered:	Full-Time: Monday - Friday 8 to 2:30
Program Length:	1296 Hours (3 trimesters)
Program Location:	Pulaski Campus 1233 East College Street, Pulaski, TN 38478
Program Cost including Tuition, Fees plus Books/Supplies:	\$1,336 per trimester x 3 trimesters=4,008 \$1,360.12 Books/Supplies; Total Cost \$5,368.12* *These costs are subject to change.
Requirements:	Complete the Admissions Process Checklist
Financial Aid:	Available to those who qualify
For more information about our graduation rates, the median debt of students who completed the program, and gainful employment, please visit our website at www.tcatpulaski.edu .	

Tennessee College of Applied Technology-Pulaski does not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, disability, age status as a protected veteran or any other class protected by Federal or State laws and regulations and by Tennessee Board of Regents policies with respect to employment, programs, and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Christa Williams, VP Student Services; christa.williams@tcatpulaski.edu; 931-424-2404; P.O. Box 614; Pulaski, TN 38478.

PATIENT CARE TECHNOLOGY/MEDICAL ASSISTING COURSE OUTLINE

First Trimester	
Worker Characteristics	6 Hours
Nursing Aide	96 Hours
Anatomy & Physiology and Medical Terminology	120 Hours
Nurse Aide Clinical	24 Hours
Phlebotomy	150 Hours
Phlebotomy Clinical	36 Hours
Phlebotomy Certificate	186 Hours
Nurse Aide Certificate	432 Hours

Second Trimester	
Worker Characteristics	6 Hours
Electrocardiography	125 Hours
Electrocardiography Clinical	48 Hours
Medical Assistant I	253 Hours
Electrocardiogram Certificate	864 Hours
Patient Care Technology Diploma	864 Hours

Third Trimester	
Worker Characteristics	6 Hours
Math Meds	36 Hours
Medical Assistant II	79 Hours
Clinical	311 Hours
Medical Assistant Diploma	1296 Hours

Admission Requirements:

- * **Applicants must be 18 years of age**
- * **Complete a TCAT-P application online**
- * **Provide a regular high school diploma or HiSet/GED transcript**
- * **Provide proof of 2 MMR and 2 Varicella immunizations/titers**
 - T.B. Skin Test**
 - Hepatitis B Immunizations**
 - Flu Vaccination**
 - Tetanus**
- * **Proof of Medical Insurance**
- * **Proof of Driver's License**
- * **Take and pass HESI exam with score of 60 in reading; 50 in math.**

Students are subject to drug screening, criminal background check, and possibly other vaccinations based upon clinical affiliation agreements.

For More Information, Please Contact
 Student Services Department
 P.O. Box 614, Pulaski, TN 38478
 931-424-4014

Accredited Member
 Commission of the Council on
 Occupational Education
 7840 Roswell Road, Building 300 Suite 325
 Atlanta, GA 30350
 Phone: (770) 396-3898 * (800) 917-2081

Tennessee College of Applied Technology Pulaski

PCT/MA Class 2024-2025

- **Deadline Thursday, July 18, 2024 TCAT Application Due**
- **Deadline Thursday, July 18, 2024 ACT Scores or HESI Exam Scores**
- **Deadline Thursday, July 18, 2024:**
 - TCAT Online Application
 - ACT or HESI Score
 - Signed Release of Information
 - Copy of High School Diploma/HiSET/GED or Transcript
 - Copy of Medical Insurance
 - Copy of Valid Driver License
 - 3 Letters of Recommendation
 - Proof of Healthcare Experience(s)
 - Proof of Military Experience
 - Proof of Post-Secondary Training or Degree
- **Mandatory Information Session @ TCAT Pulaski Friday, July 26, 2024; 9:00-12:00; all required documentation is absolutely due by this date.**
- **Acceptance contingent upon background check and drug screen results.**
- **Criminal Background Check and Drug Screen forms with instructions are given to you at the July 26 mandatory info session. This process could take 2 weeks.**
- **Deadline of July 11, 2024 for Physical Exam including vaccinations and titers.**
- **Tentative Class start date: Tuesday, September 3, 2024.**

***Students are selected using a point system. A copy of this is provided to you for your review. It is imperative that all items required be submitted by due dates. Do not procrastinate!**

**Tennessee College of Applied Technology Pulaski
Patient Care Technology/Medical Assisting Program**

Selection Process

Students applying for the PCT/MA program will be selected based on the total number of points the applicant has. Below is a summary of the points. The ACT will be accepted for those that have graduated within the past year. All other applicants must take the HESI exam.

<u>HESI Points</u>	<u>ACT</u>	
120-130	17-19	10 points
131-140	20-21	15 points
141-150	22-23	20 points
151-160	24	30 points
161-170	25	40 points
>171	>25	50 points

Reading and Math are the areas for HESI and ACT that the minimum score must be reached. Composite scores are not considered.

<u>High School Diploma/HiSET/GED/Transcript</u>	10 points
If not turned in you will receive no points	

References Using TCAT Forms
(Family and friends not accepted)

0 References	0 points
1 Reference	5 points
2 References	10 points
3 References	15 points

Mandatory Information Session

Absent	0 points
Attended	10 points

<u>Post Secondary Training</u>	5 points
--------------------------------	----------

<u>Military</u>	5 points
-----------------	----------

Other

Release of Information Signed & Returned	
Copy of Driver License and Medical Insurance	<u>5 points</u>

100 Points Possible

CONTACT INFORMATION

Below are some of the contacts that you may need while exploring and preparing for your education at Tennessee College of Applied Technology-Pulaski. Feel free to call, make an appointment or drop by and speak to those that may be able to assist you.

Melissa Banks, Administrative Support	424-4014
Codie Brown, Admissions	424-2428
Carrie Gilbert, Financial Aid & VA School Certifying Official	424-2406
Amy Key, Director of Nursing and Allied Health	424-2437
Katrina Fulford, Bookstore (Hesi)	424-2402
Doug Rutherford, Instructor	424-2960
Christa Williams, Vice President Student Services	424-2404
Emmy Williams, Recruiter/Dual Enrollment	424-2400



Tennessee College of Applied Technology Pulaski

**Practical Nursing Class
2024-2025**

I, _____, do hereby give permission to release information to
(Please Print Legibly Full Name)

Tennessee College of Applied Technology-Pulaski, all clinical affiliates, and the South Central Regional Practical Nursing Advisory Committee, related to any and all admission documents. This includes but is not limited to:

Criminal Background Check

9 Panel Drug Screen

Physical Exam and Immunizations

Proof of Medical Insurance

Proof of Citizenship

This information can and will be used as a requirement of eligibility to enter the Practical Nursing program and attend clinical rotations at contracted agencies. Return directly to Mrs. Key by published date.

Please Print Name

Please Sign Name

Date



**TENNESSEE COLLEGE
OF APPLIED TECHNOLOGY**
PULASKI

1233 East College Street • PO Box 614 • Pulaski, TN 38478
Phone:(931) 424-4014 • Fax:(931) 424-4017

REFERENCE LETTER

TO WHOM IT MAY CONCERN:

I, the undersigned, request that the information requested on the Reference form be released to the Tennessee College of Applied Technology @ Pulaski's Patient Care Technology/Medical Assisting program. I understand, and agree, that this information will be treated as confidential by the instructors, and will not be available to anyone other than authorized personnel employed by this school or appointed to serve on the Selection Committee.

APPLICANT'S SIGNATURE: _____

First

Middle or Maiden

Last

I, _____, have applied for entrance into the Patient Care Technology/Medical Assisting Program conducted by the Tennessee College of Applied Technology in Pulaski. PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO THE APPLICANT, not TCAT PULASKI

EMPLOYMENT OR PROFESSIONAL REFERENCE

Employer or Business Name _____
 Employer Address _____
 Position Held _____
 Primary Duties _____
 Period of Employment: From _____ to _____
 Did applicant need more than normal supervision? _____
 Attendance during employment: average _____ excessive _____ none _____
 Reason for leaving? _____
 Would you rehire? _____

Please rate with regard to the following:

	Excellent	Good	Average	Fair	Poor
Attitude	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____
Ability to follow Directions	_____	_____	_____	_____	_____
Acceptance of Supervision	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Character/Honesty	_____	_____	_____	_____	_____

**Additional
Remarks:** _____

NAME: (Please print) _____ **Date:** _____
TITLE: _____ **Signature:** _____



**TENNESSEE COLLEGE
OF APPLIED TECHNOLOGY**
PULASKI

1233 East College Street • PO Box 614 • Pulaski, TN 38478
Phone:(931) 424-4014 • Fax:(931) 424-4017

REFERENCE LETTER

TO WHOM IT MAY CONCERN:

I, the undersigned, request that the information requested on the Reference form be released to the Tennessee College of Applied Technology @ Pulaski's Patient Care Technology/Medical Assisting program. I understand, and agree, that this information will be treated as confidential by the instructors, and will not be available to anyone other than authorized personnel employed by this school or appointed to serve on the Selection Committee.

APPLICANT'S SIGNATURE: _____

First

Middle or Maiden

Last

I, _____, have applied for entrance into the Patient Care Technology/Medical Assisting Program conducted by the Tennessee College of Applied Technology in Pulaski. PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO THE APPLICANT, not TCAT PULASKI

EMPLOYMENT OR PROFESSIONAL REFERENCE

Employer or Business Name _____
 Employer Address _____
 Position Held _____
 Primary Duties _____
 Period of Employment: From _____ to _____
 Did applicant need more than normal supervision? _____
 Attendance during employment: average _____ excessive _____ none _____
 Reason for leaving? _____
 Would you rehire? _____

Please rate with regard to the following:

	Excellent	Good	Average	Fair	Poor
Attitude	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____
Ability to follow Directions	_____	_____	_____	_____	_____
Acceptance of Supervision	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Character/Honesty	_____	_____	_____	_____	_____

**Additional
Remarks:** _____

NAME: (Please print) _____ **Date:** _____

TITLE: _____ **Signature:** _____



**TENNESSEE COLLEGE
OF APPLIED TECHNOLOGY**
PULASKI

1233 East College Street • PO Box 614 • Pulaski, TN 38478
Phone:(931) 424-4014 • Fax:(931) 424-4017

REFERENCE LETTER

TO WHOM IT MAY CONCERN:

I, the undersigned, request that the information requested on the Reference form be released to the Tennessee College of Applied Technology @ Pulaski's Patient Care Technology/Medical Assisting program. I understand, and agree, that this information will be treated as confidential by the instructors, and will not be available to anyone other than authorized personnel employed by this school or appointed to serve on the Selection Committee.

APPLICANT'S SIGNATURE: _____

First

Middle or Maiden

Last

I, _____, have applied for entrance into the Patient Care Technology/Medical Assisting Program conducted by the Tennessee College of Applied Technology in Pulaski. PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO THE APPLICANT, not TCAT PULASKI

EMPLOYMENT OR PROFESSIONAL REFERENCE

Employer or Business Name _____
 Employer Address _____
 Position Held _____
 Primary Duties _____
 Period of Employment: From _____ to _____
 Did applicant need more than normal supervision? _____
 Attendance during employment: average _____ excessive _____ none _____
 Reason for leaving? _____
 Would you rehire? _____

Please rate with regard to the following:

	Excellent	Good	Average	Fair	Poor
Attitude	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____
Ability to follow Directions	_____	_____	_____	_____	_____
Acceptance of Supervision	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Character/Honesty	_____	_____	_____	_____	_____

**Additional
Remarks:** _____

NAME: (Please print) _____ **Date:** _____
TITLE: _____ **Signature:** _____