

**La Feria High School/CTE Dept.**  
**Health Science Technology**  
**Patient Care Technician/Certified Medical Assistant Program**

**Handbook Acknowledgement**

I have read and agree to the entirety of this document.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

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

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

**La Feria High School/CTE Dept.**  
**Health Science Technology**

**Senior Practicum in Health Science**

**Student Information Sheet**

Date: \_\_\_\_\_ Course (PCT/CMA/): \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Phone #: \_\_\_\_\_

Parents' Email Address: \_\_\_\_\_

**La Feria High School**  
**Health Science Technology**

**Senior Practicum in Health Science**

**Student Learning Contract/Expectations**

I, \_\_\_\_\_ pledge commitment and dedication to the course known as the Senior Practicum in Health Science Class (PCT/CMA), as provided by La Feria High School. I pledge to maintain a cumulative grade point average of 70.0% or greater for completion of the PCT/CMA **class** and a final grade of 80% or greater to take the state certification exam. If I am unable to maintain this grade point average or am having difficulty in class/lab/clinical, I have the opportunities for assistance and should request it accordingly.

I am aware that while the teacher of this class is responsible for demonstrating and providing the information, the job of learning rests solely upon myself.

_____ Student Signature	_____ Date	_____ Witness Signature
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\_\_\_\_\_  
Printed Student Name

_____ Parent/Guardian Signature	_____ Date
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\_\_\_\_\_  
Printed Parent/Guardian Name

**La Feria High School/CTE Dept.  
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**Attendance Policy**

It is the policy of the Health Science Practicum Department at La Feria High School that all students maintain a satisfactory attendance record. To this end, the following attendance policy is in place for all practicum community experiences:

Students are expected to attend all classroom and laboratory sessions and complete their assigned clinical schedules.

Any student that misses four (4) class sessions may be subject to a parent conference with the student, instructor, and CTE Director.

All clinical assignments are to be completed according to the assigned schedule. Failure to comply with the clinical schedule (missed clinical day-unless medical/school excused), the student will receive a 0 in place of the missed clinical test grade. (on hold)

\* If a student is absent for class or clinical, they MUST notify instructor, J. Perez via BAND app, or Google Voice and state the reason for absence. Upon their return to class, student must provide a written excuse/Dr. excuse along with parent signature. **(Will be kept in personal file)**

I have read and understand the above attendance policy.

_____ Student Signature	_____ Date	_____ Witness Signature
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\_\_\_\_\_  
Printed Student Name

_____ Parent/Guardian Signature	_____ Date
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\_\_\_\_\_  
Printed Parent/Guardian Name

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**Behavioral/Clinical Conduct**

**Behavioral:**

Students represent the LFHS CTE program at **all** times. All rules, as stated in the La Feria ISD Student Code of Conduct handbook, must be abided at all times. This includes behavior and actions inside and outside of the classroom, school functions, clinical, field trips. Grounds for immediate dismissal will include anything deemed inappropriate as per the LFHS Code of Conduct.

**Clinical:**

All students will be required to adhere to the conduct policies of each institution where clinical skills are acquired. Student Conduct Policy decisions will be addressed by clinical facility personnel and the La Feria High School/ Health Science Technology Education instructors. **Due to COVID, off campus clinical instruction is on hold until further notice. All clinical days from now until further notice will be conducted on campus in the medical LAB Rm 403.)**

I have read and understand the above requirements for both behavioral and clinical conduct.

_____	_____	_____
Student Signature	Date	Witness Signature

\_\_\_\_\_  
Printed Student Name

_____	_____
Parent/Guardian Signature	Date

\_\_\_\_\_  
Printed Parent/Guardian Name

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**Criminal History Background Check/Drug Testing**

Prior to participation in the LFISD Health Science off-Campus practicum courses, and as part of the program requirements, it is necessary for LFISD to obtain the criminal history record information of the student. Performance of the clinical background check is a requirement of the program and the local hospitals, Health Science facilities, and clinics which will provide training during the school year.

Scheduled and/or random drug testing will be conducted throughout the school year. Should a student test positive, they will be in violation of the La Feria High School code of conduct and, as per policy, are subject to disciplinary action along with the immediate removal from the practicum program.

_____	_____	_____
Student Signature	Date	Witness

\_\_\_\_\_  
Printed Student Name

_____	_____
Parent/Guardian Signature	Date

\_\_\_\_\_  
Printed Parent/Guardian Name

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**Photography**

On occasion, pictures and videos will be taken during class presentations, projects, or instruction that can/will be used on our school websites. (i.e. Facebook, Instagram, Twitter, etc.)

_____	_____	_____
<b>Student Signature</b>	<b>Date</b>	<b>Witness</b>

\_\_\_\_\_  
**Printed Student Name**

_____	_____
<b>Parent/Guardian Signature</b>	<b>Date</b>

\_\_\_\_\_  
**Printed Parent/Guardian Name**

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**Statement of Patient Confidentiality (HIPPA)**

The Healthcare professional, including students should always respect and hold in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

As a student enrolled in the Senior Practicum in Health Science class, I acknowledge that have read and understand this "STATEMENT OF PATIENT CONFIDENTIALITY" and agree to always provide a standard of patient care that includes the patient's rights to the most strict confidentiality of all personal and medical information unless such disclosure is mandated by one or more of the criteria listed in the statement.

In accordance with the above obligation to patient privacy, cell phones will not be allowed in any patient/clinical areas at any time. Failure to abide by this rule will result in the student being removed from off campus experiences and placed in classroom experiences only for the remainder of the program.

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**Student Signature**

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**Date**

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**Witness Signature**

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**Student Printed Name**

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**Parent/Guardian Signature**

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**Date**

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**Printed Parent/Guardian Name**



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**Professional Conduct/Physical Requirements**

The student is expected to conduct himself/ herself in a professional manner during class, lab, and the practicum experience. Remember that you are a student and the preceptor is there to help you learn. Take their suggestions, and instructions to heart. If you feel like they are asking you to do something beyond your training, tactfully explain your apprehension and notify your lead instructor.

Any student in this class who, because of a disabling condition, may require some special arrangements in order to meet course requirements should contact the school/instructor as soon as possible.

By my signature on this document, I acknowledge that I have been provided a list of the physical requirements of the Senior Practicum in Health Science class, and I understand that once accepted into the program I may be subject to classroom experiences only.

_____	_____	_____
Student Signature	Date	Witness Signature

\_\_\_\_\_  
Printed Student Name

_____	_____
Parent/Guardian Signature	Date

\_\_\_\_\_  
Printed Parent/Guardian Name

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Skills Practice

\*Hands-on skill practice is a VITAL component of any healthcare educational training program. Skills will be outlined and mastery is essential in order for students to complete their training. During practicum/clinical lab days, students are expected to participate and handle themselves in a manner that does not violate another student's rights. Any complaint of harassment will be considered serious, and will be investigated thoroughly. **Due to the 2020 COVID pandemic, all students are required to wear a face mask at all times while in the classroom and are required to wear a face mask and gloves while practicing in the medical lab.** This includes: in the classroom, while performing skill practice/evaluation/check off in the medical lab. If a student refused to comply, they will be found in violation of this policy and will be dismissed from training for the day and will receive a 0 for the skills day.

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Student Signature

Date

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Witness Signature

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Printed Student Name

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Parent/Guardian Signature

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Date

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Printed Parent/Guardian Name

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**Certification Testing**

Those students that are in good standing, passing class/lab/clinical/benchmark testing with a grade of 80% or greater will be eligible to take the certification exam in the Fall for Patient Care Technician (PCT) as well as the certification exam in the Spring for Certified Medical Assistant (CCMA). The cost for each exam is \$155. La Feria High School CTE Dept. will pay the \$155 on behalf of each student toward each exam.

Fall- Patient Care Technician (\$155)

Spring-Certified Medical Assistant (\$155)

Should a student not pass the certification exam on the first attempt, they are eligible for a second attempt 30 days after the initial attempt. The testing fee will then be at the student's expense.

_____ Student Signature	_____ Date	_____ Witness
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\_\_\_\_\_  
Printed Student Name

_____ Parent/Guardian Signature	_____ Date
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\_\_\_\_\_  
Printed Parent/Guardian Name

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**Receipt of Policy and Guidelines**

I have received a copy of all classroom and practical expectations including confidentiality and HIPPA.

_____ Student Signature	_____ Date	_____ Witness Signature
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\_\_\_\_\_  
Printed Student Name

_____ Parent/Guardian Signature	_____ Date
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\_\_\_\_\_  
Printed Parent/Guardian Name

I understand and agree to follow the classroom and lab policy and guidelines as directed in the course policy and guidelines.

_____ Student Name (Printed)	_____ Date	_____ Signature
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