



# Mt. San Antonio College

## PSYCHIATRIC TECHNICIAN PROGRAM REQUIREMENTS

Dear Applicant,

Thank you for submitting your application to the Psychiatric Technician Program for summer 2022 that will begin in June. The next step in the admission process is to print all pages of this packet, complete, sign, and email a PDF file of the completed packet to [techandhealth@mtsac.edu](mailto:techandhealth@mtsac.edu) or drop off to Melissa Villegas in 67A-145 or HCRC 67B-250, by **Friday, March 25, no later than 1:00 PM.**

If you do not have access to a scanner, you may download a scanning application on your smartphone in order to send in your documents.

Please carefully follow the instructions. Check off the items below to make sure you include everything prior to submitting the packet. **Incomplete documents will NOT be accepted.**

**Student Health Physical**

All 4 pages of the physical must be completed, signed and stamped by a health care professional. A **2-Step TB** and **10 Panel Drug test** are required.

*Please note: a 2-Step TB involves two tests performed within 1-4 weeks of each other. Therefore, you MUST plan on starting the physical process at least 3 weeks prior to the deadline date to give you enough time to have both TB tests done by the deadline.*

You may go to your own physician for the physical exam or go to:  
**Walnut Medical Group – 19687 E. Valley Blvd., Walnut – (909) 598-5228**

**Fingerprinting Live Scan**

You may take the form to any live scan service near you or go to:

**1 Advanced Livescan – 1407 Foothill Blvd., La Verne – (909) 596-0039**

**Copy of CPR Card**

You **MUST** enroll in a **BLS Health Care Provider** CPR class at any agency as long as certification is with **American Heart Association** <https://cpr.heart.org/en> or you may take it at Mt. SAC through Continuing Education. Contact Continuing Education at (909) 274-4220 for information and class schedule.

**Copy of Social Security Card**

**Color** copy of **Driver's License**

**Conviction Memo** – Read and Sign

**Professional Conduct** – Read and Sign

**OPARC Criminal Record Statement** – Complete and Sign

**Update Mt. SAC Application for summer 2022** – Go to  
<https://www.openccapply.net/gateway/apply?cccMisCode=851>

You will receive further information once we have received all required documents above. **Only applicants, who have submitted all required documentation and have a cleared live scan, will be invited to the mandatory orientation.** Admission will then be based on attendance at the mandatory orientation and Psychiatric Technician application date.

**Submit Step-2 Packet to Melissa during office hours.**

**Melissa Villegas, 67A-145**

**Monday:** 8:30 am-4:00 pm

**Tuesday:** 8:30 am-4:00 pm

**Wednesday:** 8:30 am-4:00 pm

**Thursday:** 8:30 am-4:00 pm

**Friday:** Not Available

**Or submit to the Health Careers Resource Center, if  
Melissa is not available.**

**Health Careers Resource Center, 67B-250**

**Monday:** 7:00 am-4:00 pm

**Tuesday:** 7:00 am-4:00 pm

**Wednesday:** 7:00 am-4:00 pm

**Thursday:** 7:00 am-4:00 pm

**Friday:** 7:00 am-1:00 pm

**STUDENT MEDICAL HISTORY/PHYSICAL EXAMINATION**

**To the student:** Complete this page and the medical history section.  
• Return all completed documents to Melissa Villegas, 67A-145, Health Careers Resource Center, 67B-250, or scan and send documents to **techandhealth@mtsac.edu**.

**Student Name:** \_\_\_\_\_ **Mt. SAC ID#** \_\_\_\_\_  
First, Middle, Last

**Student Phone:** \_\_\_\_\_  
Home \_\_\_\_\_ Cell/Message \_\_\_\_\_

***In Case of Emergency, please contact:***

\_\_\_\_\_  
Name Relationship to you  
\_\_\_\_\_  
Day Phone Evening Phone

**CONSENT FOR RELEASE OF HEALTH INFORMATION**  
I hereby consent to the communication of my health record from the college to those cooperating agencies as they may request.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MEDICAL CLEARANCE FOR MT. SAC STUDENT**

**Essential Functions for Success in Health Care Programs**

**Be aware that health programs entail significant physical demands on students. They must be able to:**

- Perform prolonged, extensive or considerable standing/walking and lifting, positioning, pushing and/or transferring patients including 8-12 hour shifts consistent with hospital scheduling.
- Perform Fine motor movements with hands and fingers.
- Perform extremely heavy lifting; e.g. lift/carry 50 lbs. or more.
- Perform considerable reaching, stooping, bending, kneeling and crouching.
- Perform CPR independently (Health Care Provider Level)

I find this person able to participate in a health occupations program, which would include direct patient contact.

I **DO NOT** find this person able to participate in a health occupations program, which would include direct patient contact.

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

Signature \_\_\_\_\_ MD, PA, RNP

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

Facility \_\_\_\_\_

Medical Office Stamp:

Name: \_\_\_\_\_ ID# \_\_\_\_\_  
 First, Middle, Last

**MEDICAL HISTORY**

Have you ever had:

1. a cough or shortness of breath on moderate exertion? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_
2. hay fever, asthma, eczema or other allergic reactions including medications? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_
3. an operation? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_
4. an injury that would limit body movement or affect your ability to lift or move patients? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_
5. any skin problems that result in open sores, cracks or irritation of your skin? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_
6. Do you routinely or currently take any drugs or medications? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_
7. Tuberculosis? No \_\_\_ Yes \_\_\_ Type: \_\_\_\_\_
8. Heart disease? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_

**IMMUNIZATIONS/TITERS**

ALL TESTS MUST BE DATED WITHIN ONE YEAR EXCLUDING IMMUNIZATIONS. SIGNATURES AND LICENSURE REQUIRED, INCOMPLETE FORMS WILL BE DENIED.

<i>Medical Office Stamp</i>	<p><i>Immunization or Lab Test</i></p> <p><b>TUBERCULOSIS QUANTIFERON</b> (provide documentation)</p> <p>Date Administered: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Certified by: _____ MD, RN, RNP, PA</p> <p style="text-align: center;">OR</p> <p><b>TUBERCULOSIS SKIN SCREENING</b> (If the student has submitted a baseline 2 step, then only a single TST is required) <b>2 step within 3 weeks.</b></p> <p>1) Date Administered: _____ Date Read: _____          Results: _____ mm <input type="checkbox"/> Negative <input type="checkbox"/> Positive          Certified by: _____ MD, RN, RNP, PA</p> <p>2) Date Administered: _____ Date Read: _____          Results: _____ mm <input type="checkbox"/> Negative <input type="checkbox"/> Positive          Certified by: _____ MD, RN, RNP, PA</p>
<i>Medical Office Stamp</i>	<p><b>CHEST X-RAY (With Proof of Positive Quantiferon or Skin Test)</b></p> <p>Date Administered: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Certified by: _____ MD, RN, RNP, PA</p>
<i>Medical Office Stamp</i>	<p><b>SYMPTOM REVIEW (With Proof of Positive Quantiferon or Skin Test)</b></p> <p>Date Administered: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Certified by: _____ MD, RN, RNP, PA</p>

Name: \_\_\_\_\_ ID# \_\_\_\_\_  
 First, Middle, Last

<p><i>Medical Office Stamp</i></p>	<p><b>BLOOD TESTS (TITERS) (If not immune, must get vaccine)</b></p> <p>Results: Mumps – <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune          Rubella – <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune          Rubeola – <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune          Varicella – <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune</p> <p>Date Administered: _____</p> <p>Certified by: _____ MD, PA, RNP, RN</p>
<p><i>Medical Office Stamp</i></p>	<p><b>MEASLES/MUMPS/RUBELLA IMMUNIZATION</b>(2 immunizations required if not immune)</p> <p>Date Administered: _____</p> <p>Certified by: _____ MD, PA, RNP, RN</p>
<p><i>Medical Office Stamp</i></p>	<p><b>VARICELLA IMMUNIZATION</b> (2 immunizations required if not immune)</p> <p>Date Administered: _____</p> <p>Certified by: _____ MD, PA, RNP, RN</p>
<p><i>Medical Office Stamp</i></p>	<p><b>TETANUS/DIPHTHERIA/PERTUSSIS IMMUNIZATION,"Tdap",</b> (Required if patient has not had a booster since age 15, <b>must provide documentation</b>). See disclaimer*</p> <p>Date Administered: _____</p> <p>Certified by: _____ MD, PA, RNP, RN</p>
<p><i>Medical Office Stamp</i></p>	<p><b>TETANUS/DIPHTHERIA IMMUNIZATION</b> (may be self-certified)  <b>(Within 10 years, not needed if Tdap administered, see above)</b></p> <p>Date Administered: _____</p> <p>Certified by: _____ MD, PA, RNP, RN</p>
<p><i>Medical Office Stamp</i></p>	<p><b>INFLUENZA VACCINATION</b></p> <p>Date Administered: _____</p> <p>Certified by: _____ MD,RN,RNP,PA</p>
<p><i>Medical Office Stamp</i></p>	<p><b>COVID-19 VACCINATION</b> (provide documentation)</p> <p>Date of 1st Dose: _____ Date of 2nd Dose: _____</p> <p>Booster: _____</p> <p>Certified by: _____ MD,RN,RNP,PA</p>
<p><i>Medical Office Stamp</i></p>	<p><b>POLIO VACCINE</b> (may be self-certified)</p> <p>Date Administered: _____</p> <p>Certified by: _____ MD,RN,RNP,PA</p>

Name: \_\_\_\_\_ ID# \_\_\_\_\_  
First, Middle, Last

**HEPATITIS B STATUS**

**YOU MUST COMPLETE THE VACCINATION SERIES, OR PROVIDE PROOF OF POSITIVE TITER.**

**VACCINATION SERIES**

Date of First Dose: \_\_\_\_\_  
Date of Second: \_\_\_\_\_  
Date of Third: \_\_\_\_\_

**HBsAB TITER**

Date: \_\_\_\_\_  
Results:  Immune  Not Immune  
If not immune, must start vaccine series

Certified by: \_\_\_\_\_ MD, PA, RNP, RN

Medical Office Stamp:

**PHYSICAL EXAMINATION**

**CONDITION OF:**

Blood Pressure \_\_\_\_\_  
Pulse Rate/Rhythm \_\_\_\_\_  
Eyes \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_  
Ears \_\_\_\_\_  
Skin \_\_\_\_\_  
Thyroid \_\_\_\_\_  
Cardiac \_\_\_\_\_  
Physical Limitations \_\_\_\_\_

**LAB RESULTS**

**BLOOD:** W.B.C. \_\_\_\_\_ Hgb \_\_\_\_\_ Hct \_\_\_\_\_ **URINE:** Sp. Gr. \_\_\_\_\_ Protein \_\_\_\_\_ Sugar \_\_\_\_\_

**URINE DRUG/ALCOHOL TEST: Attach 10 Panel Lab Result**

Date: \_\_\_\_\_  Passed  Failed

Certified by: \_\_\_\_\_ MD, PA, RNP, RN

Medical Office Stamp:

**ORIGINAL** - Live Scan Operator

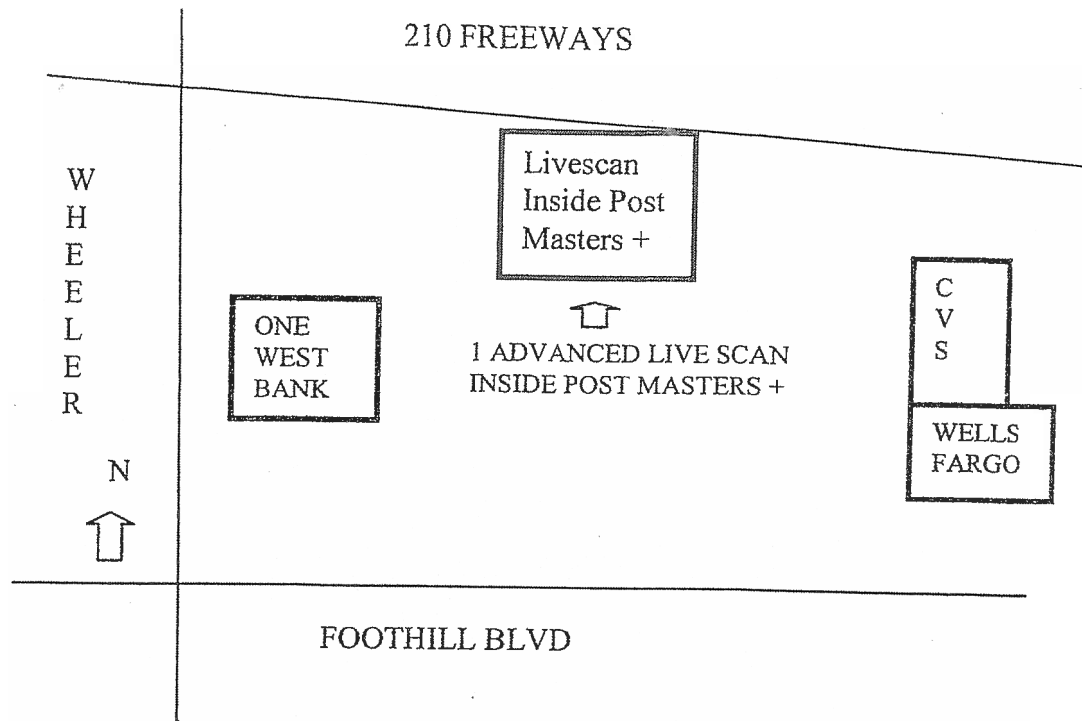
**COPY** - Applicant

**REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

1. ORI: (Check <input checked="" type="checkbox"/> one) Code assigned by DOJ			
<input checked="" type="checkbox"/> CCLD A0448		<input type="checkbox"/> Trustline A1157	
2. Type of Application: (Check <input checked="" type="checkbox"/> one)			
<input checked="" type="checkbox"/> Employment		<input type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer	
3. Job Title or Type of License, Certification or Permit: Adult Day Care			
4. Agency Address Set Contributing Agency:			
<b>CA Dept of Social Services</b>		<b>03502</b>	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
744 "P" Street		N/A	
This is not a Live Scan Site. Call 1-800-315-4507.			
Street No. Street or PO Box		Contact Name (Mandatory for all school submissions)	
Sacramento, CA 95814		( ) N/A	
City State Zip Code		Contact Telephone No.	
5. Applicant Information:			
Name of Applicant: (Please print) _____			
LAST		FIRST MI	
AKA's: _____		CDL No. _____	
LAST FIRST			
DOB: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		Misc. No. BIL - Applicant will pay	
		AGENCY BILLING NUMBER (IF APPLICABLE)	
HT: _____ WT: _____		Misc. No.: _____	
		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.	
EYE Color: _____ HAIR Color: _____		Home Address: (All applicants must complete)	
POB: _____		STREET OR PO BOX	
SOC: _____		CITY, STATE AND ZIPCODE	
6. Facility Number: 198601949			
		Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission (select R2), list Original ATI No. _____			
7. <b>NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS</b>			
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
OPARC			
Employer Name 9029 Vernon Avenue			
Street No. Street or PO Box		Mail Code (five digit code assigned by DOJ)	
Montclair Ca 91763		(909) 985-3116	
City State Zip Code		Agency Telephone No. (Optional)	
8.			
Live Scan Transaction Completed By: _____		Date _____	
		Name of Operator	
Transmitting Agency		LSID#	
		ATI No.	
		Amount Collected/Billed	

**1 ADVANCED LIVE SCAN AND FINGERPRINTING (INSIDE POST MASTERS PLUS)**



**1 Advanced Livescan (Inside Post Masters Plus)**

(Located in same shopping center as CVS pharmacy, Wells Fargo Bank and One West Bank)

1407 Foothill Blvd, La Verne, Ca 91750

PH: 909-596-0039

FX: 909-596-7366

Hours: M-F 9.00 AM TO 6.00 PM

SAT: 10.00 AM TO 5.00 PM

**WE DO PASSPORT PICTURES IN LESS THAN TWO MINUTES.**



## CONVICTION MEMO

TO: Psychiatric Technician Students  
FROM: Andrew Sanchez, Program Director  
RE: Conviction Records

Please note the following:

- Certain convictions may prevent a candidate from being licensed or certified as a health care provider. This may include Certified Nursing Assistant and/or Psychiatric Technician. At the conclusion of the Psychiatric Technician Program fingerprint cards are sent along with the application for licensure to the Board of Vocational Nursing and Psychiatric Technicians (BVNPT).
- The Mt. San Antonio Psychiatric Technician Program Faculty and Director are responsible for the education of the student and do not have direct information about what types of convictions may prevent licensure or certification.
- Fingerprints must be submitted to be eligible for licensure as a Psychiatric Technician or eligible to be certified as a nursing assistant. Fingerprints are sent to various agencies as required by the licensing or certifying board or service. This may include but is not limited to the F.B.I. and/or Department of Justice.
- Fingerprint submission and approval may be requested of a clinical facility. Students who do not pass the fingerprint screening may not participate in that clinical site rotation. The Psychiatric Technician Program will make every effort to provide the student with an alternate clinical rotation to meet clinical objectives. There is no guarantee that this can be accomplished.
- Failure to clear fingerprint screening may also prevent a student from obtaining employment in certain agencies or facilities.
- A record of conviction does not necessarily prevent you from getting licensed or certified. Your record is between you and the licensing or certifying agency. You may need to show proof of dismissal of the record, evidence of rehabilitation, or submit documentation to the licensing or certifying board or agency.

Mt. San Antonio College students are required to adhere to the rules and regulations of the clinical facility. Some clinical facilities participate in random drug and alcohol screening. A student who refuses to be tested will be dismissed from the program. A student who tests positive as a result of this random screening will be dismissed from the program.

Attached is a list provided by the Department of Health Services Licensing and Certification Aide and Technician Certification Section (ATCS). This list is a guideline as to the types of convictions that may make licensure or certification difficult. This is not an absolute list but is a guide. The BVNPT considers each case individually.

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My signature verifies that I have read the above information. I have also been given the opportunity to ask questions. I understand that I can go through the entire Psychiatric Technician Program, take the BVNPT State Board Examination, pass the exam then have licensure delayed or denied based on certain convictions. I also understand that I will not be able to start the Psychiatric Technician Program without signing this form and this signature page will be placed in my student file.

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Print Name

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Signature



## **Mt. San Antonio College Psychiatric Technician Program**

### **CONVICTION OF PENAL CODE SECTIONS WHICH CONSTITUTE AUTOMATIC DENIAL / REVOCATION**

- 187 Murder defined; death of fetus
- 192(a) Manslaughter, Voluntary
- 203 Mayhem (Includes 204 punishment)
- 205 Aggravated Mayhem
- 206 Torture
- 207 Kidnapping (Includes 208 punishment for victims under the age of 14 years)
- 209 Kidnapping for ransom, reward, or extortion or robbery
- 210 Extortion by posing as kidnapper or by claiming ability to obtain release of victim
- 210.5 False imprisonment for purpose of protection from arrest or use as shield
- 211 Robbery (Includes degrees in 212.5 (a) and (b) (Includes 213 punishment)
- 220 Assault with intent to commit mayhem, rape, sodomy, oral copulation, rape in concert with another, lascivious acts upon a child, or penetration of genitals or anus with foreign object.
- 222 Administering stupefying drugs to assist in commission of a felony
- 243.3 Sexual battery (Includes degrees (a)-(d)
- 245 Assault with deadly weapon or force likely to produce great bodily injury (Includes degrees (a)-(e)
- 261 Rape (Includes degrees (a)-(e)
- 262 Rape of spouse (Includes degrees (a)-(e) (Includes 264 punishment)
- 264.1 Rape or penetration of genital or anal openings by foreign object, acting in concert by force or violence
- 265 Abduction for marriage or defilement
- 266 Inveiglement or enticement of unmarried female under 18 for purpose of prostitution
- 267 Abduction; person under 18 for purpose of prostitution
- 273a Willful harm or injury to a child; endangering person or health (Include degrees (a)-(c)
- 273(d) Corporal punishment/injury to a child (Includes degrees (a)-(c)
- 273.5 Willful infliction of corporal injury (Includes (a)-(c))
- 285 Incest
- 286(c) Sodomy with person under 14 years against will by means of force, violence, duress, menace, or fear
  - (d) Voluntarily acting in concert with or aiding and abetting
  - (f) Sodomy with unconscious victim
  - (g) Sodomy with victim with mental disorder or developmental or physical disability
- 288 Lewd and lascivious acts with child under age of 14 (Includes 288a punishment)
- 288a(c) Oral copulation with person under 14 years against will by means of force, violence, duress, menace or fear
  - (d) Voluntarily acting in concert with or aiding and abetting
  - (f) Oral copulation with unconscious victim
  - (g) Oral copulation with victim with mental disorder or developmental or physical disability
- 288.5 Continuous sexual abuse of a child (Include degree (a))
- 289 Penetration of genital or anal openings by foreign object (Include degree (a)-(j)
- 289.5 Rape and sodomy (Includes degree (a) and (b))
- 368 Elder or dependent adults; infliction of pain or mental suffering or endangering health; theft or embezzlement of property (Include degrees (b)-(f))

- 451 Arson of structure, forest, land of property; great bodily injury (Include degrees (a)-(e))
- 459 Burglary (Includes degrees in 460 (a) and (b) (Includes 461 punishment)
- 470 Forgery, intent; documents of value; counterfeiting seal; falsification of records (includes (a)-(e))
- 475 Possession or receipt of forged bills, notes, trading stamp, lottery tickets or shares (includes degrees (a)-(c))
- 484 Theft
- 484(b) Intent to commit theft by fraud
- 484(d)-(j) Theft of access card, forgery of access card, use of card unlawfully altered or obtained; false representation of card ownership
- 487 Grand theft (Includes degrees (a)-(d))
- 488\* Petty theft
- 496\* Receiving stolen property (Includes (a)-(c))
- 503 Embezzlement (Includes 504,504a, 505, 506, 506a, 506b, 507 and 580)
- 518 Extortion
- 666 Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property

Mt. San Antonio College's Psychiatric Technician Program requires a criminal background check. Students should be aware that the results of the background check may have an impact on academic program eligibility or clinical/community site placement. Students may be denied access to the program on the basis of the results of the background check. The College is required to comply with licensing requirements and with policies of our partner agencies. If you have a felony or a misdemeanor in your background, please consult your program director to discuss the impact on your academic and professional career.

California Department of Public Health (CDPH) evaluates criminal convictions for any offense and either grants or denies criminal record clearance by reviewing evidence of good character and rehabilitation provided by applicants, or information gathered by CDPH in relation to criteria outlined in Health and Safety Code Section 1337.9(c). Any conviction receives an evaluation by CDPH. Due to longer processing times, it is a possibility that the student may complete a Nurse Assistant Training Program (NATP), pass competency examination, pay tuition and testing fees, and still not obtain a background clearance. Failure to obtain background clearance prohibits students from obtaining CNA certification.

NOTE: Convictions for the above-listed Penal Code Sections constitute an automatic denial or revocation of a certificate by ATCS without due process.

Certifications of applicants with convictions on this list **MAY be reconsidered** by ATCS only if misdemeanor actions have been dismissed by a court of law or a Certificate of Rehabilitation has been obtained for felony convictions. Any other convictions, other than minor traffic violations, must also be reviewed by ATCS.

# MENTAL HEALTH PROGRAM

MT. SAN ANTONIO COLLEGE

1100 NORTH GRAND AVENUE

WALNUT, CALIFORNIA 91789

TO: Psychiatric Technician Program Students

SUBJECT: *PROFESSIONAL CONDUCT/SIGNATURE*

## EMOTIONAL JEOPARDY / PROFESSIONAL ETHICS/ CONFIDENTIALITY AGREEMENT

The relationship of the Health Care Worker (student) to the Client or Patient is a special affiliation that requires the worker to be aware of client rights and to protect the client from emotional harm. Failure of the worker to recognize these client rights, places the client in emotional jeopardy that may have long-range effects. The clinical competencies within Mr. San Antonio College's Psychiatric Technician Program has emotional jeopardy as a necessary competency for the student to pass in order to successfully pass the course.

Examples of emotional jeopardy would include any situation that places the client at emotional risk, *e.g., if the student were to yell in a threatening manner in the clinical setting.* Other areas of emotional jeopardy include discussion of personal topics such as personal politics, religion or sexual orientation. If clients have the need to discuss these topics with the health care worker, appropriate referrals may be made for the client to adequately discuss these topics.

This applies to any behavior at the clinical site property that compromises professional conduct.

In order to maintain the relationship of the client and the Health Care Worker, it is also a violation to share with client information such as personal telephone numbers or addresses. The protection of the confidentiality of the client prohibits outside contact with the client.

Confidentiality includes but is not limited to discussing clients by name outside the clinical setting, placing a client's name on a written paper, and accessing the client or client record when not in clinical. Students are not to review client's records or access the client at anytime outside of established clinical rotation hours.

These topics have been discussed with students. It is essential that students recognize the role of the health care worker as it relates to client rights, confidentiality and emotional jeopardy.

Failure of students in the Mental Health Program to recognize and practice client rights, confidentiality and the protection from emotional harm may result in failure of the competencies for the particular clinical rotation. Students who have difficulty with the above requirements are invited to discuss their views with the instructor or director of the Psychiatric Technician Program. In summary, this notice is to serve as a reminder to students that students' personal topics such as politics, religion and sexual orientation are not to be discussed with clients. In addition, students are not to share telephone numbers or addresses with clients in the clinical setting. The student signature below acknowledges that the student has read the above information and agrees to the following:

I will respect the confidentiality of information pertaining to each client with whom I work.

No one will be identified by name in reports used outside of the clinical/classroom. No photographs will be taken without authorized written permission. No client or client record will be accessed other than during clinical hours. Failure to adhere to confidentiality guidelines may constitute failure of the course and/or removal from the Psychiatric Technician Program.

### CLINICAL COMPETENCIES

At any time during the clinical process that a student places an individual in physical, emotional, or aseptic jeopardy they may be dismissed from the program or may not pass that course at the discretion of the instructor and/or program director. This supersedes the opportunity to test four (4) times for a given skill. This applies to ALL SKILLS including communications because the inability to appropriately communicate may place an individual in jeopardy.

**SAFETY OF AN INDIVIDUAL IS THE PRIMARY OBJECTIVE AT ALL TIME IN ANY GIVEN SITUATION.**

### STUDENT CONDUCT

The College's Student Discipline Policy, which includes plagiarism, physical abuse, sexual harassment, theft, etc. requires that students maintain high standards of conduct. Mt. San Antonio College is committed to providing a positive academic and social environment commensurate with an institution of higher education. Please read the attached College Policy regarding student discipline relative to maintaining standards of student conduct. This policy shall be enforced at any college activity, which includes field trips and all clinical sites. In addition, if a clinical facility will not allow you at their site then you may not continue in the program.

All students are required to adhere to all facility policies that are used for clinical rotations. This includes confidentiality, conduct, dress codes, drug testing, sexual harassment policies, client safety, physical/emotion jeopardy, asepsis, and arriving on time – prepared (example: to administer medications), and faculty rules and regulations. Anytime a staff member of a facility, or a faculty member, asks a student to leave a clinical facility, the student must do so and notify the instructor immediately. Students may not be present at a facility unless the instructor is there (except designated satellite rotations). Students may not return to a clinical site without the instructor. Failure to comply with these policies may constitute failure of the course and/or removal from the Psychiatric Technical Program.

***My signature below indicates that I have read and understand the above policies, which includes: Emotional Jeopardy, Professional Ethics, Confidentiality, Clinical Competency, and Student Conduct, and have been given the opportunity to ask questions. I understand I will not be able to continue in the program without this signed statement.***

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

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

A copy of this policy has been placed in your Student Handbook for your reference.

# CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities or Home Care Aide Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

**Have you ever been convicted of a crime in California ?** .....  YES  NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

**Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.?** .....  YES  NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE:** IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY/ORGANIZATION.

**I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.**

FACILITY/ORGANIZATION NAME ALL OPARC ADULT DEVELOPMENT CENTERS: Ontario, Montclair, Rancho Cucamonga, Monte Vista, Summit Services, Summit Services-East, Summit Services-West		FACILITY/ORGANIZATION NUMBER 366409783, 366401946, 360910239, 360910501, 366402422, 366426534, 198601949	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

**I. Instructions to Respondents:**

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

*(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)*

What was the offense? \_\_\_\_\_

\_\_\_\_\_

In which state and city did you commit the offense? \_\_\_\_\_

\_\_\_\_\_

When did this occur? \_\_\_\_\_

\_\_\_\_\_

Tell us what happened. (Use additional sheets of paper if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**II. Instructions to Licenses:**

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility/organization personnel file and send a copy to your LPA.

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

**NOTE: IMPORTANT INFORMATION**

The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.