



**WEST HILLS COLLEGE COALINGA**  
**PSYCHIATRIC TECHNICIAN PROGRAM APPLICATION**  
 Return to Health Careers Office  
 300 Cherry Lane Coalinga, CA, 93210- Fax 559-935-4112

Name \_\_\_\_\_  
Legal Last Name                      First              Middle                      Social Security Number

Mailing Address \_\_\_\_\_  
Number and Street                      City              State                      Zip Code

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

CA Resident \_\_\_\_\_ years      Calif. Drivers License # \_\_\_\_\_  
 • Which Campus would you **prefer** to attend (check one) Lemoore \_\_\_\_\_ Coalinga \_\_\_\_\_

Are you currently enrolled in college? \_\_\_\_\_ Where? \_\_\_\_\_  
 Have you previously attended West Hills College? \_\_\_\_\_ Year(s) Attended \_\_\_\_\_  
 List below other colleges/universities attended (even if you withdrew).

College/University	City & State	Dates Attended
_____	_____	_____

Did you earn a degree?      AA/AS      BA/BS      Post Grad      Year \_\_\_\_\_

I will provide official transcripts. Other name(s) which may appear on transcripts: \_\_\_\_\_

**You are required to submit official transcripts that document all course work or English/Math placement scores to the West Hills College Psychiatric Technician Program.**

I have taken the English/Math Placement test. \_\_\_\_\_ Year

**The final responsibility for the completeness and accuracy of this application packet rests with the applicant.**

I hereby affirm under penalty of dismissal that all information supplied in this application is complete and accurate.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**

- |  |                              |  |
|--|------------------------------|--|
| <input type="checkbox"/> High School Diploma                           | <input type="checkbox"/> GED |  |
| <input type="checkbox"/> Math Placement Test Score _____ Date _____    |                              | <input type="checkbox"/> Math Transcript Received    |
| <input type="checkbox"/> English Placement Test Score _____ Date _____ |                              | <input type="checkbox"/> English Transcript Received |

**Screening Pass Dates**

Physical \_\_\_\_\_ TB \_\_\_\_\_ Drug Screen \_\_\_\_\_

ADB \_\_\_\_\_  OK \_\_\_\_\_ CPR Exp. Date \_\_\_\_\_



Business Services Department

Ken Stoppenbrink, Vice Chancellor Business

kenstoppenbrink@westhillscollge.com

### **RELEASE OF INFORMATION**

Personally identifiable information from educational records may not be released without the prior written consent of the student, except as specified under the provisions of FERPA (Family Educational Rights and Privacy Act of 1974).

The West Hills Community College District Health Careers Programs is required by its contracts with various health facilities for clinical placements with the clinical and community institutions to provide certain personal information to the agency. The release of information is required in order to allow you to receive your clinical experience. The clinical agencies are required to have certain information because of JACHO accreditation and other Federal requirements.

- In addition, if this box is checked, you are a Contract Ed student. We are required by our agreement with the sponsoring hospitals to share information with them regarding your application, attendance and academic and clinical progress. You have already agreed to this information reporting in exchange for sponsoring students being in the Contract Ed Program.

It is therefore necessary for you to provide your clinical instructor a **Release of Information** form when you give him/her the immunizations, TB test results, malpractice insurance information, background clearance, physical exams, etc. as requested by each clinical agency.

By signing this form you are giving the District and the Health Careers Programs or its representative such as your clinical instructor, the right to provide your personal and academic information to the agency in need of specific information necessary for your clinical rotation or Contract Ed Program or for your Extern position. This includes the release of your grades on a pass/fail basis and for any safety issues that might arise.

Name of Student: \_\_\_\_\_  
Please print your Name

Signature of Student: \_\_\_\_\_  
Please sign legibly

Date: \_\_\_\_\_

## **West Hills College, Coalinga Psychiatric Technician Program**

West Hills Community College offers a one-year non-paid training program for persons interested in becoming licensed psychiatric technicians. The Board of Vocational Nursing and Psychiatric Technicians accredit the Psychiatric Technician Program.

### **DESCRIPTION OF PROGRAM**

As a West Hills Community College student you will attend theory/academic classes. Theory classes are held 2 days a week at the Coalinga campus. They are generally held from 7:30am – 3:30pm. Clinical assignments are held two 10.5 hour days per week. Hours and locations will vary, and will be at widely distributed clinical sites.

The Psychiatric Technician Training Program operates on a 16-week trimester system with a one-week break between each term. Each term has a specific focus of study.

The Psychiatric Technician Training Program consists of 1658 hours. You are required to attend every class and every clinical assignment. Time missed may require make up work. Excessive absences may result in the dismissal from the program.

### **NECESSARY FOR SUCCESS IN THE PSYCHIATRIC TECHNICIAN TRAINING PROGRAM**

The student must:

- ◆ Be clean and sober from all drugs and alcohol. Random drug screening can be expected.
- ◆ Possess a stable level of physical and mental health enabling the student to care for patients in the clinical setting. Ability to lift and carry up to 40 pounds than can be exceeded during periods of physical of patients is required.
- ◆ Speak, read, and write the English language fluently and proficiently at college level. Professional use of medical terminology and correct spelling are expectations during the program.
- ◆ Plan reliable transportation for class and clinical assignments. Be prepared to drive as far as Porterville and Atascadero for clinical assignments. There are times when carpools may not work.
- ◆ Arrange reliable child/dependent care and back-up child/dependent care for class and clinical days. Clinical assignments may start as early as 6:30 a.m. or could run as late as 9:00 p.m.

## REQUIREMENTS FOR ADMISSION

**Written documentation of requirements must be submitted before you can be accepted into the program.**

1. Age – 18 or older
2. High School Diploma or Equivalency (GED). The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) will also accept proof of Associate or Baccalaureate degree as evidence of completing a general course of study through the 12<sup>th</sup> grade.
3. Successful completion of English 51A/equivalent or placement test score of English 51B.
4. Successful completion of Math 87/equivalent or placement test score of Math 61.
5. Physical exam must show good health.
6. TB (PPD) and drug screening must be negative. Students will be responsible for associated costs.
7. Must be CPR certified through the American Heart Association.
8. American Databank will complete background check **and drug** screen. Go to [www.westhillscdbackgroundcheck.com](http://www.westhillscdbackgroundcheck.com) and follow directions.

If you have any further questions, please call our office at (559) 934-2760.

**West Hills College, Coalinga  
Psychiatric Technician Program**

**Screening costs for entry into the Psychiatric Technician Program:**

Physical	\$110.00
Drug Test/ Background Check	\$65.00
CPR Certification	\$65.00

**Costs once admitted to the Psychiatric Technician Program:**

Required fingerprints for clinical facilities (70 x 4)	\$280.00
<b>Registration: (In State fees) \$26.00/Unit</b>	
PSYTEC 10 – 1.5 Units	\$39.00
PSYTEC 12 – 18.5 Units (1 <sup>st</sup> term)	\$481
PSYTEC 14 – 18.5 Units (2 <sup>nd</sup> term)	\$481
PSYTEC 16 – 18.5 Units (3 <sup>rd</sup> term)	\$481
<b>Mal-Practice Insurance (Optional)</b>	<b>\$35.00</b>
Textbooks	\$900.00
Miscellaneous Supplies (paper, testing supplies etc.) \$25 per term	\$90.00
Uniforms (Required to purchase 2 sets - \$45.00/set)	\$90.00
Shoes	\$75.00
Watch	\$30.00
Test Kit	\$80.00
<b>Preparation for the State Board Exam-Workshop (Optional)</b>	<b>\$395.00</b>

Non-Residence tuition fee \$133.00 + \$26.00/unit. Residency = 1 year and 1 day.

**Final term completion costs:**

<b>State Licensing Exam Application (due prior to end of final term):</b>	
Application Processing Fee	\$100.00
FBI Fingerprint Processing Fee	\$24.00
DOJ Fingerprint Processing Fee	\$32.00
Agency Fee	\$14.00

**Total Cost: \$3867.00 (Includes Optional Items)**

**FINANCIAL AID**

- ◆ Applicants should contact the **West Hills Community College Financial Aid Office** regarding various sources of educational funding.
- ◆ You can also contact your local One Stop office for possible additional assistance.

## PSYCHIATRIC TECHNICIAN DUTIES

### TYPICAL TASKS:

- ◆ Maintain order and supervise the conduct of patients
- ◆ Help to maintain a clean and healing environment and assist patients with personal cleanliness
- ◆ Encourage patients to develop work skills and social relationships and participate in recreational activities
- ◆ Observe and influence patient behavior
- ◆ Teach, counsel, and write reports describing physical and emotional symptoms
- ◆ Provide routine and emergency nursing care
- ◆ Maintain the safety of persons and property
- ◆ Establish effective therapeutic relationships with patients
- ◆ Maintain effective patient-staff boundaries
- ◆ Recognize symptoms requiring medical or psychiatric attention
- ◆ Provide individual and group therapy
- ◆ Work with the treatment team to provide occupational, recreational, vocational, and educational therapy for patients
- ◆ Think and act quickly in an emergency
- ◆ Develop clear and concise reports of incidents
- ◆ Analyze situations accurately and take effective action
- ◆ Administer medications and treatments
- ◆ Assist in the physical containment of assaultive patients
- ◆ Supervise patient work crews
- ◆ Observe and document on patients with special precautions, such as suicide or self-harm
- ◆ Assist the unit physician with “sick call”

**West Hills College, Coalinga  
Psychiatric Technician Program**

PSYTEC 12 (Nursing Science)	PSYTEC 16 (Developmentally Disabled)	PSYTEC 14 (Psychiatric Nursing)
<b>Content</b>	<b>Content</b>	<b>Content</b>
<ul style="list-style-type: none"> <li>◆ Basic Human Needs</li> <li>◆ Vital Signs</li> <li>◆ Standard Precautions</li> <li>◆ Communicable Disease, incl. HIV</li> <li>◆ Asepsis, Isolation</li> <li>◆ Medication Administration</li> <li>◆ Documentation</li> <li>◆ Daily Care Skill</li> <li>◆ Skill Competencies Related to Specific Illnesses</li> <li>◆ Introduction to Disease Process</li> <li>◆ Care of the Geriatric Patient</li> <li>◆ Care of the Dying Patient: Hospice</li> <li>◆ Care of the Cancer Patient</li> <li>◆ Care of the Surgical Patient</li> <li>◆ Care of the Child</li> <li>◆ Therapeutic Relationships, Communication Skills</li> <li>◆ Basic Nutritional Needs</li> <li>◆ Anatomy and Physiology &amp; Common Disorders &amp; Nursing Care: <ul style="list-style-type: none"> <li>Circulatory System</li> <li>Muscular/Skeletal</li> <li>Urinary System</li> <li>Endocrine System</li> <li>Integumentary System</li> <li>Nervous System</li> <li>Gastrointestinal System</li> <li>Reproductive System</li> </ul> </li> <li>◆ Pharmacology</li> </ul>	<ul style="list-style-type: none"> <li>◆ Introduction to Mental Retardation</li> <li>◆ Psychosocial Aspects of Disability</li> <li>◆ History &amp; Legislation</li> <li>◆ Growth &amp; Development</li> <li>◆ Community Resources</li> <li>◆ Trends in Care</li> <li>◆ Behavior Modification</li> <li>◆ Sensory Motor Development</li> <li>◆ Cerebral Palsy</li> <li>◆ Epilepsy</li> <li>◆ Anticonvulsant Medication</li> <li>◆ Nutrition and the Developmentally Disabled</li> <li>◆ Definitions &amp; Classifications of Mental Retardation</li> <li>◆ Genetics</li> <li>◆ Etiologies: <ul style="list-style-type: none"> <li>Pre &amp; Postnatal Causes of Mental Retardation</li> <li>Chromosomal Anomalies</li> <li>Congenital Anomalies</li> <li>Gestational Anomalies</li> <li>Infections &amp; Intoxication's</li> <li>Trauma</li> <li>Metabolic, Nutritional, Endocrine</li> <li>Gross Brain</li> <li>Environmental</li> </ul> </li> <li>◆ Communication</li> <li>◆ Critical Thinking</li> <li>◆ Cultural Diversity</li> <li>◆ Pharmacology</li> </ul>	<ul style="list-style-type: none"> <li>◆ Mental Health</li> <li>◆ Nursing Process</li> <li>◆ Clinical Documentation</li> <li>◆ Interpersonal Relationships</li> <li>◆ Communications</li> <li>◆ Assertive Training</li> <li>◆ Interviewing, Videotaping</li> <li>◆ 1:1 Therapy</li> <li>◆ Group Dynamics</li> <li>◆ Community Mental Health</li> <li>◆ Patient Rights</li> <li>◆ Theory of Personality Development</li> <li>◆ Cultural Diversity</li> <li>◆ Adaptive Mechanisms</li> <li>◆ Defense Mechanisms</li> <li>◆ DSM Classifications</li> <li>◆ Vocabulary</li> <li>◆ Institutionalization</li> <li>◆ Therapeutic Modalities</li> <li>◆ Affective Disorders</li> <li>◆ Anxiety Disorders</li> <li>◆ Personality Disorders</li> <li>◆ Addictive Behaviors</li> <li>◆ Eating Disorders</li> <li>◆ Psychosexual Disorders</li> <li>◆ Human Sexuality</li> <li>◆ Forensic Nursing</li> <li>◆ Criminal Personality</li> <li>◆ Burnout</li> <li>◆ Pharmacology</li> <li>◆ Leadership/Supervision</li> </ul>

Theory Hours: 666  
Clinical Hours: 992  
Total Program Hours: 1658



**HEALTH CAREERS**  
**West Hills College, Coalinga**  
**300 Cherry Lane**  
**Coalinga, CA. 93210**  
**559.934.2760**

[healthcareers@westhillscollege.com](mailto:healthcareers@westhillscollege.com)

**Pre-enrollment Physical**

Dear Doctor:

The individual listed below is applying for the Psychiatric Technician program. As per California regulations, a physical must be completed prior to entering the program. Please fill out the following form regarding physical health and identify any possible limitations.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Have you had any of the following complaints?

- |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       | Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to any of the above conditions, please explain:

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

How many pillows do you use? \_\_\_\_\_ What major operations have you had? \_\_\_\_\_

I grant permission to the below signed physician or representative to release this information to West Hills College:

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

**Physical Assessment**

- |                      |                   |
|----------------------|-------------------|
| EENT _____           | Urinary _____     |
| Cardiovascular _____ | Muscular _____    |
| Respiratory _____    | Skeletal _____    |
| GI _____             | Neuro _____       |
| Allergies _____      | Medications _____ |

**Date of TB skin test** \_\_\_\_\_ **Results** \_\_\_\_\_ **Date** \_\_\_\_\_ **Read by** \_\_\_\_\_

**Physical Requirements** - Please check the following tasks the individual is able to perform:

- |  |                          |                                      |                          |
|--|--------------------------|--------------------------------------|--------------------------|
| Lift, push or pull objects weighing 50 lbs | <input type="checkbox"/> | Stand and walk without difficulty    | <input type="checkbox"/> |
| Stand for long periods of time             | <input type="checkbox"/> | Bend at the waist without difficulty | <input type="checkbox"/> |
| Perform basic range of motion              | <input type="checkbox"/> | Limitations, if any _____            |                          |

Signature Physician \_\_\_\_\_ Date \_\_\_\_\_

## Criminal Background Check & Drug Screening Procedure Form

1. Go to the customized Applicant Paying Website ([www.westhillscdbackgroundcheck.com](http://www.westhillscdbackgroundcheck.com)) to enter personal information. **Important:** Take care! Do not make typing error when entering personal information. All errors, no matter how innocent, may result in you having to re-test and re-pay with the corrected information. Examples of innocent errors:
  - Mixing up order of first, last and middle name.
  - Typing error in SS#.
  - Typing error in birth date.
2. You **MUST** check “yes” in the box that asks you if you want a copy of your record and give a valid email address. You are required to have a copy of your report to verify your results and act on any discrepancies.
3. Pay for your drug screen by selecting from two methods of payment (Money Order or Credit Card).
4. Once paid, a confirmation email will be sent to you and your school, usually within 24 hours.
5. Pick up Chain of Custody form at school.
6. Take the Chain of Custody form to a designated Quest Diagnostics location (which can be found on the website) and perform the drug screen.

**Important: DO NOT drink more than 8 ozs of fluid in the 2 hours prior to giving urine sample. An abundance of fluid will result in a “dilute” reading which constitutes a “flagged” situation. It MAY keep you from attending clinical and requires immediate re-payment and re-testing. At the facility, if you are not able to produce a urine sample when requested, call ADB on how to proceed.**

7. The lab will run extensive tests to verify if the drug screen is negative/positive/ dilute.
  - When results are **negative**, a fax is sent from Quest to American DataBank to input the results.
  - When results are **dilute**, you must contact American Databank at 1-800-200-0853 for further instructions.
  - When results are **positive**, the results are forwarded to the Medical Review Officer. The Medical Review Officer will contact you for verification of any prescription drug you may be taking to show a false positive. After discussion, the Medical Review Office will send a fax to American DataBank to input the results and close the order. If the order is positive the Medical Review Office will list the drug that is positive.
8. If you have any questions about this procedure, please call American DataBank at 1-800-200-0853.