

# Patient Care Technician (PCT) Program Plan

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_

Email: \_\_\_\_\_ Student ID@ 

--	--	--	--	--	--	--	--

*Indicate with an "X" the courses you plan to take in the box to the right of the course listing.*

Required Core Courses:	X	CRN #	Date Completed	Special Notes
HMED5109 Orientation to PCT				
NURS5000 Nurse Aide Certification (CNA)				
HMED H5013 BLS - Basic Life Support				
HMED H5019 Customer Service & Communication in Health Care				
HMED H5103 Patient Confidentiality				
HMED H5026 Rehabilitation Skills				
HMED H5014 EKG & Pulse Oximetry Skills				
HMED H5067 Phlebotomy for the PCT				
HMED H5116 Advanced Patient Care Skills				
<b>Elective Courses (Minimum of 2):</b>				
HMED H8001 Medical Terminology				
HMED H5082 Caring for the Pediatric Client				
HMED H Care of the Growing Family				
NURS H5034 Behavioral Health				
HMED H5083 Alzheimer's & Other Cognitive Changes in the Elderly				
HMED H0000 The Surgical Patient				
HMED H5130 Hospital Clinical				
HMED H5138 Compassionate Care for the End of Life				

**PLEASE COMPLETE THE BACK OF THIS FORM** →

To receive your PCT Certificate this form must be completely filled out and submitted to:

Director, Health Careers & Community Education  
Naugatuck Valley Community College  
750 Chase Parkway Room K407  
Waterbury, CT 06708

I have completed the requirements noted for PCT Certification and the information provided is, to the best of my knowledge, accurate.

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

**Office Use Only**

Received: \_\_\_\_\_  
Date Initials

Verified: \_\_\_\_\_  
Date Initials

Certificate Awarded: \_\_\_\_\_  
Date Initials

REV 9/09