

**FULL-TIME ADULT  
STUDENT APPLICATION PACKET**



**CONNECTICUT STATE DEPARTMENT OF EDUCATION**  
*Connecticut Technical High School System*  
*Middletown*

**2009 - 2010**

**CONNECTICUT STATE DEPARTMENT OF EDUCATION**

**CONNECTICUT TECHNICAL HIGH SCHOOL SYSTEM**

**Patricia Ciccone, Interim Superintendent of Schools**  
**Ceferino Lugo, Assistant Superintendent of Schools**  
**Robert Lombardi, Assistant Superintendent of Schools**

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**ACCREDITATION**

The New England Association of Schools and Colleges accredit the Connecticut Technical High Schools.

## ***Mission Statement of the Connecticut Technical High School System***

The mission of the Connecticut Technical High School System is to provide a unique and rigorous high school learning environment that:

- ensures both student academic success and trade/technology mastery and instills a zest for lifelong learning;
- prepares students for post-secondary education, including apprenticeships, and immediate productive employment; and
- responds to employers' and industries' current and emerging and changing global workforce needs and expectations through business/school partnerships.

## **Prohibition of Discrimination**

**It is the policy of the Connecticut State Board of Education that no person shall be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, mental retardation and past/present history of mental disorder, learning disability and physical disability. Legal Authority: Article XXI of the Amendments to the Connecticut State Constitution. Connecticut General Statutes Section 4a-60, 46a-60, 46a-70, 46a-71, 46a-72, 46a-73, 46a-75, and 46a-76. Inquiries regarding Title IX of the Education Amendments of 1972 or Section 504 of the Rehabilitation Act of 1973 (which prohibit discrimination on the basis of physical and mental disability, respectively), may be made to the Superintendent, Connecticut Technical High School System, 25 Industrial Park Road, Middletown, CT. 06457, or Connecticut State Department of Education, PO Box 2219, Hartford, CT. 06145, or to the Office for Civil Rights, U.S. Department of Education, Room 222, J.W. McCormack Post Office and Courthouse Building, Post Office Square, Boston, MA 02109. The State of Connecticut is an equal opportunity/affirmative action employer.**

## **Connecticut Technical High School System Web Site**

**The Connecticut Technical High School System maintains an Internet web site for each of its schools, satellites and central office. To enhance the appearance of these web sites, photographic and / or video images of students and staff will be used on one or more of the web sites. These photos and / or videos will not be used for any commercial purposes.**

## **Fiscal Responsibility**

**Tuition and registration fees are set by the Connecticut State Board of Education. Current rates are available from the Business Office, Guidance Office, or Administration. Tuition and fees are due and payable by the first class session of each semester by bank check or money order made payable to "Treasurer, State of Connecticut" with the exact amount due and the address and phone number of the person paying. Cash will be accepted only during the normal business hours of the school. Personal checks are no longer accepted. Students are required to adhere to all payment deadlines and will be dismissed from their program of study if these deadlines are not met.**

**Detailed information of all deadlines, current tuition rates, registration fees, Veteran's waivers, Senior citizen waivers, financial aid, and refunds are available at the school and should be obtained prior to enrolling in a program of study. Connecticut Technical High Schools participate in the Federal Pell Grant program. At each school, there is a financial aid liaison, an individual assigned to collect student-completed materials and all other documents required for applying for financial aid in Connecticut's Technical High School System. Upon acceptance into their program of study, students wishing to apply for financial aid should make an appointment with their school's financial aid liaison or request the Connecticut Technical High School financial aid application materials, in addition to completing and submitting a Free Application for Federal Student Aid (FAFSA) on-line, [www.fafsa.ed.gov](http://www.fafsa.ed.gov).**

## **Overview:**

The Technical High School System has offered full and part-time program for adults in a variety of programs and technologies since the inception of the school system. Full-time training is delivered to adults primarily in adult-only programs. Part-time training occurs in the evening through Apprentice, Extension, or Adult Bilingual programs.

## **FULL TIME PROGRAMS:**

### **ADULT ONLY:**

Programs available strictly for the adult learner are listed below. Program length may vary with each technology offering and may be mandated by licensure requirements. Listed below are the current adults-only programs, the locations are on the next page.

- Aviation Maintenance Technician
- Certified Nurse Assistant
- Dental Assistant
- Medical Assistant
- Licensed Practical Nurse Program
- Surgical Technician

### **ADULTS IN SECONDARY PROGRAMS:**

Adults can enroll in the full-time secondary programs at the **Bristol Technical Education Center (BTEC)** on a space available basis. Program length varies by each technology. Adults enrolled as postgraduates attend trade instruction full time from September to June. The following technology programs are currently being offered at **BTEC**:

- Automotive Technology
- Culinary Arts
- Electronic Technology
- Heat, Ventilation & Air Conditioning
- Manufacturing Technology
- Welding & Metal Fabrication

This packet contains the following information;

- List of full-time adult programs and their locations
- School addresses and phone numbers
- Full-time Application Process
- Full-time Application Form
- Full-time Adult Student Information Sheet
- Adult Physical form
- Refusal for use of Hepatitis B virus vaccine form
- Full time tuition waiver request

An Adult Programs Addendum to the Student Handbook will be distributed on the first class session. For a complete description of the courses at each school, please visit our website, **CTTECH.org**.

## APPLICATION PROCESS

- All applicants must complete a **Full-Time Adult Program Application for Admission**.
- All applicants must submit a high school transcript or General Educational Development (GED) certificate
- All applicants must submit a signed and dated copy of the **Full-time Adult Student Information Sheet**.
- The Licensed Practical Nurse Program and the Aviation Maintenance Program have varied start dates.  
**Interested candidates must check the specific school website for application deadlines.**

### **When applying for admission to a full-time adult only program**

- The completed application documents must be submitted to the specific technology **Department Head**.  
[The list of full time adult programs, their locations and the technology Department Heads is on page 6]
- Applicants may be scheduled for an interview and/or test.

## **NOTE: Applications, complete or incomplete will not be returned**

## ACCEPTANCE PROCESS

Successful applicants will be notified in writing and instructed to submit a non refundable \$50 registration fee. The registration fee **must be paid immediately** to secure a place in the program. The registration fee must be a bank check or money order (**no personal checks accepted**), made out to: Treasurer, State of Connecticut  
In addition, the successful applicants will be instructed to submit the following information:

- Physical Exam Form,  
**NOTE:**
  - For applicants who will be starting their program in August 27, 2009, the completed Physical Exam Form **must be returned by August 14<sup>th</sup>**.
  - For applicants who will be starting their program after January 1, 2010, the completed Physical Exam Form **must be returned by December 1<sup>st</sup>**.
- Hepatitis B virus vaccine refusal form must be returned at the same time as the physical form.
- Full-time Tuition Waiver Form, **NOTE:** Tuition waivers are only accepted for veterans and senior citizens.
- Financial aid documents can be obtained at the school. The completed financial aid forms must be submitted as follows:
  - For applicants who will be starting their program in August 27, 2009, the completed forms **must be returned by August 14<sup>th</sup>**.
  - For applicants who will be starting their program after January 1, 2010, the completed forms **must be returned by December 1<sup>st</sup>**.

**Note: The Certified Nurse Assistant program does not meet the minimum number of required hours to qualify for financial aid (Pell Grant). The tuition waiver process is available.**

## **NOTE: LPN Program students must submit documentation of Health Provider Level CPR Certification by March 1, 2010!**

## Full-Time Adult Programs and School Locations

Address	Telephone Number	School Principal	Programs	Program Department Head
Bullard-Havens Technical High School 500 Palisade Avenue / Bridgeport 06610	203-579-6333	Vacancy	Licensed Practical Nurse	Karen Ivers
Henry Abbott Technical High School Hayestown Avenue/ Danbury 06810	203-797-4460	Jerry G. Salese	Licensed Practical Nurse ( day and evening programming)	Pamela Cramer
Howell Cheney Satellite 170 Elm Street/ Enfield 06082	860-253-3100	Appt. Pending	Licensed Practical Nurse	Vacant
Eli Whitney Technical High School 71 Jones Road / Hamden, CT 06514	203-397-4031	Steve Anderson	Licensed Practical Nurse Certified Nurse Assistant Surgical Technician	Ann Simko Bonnie Drowdowicz Karen Dempsey
A.I. Prince Technical High School 401 Flatbush Avenue / Hartford 06106	860-566-1867	William Chaffin	Licensed Practical Nurse Dental Assistant Surgical Technician	Susan Deane Janice Ferrara Elia Acosta
Vinal Technical High School 60 Daniels Street / Middletown 06457	860-344-7100	Appt. Pending	Licensed Practical Nurse ( day and evening programming)	Donna McBrien
Platt Technical High School 600 Orange Avenue / Milford 06460	203-783-5300	Gene LaPorta	Medical Assistant	Karen Canty
E.C. Goodwin Technical High School 735 Slater Road / New Britain 06053	860-827-7736	Appt. Pending	Licensed Practical Nurse	Ted Moskowitz
Norwich Technical High School 7 Mahan Drive / Norwich 06360	860-889-8453	Nikitoula Menounos	Licensed Practical Nurse	Katherine Pellerin
Stratford School for Aviation Maintenance Technicians Great Meadow Road / Stratford 06615	203-381-9250	Appt. Pending	Aviation Maintenance Technician	Mark Lloret
W.F. Kaynor Technical High School 43 Tompkins Street / Waterbury 06708	203-596-4302	Lisa Hylwa	Licensed Practical Nurse	Regina Wrenn
Windham Technical High School 210 Birch Street / Willimantic 06226	860-456-3879	Kirk Murad	Licensed Practical Nurse Dental Assistant	Connie Gibeault Susan Doliver
Connecticut Aero Tech 500 Lindbergh Dr., Hartford 06114	860-566-1234	Appt. Pending	Aviation Maintenance Technician	Charles Hilton
Bristol Technical Education Center 431 Minor Street, Bristol 06010	203-584-8433	Vacancy	Automotive Technology Culinary Arts Electronic Technology Heat, Ventilation & Air Conditioning Manufacturing Technology Welding & Metal Fabrication	Richard Dulac Joseph Fortuna Brian Kelleher Steve Donaghy (Acting Dept Head) Ben Russell Joseph Hanlon

### Application checklist:

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Trade Program: \_\_\_\_\_

Have you

- Completed all sections of the Application for Admission
- Included an official copy of your High School transcript or GED certificate
- Signed and dated the Full-time Adult Student Information Sheet
- Included a self addressed stamped envelope (legal size)

LPN program applicants, have you

- Taken ATI's TEAS test
- Included a resume
- Included documentation of passing Intermediate Algebra or equivalent
- Included documentation of passing English Composition or equivalent



## **State of Connecticut Technical High School System**

# Application for Admission

## Full-Time Adult Programs

In order to be considered for admission to a Technical High School, applicants must:

- ◆ supply the Technical High School with a high school transcript or evidence of successfully completing the General Educational Development (GED) test;
- ◆ submit signed and dated copy of the **Full-time Student Information Sheet**.
- ◆ Licensed Practical Nurse Program applicants must have taken ATI's **TEAS** test. Applicants must also include:
  - Resume
  - Documentation of having passed the following college level courses
    - Intermediate Algebra or equivalent with a "C" or better
    - English Composition or equivalent with a "C+" or better
- ◆ Self addressed stamped envelope (legal size)

**Incomplete applications will not be processed!**

### Instructions

Complete this application with the appropriate signature and enclose a copy of an official high school transcript or GED certificate. Return the completed application to the appropriate Technical High School addressed to the applicable trade Department Head.

Applicants may have to participate in an interview as part of the application process depending on the trade program.

This application requests general information about your national origin, gender, racial or ethnic group, and primary language spoken in the home. Providing this information is voluntary. The information provided will be used for record-keeping purposes only; it will not be used as a factor in any action concerning education, activities or employment.

Please **print** clearly.

**Student Name:** \_\_\_\_\_

**Technical High School applying to:** \_\_\_\_\_

**Adult program applying for:**

- Aviation Maintenance Technician    Certified Nurse Assistant    Dental Assistant    Dental Lab Technician  
 Medical Assistant    Surgical Technician    Licensed Practical Nurse\*

\* When applying to the LPN Program at Vinal or Abbott, please specify if you prefer DAY or NIGHT.

**For Bristol Technical Education Center, specify program:** \_\_\_\_\_

**NOTE:** Interested candidates, who want to be considered for admission at more than one technical school, must submit a complete application packet to each Technical High School.

### Personal Information

**Full Name:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Last) (Maiden) (First) (Middle)

**Address:** \_\_\_\_\_  
(Box, Apartment, Street Name and Number)

\_\_\_\_\_  
(City or Town) (State) (Zip Code)

**Mailing Address:** \_\_\_\_\_  
(If different) (Box, Apartment, Street Name and Number)

\_\_\_\_\_  
(City or Town) (State) (Zip Code)

**Birth Date:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
(Month/Day/Year) (City) (State) (Country)

**Home Phone:** ( ) \_\_\_\_\_ **Other Phone:** ( ) \_\_\_\_\_

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

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## General Information

**Gender:**  Male  Female **Racial or Ethnic Group:**  American Indian or Alaskan Native (1)  
 Asian American or Pacific Islander (2)  
 Black (3)  
 White (4)  
 Hispanic (5)

**Primary Language:** \_\_\_\_\_

**High School graduate?**  Yes  No

**If yes, name of High School:** \_\_\_\_\_

**If no, do you have a GED certificate?**  Yes  No

**NOTE: A copy of a High School transcript or GED certificate must be included with this application.**

**Are you a U. S. Veteran?**  Yes  No **Dates of Service** \_\_\_\_\_ **to** \_\_\_\_\_

**Type of discharge:** \_\_\_\_\_

**Are you interested in applying for financial aid (Pell Grant)?**  Yes  No  
(Note: The Certified Nurse Assistant program does not meet the minimum number of required hours to qualify for a Pell Grant.)

**Have you attended/applied to another Connecticut Technical High School?**  Yes  No

**If yes, name of school:** \_\_\_\_\_

**Have you ever been convicted of any crime?**  Yes  No

**Are there any criminal charges pending against you?**  Yes  No

If you have answered yes to either of these questions, attach a sheet providing specific information. If conviction of a crime or pending criminal charges is a basis for rejection, you will be notified in writing and you will be provided an opportunity to request reconsideration (see CGS 46a-79 and 80). Failure to disclose a conviction or pending criminal charges will be a basis for rejection, or dismissal if enrolled.

.....  
**Please tell us how you heard about the adult education programs in the CTHSS.**

word of mouth    newspaper ads    newspaper articles    cable TV

TV ads    radio ads    career fairs    internet

other \_\_\_\_\_

**I hereby certify that the information provided by me in this application is true, complete and accurate.  
I understand that applications will not be returned.**

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

\_\_\_\_\_  
**Signature of Applicant**

It is the policy of the Connecticut Technical High School System that no person shall be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program, including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, or disability (including, but not limited to, mental retardation, past or present history or mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Connecticut Technical High School System does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding the Connecticut High School System's nondiscrimination policies and practices should be directed to Dr. Abigail Hughes, Superintendent of Schools, Connecticut Technical High School System, 25 Industrial Park Road, Middletown, CT 06457, and/or, regarding race, color, national origin, age, sex and/or disability to the Office for Civil Rights, U.S. Department of Education, Boston, MA 02110-1491, telephone 617.289.0111, fax 617.289.0150, TTY/TDD 877.521.2172. The Connecticut Technical High School System is an equal opportunity/affirmative action employer.

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**For Technical High School Use Only**

Application fee submitted \_\_\_ High School Transcript or GED submitted \_\_\_

LPN program entrance test scores submitted \_\_\_\_\_ Intermediate Algebra grade submitted \_\_\_\_\_

English Composition grade submitted \_\_\_\_\_ Resume submitted \_\_\_\_\_

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

**Applicant's State Assigned Student ID (SASID):**

**Applicant Student Identification number:**

REVIEW THE FOLLOWING PAGES  
ESPECIALLY THE STUDENT  
INFORMATION SHEET.

**PLEASE NOTE,**  
**THE FOLLOWING FORMS ARE NOT**  
**TO BE COMPLETED AND RETURNED**  
**UNLESS YOU ARE ACCEPTED INTO A**  
**PROGRAM**

**Connecticut Technical High School System**  
**2009-2010 Full-Time Adult Student Information**

**Tuition is set by the Connecticut State Board of Education. The current tuition rate is as follows:**  
**Registration fee (non-refundable)** – regardless of whether a student is applying for financial aid - **\$50.00** per student per academic year attended.

**Tuition is due on or before the first class session of each semester.**

- Returning LPN Students: **Fall 2009-\$1350, plus \$50 registration fee.**
- New LPN Students starting **January 2010- \$1550, plus \$50 registration fee.**
- Certified Nurse Aide program: **\$1350, plus \$50 registration fee.**
- Returning Aviation Mechanic Program - **\$5,400 payable in 3 installments plus a \$50 registration fee.**
- New Aviation Mechanic students starting in **December 2009 - \$6,200 payable in 3 installments plus a \$50 registration fee.**
- All other full-time adult programs: **Fall 2009-\$1550, plus \$50 registration fee**  
**Spring 2010- \$1550**

**Methods of payment**

**Bank check or money order** - payable to "Treasurer, State of Connecticut" for the exact amount due.

**Cash will be accepted only during regular business hours (8:30 a.m. – 4:30 p.m.)**

**No personal checks or partial payment plans will be accepted.**

**Alternate methods of payment (It is the responsibility of the student to initiate and follow up on the methods listed below):**

**Tuition waiver** – Tuition Waiver Request form must be submitted **NO LATER THAN** two weeks prior to first class session.

**Veteran** - Tuition Waiver Request form with a copy of DD-214 attached

**Senior citizen - age 62 and over** - Tuition Waiver Request form with copy of proof of age

**Tuition waiver** – Day Short-Term Certified Nurse Aide – Use "**Short-Term, Apprentice or Extension Programs**" application to request a tuition waiver.

**Veteran** - Tuition Waiver Request form with a copy of DD-214 attached

**Senior citizen - age 62 and over** - Tuition Waiver Request form with copy of proof of age

**Financial Hardship** - Proof that student (and/or spouse or dependent student's parent) is a current recipient of benefits from one of the following means-tested benefit programs: *Supplemental Security Income, Food Stamps, Free or Reduced Price Lunch, TANF, WIC.*

(**Unacceptable** Documentation: copy of benefit member card, copy of Husky medical program participant documentation.)

NOTE: Unemployment Compensation is **NOT** a means-tested benefit program.

**If any waiver request is denied, tuition is due five class days following the date of denial letter or on or before the first class session, whichever is later.**

**Outside agencies (employer, WIA, etc.)** - Written documentation from the agency guaranteeing payment For the student must be presented to the school prior to the tuition deadline(s) noted above.

**Financial aid** (PELL Grant only) - a valid Student Aid Report (SAR), CTHSS forms, and supporting documentation (Copy of 2008 signed Federal income tax return) must be on file at central office by the following deadlines (Contact school's financial aid liaison):

- Students returning in the fall 2009 semester to continue or complete their program: due June 2, 2009
- New students enrolling in the fall 2009 semester: due August 1, 2009
- New students enrolling in December 2009 or January 2010: due December 1, 2009

If a student is deemed ineligible for financial aid, outstanding tuition is due five days following the denial notification. If a student is notified that their financial aid award will not cover the entire semester tuition cost, all tuition and fees are due five days following the award notice or by the regular tuition deadline, whichever is later.

**Note: The Certified Nurse Assistant program does not meet the minimum number of required hours to qualify for a Pell Grant.**

**If payment deadlines or at least one of the alternate method deadlines are not met, the student will be dismissed from his/her program of study immediately.**

**Refunds** - All requests (except military and serious illness) must be in writing to the Principal or Assistant Principal within 14 days of the first class session.

**Amounts**

100% of tuition – request made prior to 1st class session.

60% of tuition – within 14 calendar days of the 1st class session.

**Withdrawal due to military action or serious illness**

100% - must be supported by written documentation by military or medical professional.

**Dismissed students** - if a student is dismissed from his/her program of study (regardless of length of program) for attendance, grades, or disciplinary reasons, no refund will be made.

**Attendance**

Regular attendance by students is a critical aspect of the educational process and is closely monitored. Students with attendance problems will be dismissed from the program.

I have read and understand the above:

Student Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## ADULT PHYSICAL EXAMINATION FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: Home \_\_\_\_\_ TRADE/PROGRAM: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

TO THE EXAMINING PHYSICIAN/HEALTHCARE PROVIDER:

On the basis of my health assessment and physical exam:  Student denies Latex Allergy

Student is clear to participate in a clinical/classroom/lab setting with no restrictions for the following programs (please check)

- Aviation Maintenance Technician
- Certified Nurse Assistant
- Dental Assistant
- Dental Lab Technician
- Licensed Practical Nurse
- Medical Assistant
- Surgical Technician

IF NO, please explain the nature of the restrictions/limitations related to the delivery of patient care:

**IMMUNIZATION ASSESSMENT:**

TITERS MUST BE POSITIVE PER LABORATORY STANDARD: *If titers show student is not immune, please state plan of how non-immunity will be addressed.*

RUBEOLA (MEASLES) TITER: Immune? Yes \_\_\_\_\_ No \_\_\_\_\_  
May be Qualitative or Quantitative Titer

RUBELLA TITER (GERMAN MEASLES): Immune? Yes \_\_\_\_\_ No \_\_\_\_\_  
May be Qualitative or Quantitative Titer

MUMPS TITER: Immune? Yes \_\_\_\_\_ No \_\_\_\_\_  
May be Qualitative or Quantitative Titer

VARICELLA (CHICKEN POX) TITER: Immune? Yes \_\_\_\_\_ No \_\_\_\_\_  
Must be Quantitative Titer

HEPATITIS B SERIES:  Declined (If declined, need to sign waiver)

Per protocol \_\_\_\_\_  
1st dose 2nd dose 3rd dose

HEPATITIS B Surface Antibody Titer must be Quantitative Titer 2 months following the last dose

PPD 1 (Mantoux Tuberculin testing required yearly)

\_\_\_\_\_  
Date Given

\_\_\_\_\_  
Date Read

\_\_\_\_\_  
Results

If positive PPD, list chest x-ray date: \_\_\_\_\_

Student shows no evidence of TB symptoms

TETANUS/TD BOOSTER \_\_\_\_\_ (must be within last 10 years)  
Date Given

\_\_\_\_\_  
Healthcare Provider  
(Print Name)

\_\_\_\_\_  
Healthcare provider  
(Signature)

\_\_\_\_\_  
DEA Number

Date \_\_\_\_\_

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

Telephone (     ) \_\_\_\_\_ - \_\_\_\_\_

## Information for Students and Healthcare Providers about Immunity Assessment/Titers for Nursing Students

MMR: **the MMR titers once determined do not have to be rechecked, regardless of when drawn.** It is possible that they may be lowered during pregnancy, but otherwise should remain consistent. In this case a *qualitative* titer is acceptable. In a situation whereby a student was vaccinated in year one of the program, titers should be validated in year 2 of the program.

Varicella: *Quantitative* titers should be drawn once; **if immunity is determined to be present then student does not need titer drawn for second year.** In any case if student is immunized year 1 then titer should be drawn year 2, the key is QUANTITATIVE titer vs. qualitative (i.e. EIA index is not a quantitative titer).

Hepatitis B: Very Tricky. Some people NEVER develop immunity; some can lose immunity over time, thereby requiring a booster. So with this in mind: those students that go through their series of injections during or in preparation for year one of the program, should then go on to have a QUANTITATIVE test for year 2 (Nichols number is: 51938P, apparently a classification system for labs). This value must exceed 10 milliunits / ml to establish immunity. If immunity is not established, the student should have a booster and have immunity rechecked.

**If a student produces a recent titer (less than 5 years old) that establishes immunity this will suffice for both years. In the event that a student produces a titer 5 years or older a quantitative titer is required for year 1.**

The student that comes to us stating they have had the series in the past, regardless of proof of the shots, still need to have a quantitative titer done to establish immunity. For all intents and purposes for any student (even those who are readmitted or transferred) this should suffice as long as we were within a 5 year window of time from the initial establishment of immunity.

If a student refuses to receive Hepatitis B immunization a waiver must be signed and kept on file.

PPD: Must be updated on a yearly basis in order to maintain status in the program, exceptions:

Students who have received BCG immunization should not get a PPD

Students who have had a positive PPD

Students who are immunosuppressed, have cancer, or are on steroids should not get a PPD

If PPD cannot be obtained because of the above, student should have a SINGLE chest x-ray to document freedom from disease. Thereafter, on a yearly basis, a note must be received from the Healthcare provider stating that the student shows no evidence of symptoms of TB.

Source: Quest Diagnostic Laboratory, July 2004

# REFUSAL FOR USE OF HEPATITIS B VIRUS VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline hepatitis B vaccination at this time. I understand that by declining this hepatitis B vaccination at this time, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can then receive the vaccination series.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

## **Student Statement of Release**

I hereby authorize (*name of educational institution*) to release a copy of my health record to clinical site agencies and/or to contact my Healthcare provider for clarification of information.

I understand that I must submit a completed Health Assessment form prior to participation in any clinical experiences.

I am aware that if during the course of the academic year(s) requiring my participation in clinical experiences, my health status should change in a way that would impact my ability to perform in clinical, I must notify the Director/Administrator of the program. The need for additional clearance will be determined at that time.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Name (Signature)

\_\_\_\_\_  
Date

# CTHSS - ADULT EDUCATION

## 2009- 2010 Full Time Tuition Waiver Request

**Requests due in Central Office:**

- Full-time returning students – June 2, 2009
- Full-time new students beginning Fall, 2009– August 14, 2009
- Full-time new students beginning Spring, 2010, two weeks prior to first class session

If the request is denied, tuition is due on or before the first class session, or if the student is already enrolled, five class days following the date of the denial letter.

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Check reason type and attach copy of appropriate documentation:**

Waiver Request Reason	Acceptable Documentation
<input type="checkbox"/> Veteran	1) DD-214 with proof of honorable discharge; OR 2) Proof of current active duty service.
<input type="checkbox"/> Senior Citizen	Valid photo ID with DOB showing student is age 62 or older.

**TO BE COMPLETED BY SCHOOL**

School Name \_\_\_\_\_ Waiver Number \_\_\_\_\_

Course Name \_\_\_\_\_ Course Start Date \_\_\_\_\_

**Reviewed and submitted by:**

Principal/Regional Assistant Principal or designee \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY CENTRAL OFFICE**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Superintendent \_\_\_\_\_  
Or Designee \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE NOTE: A COPY OF THIS MUST BE ATTACHED TO APPLICATION/REGISTRATION FORM**

**SEND TO: CTHSS ADULT EDUCATION OFFICE, 25 Industrial Park Road, Middletown, Connecticut**

**CTHSS - ADULT EDUCATION  
2009-2010 TUITION WAIVER REQUEST  
SHORT-TERM, APPRENTICE OR EXTENSION PROGRAMS**

Requests due in Central Office:      Prior to completion of the student's first class attended

**If the request is denied, tuition is due on or before the first class session, or if the student is already enrolled, tuition is due on the day of their next class session following the date of the denial letter.**

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Check reason type and attach copy of appropriate documentation:**

Type of Waiver Request	Acceptable Documentation
<input type="checkbox"/> Veteran	1) DD-214 with proof of honorable discharge; OR 2) Proof of current active duty service.
<input type="checkbox"/> Financial Hardship	Proof that student (and/or spouse or dependent student's parent) is a current recipient of benefits from one of the following means-tested benefit programs: <i>Supplemental Security Income, Food Stamps, Free or Reduced Price Lunch, TANF, WIC.</i> ( <b>Unacceptable</b> Documentation: copy of benefit member card, copy of Husky medical program participation documentation.) NOTE: Unemployment Compensation is <b>NOT</b> a means-tested benefit program.
<input type="checkbox"/> Senior Citizen	Valid photo id with DOB showing student is age 62 or older.

**TO BE  
COMPLETED  
BY SCHOOL**  
School Name \_\_\_\_\_

Waiver Number \_\_\_\_\_

Course Name \_\_\_\_\_ Course Start Date \_\_\_\_\_

Course Name \_\_\_\_\_ Course Start Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY CENTRAL OFFICE**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_  
Or Designee

**PLEASE NOTE: A COPY OF THIS MUST BE ATTACHED TO APPLICATION/REGISTRATION FORM  
SEND TO: CTHSS ADULT EDUCATION OFFICE, 25 Industrial Park Road, Middletown, Connecticut**

**CTHSS - ADULT EDUCATION**  
**2009-2010 TUITION WAIVER REQUEST**  
**SHORT-TERM, APPRENTICE OR EXTENSION PROGRAMS**

**Important information regarding documentation that should be attached to Veteran's tuition waiver requests:**

Copy of DD-214 with proof of honorable discharge  
OR  
Proof of current active duty service

**Important information regarding documentation that should be attached to support financial hardship tuition waiver requests:**

Please note changes in the acceptable documentation to support a student's waiver request. Student (and/or spouse or parent(s) if the student is a dependent student) must provide documentation that they are currently receiving benefits from one of the following means-tested benefit programs in order to be eligible for tuition waiver:

*Supplemental Security Income*  
*Food Stamps*  
*Free or Reduced Price Lunch*  
*TANF*  
*WIC*

Students should provide a copy of their benefit approval letter from the agency providing the assistance which lists the period of eligibility. Copies of only the member's benefit card(s) are not acceptable documentation. Those not receiving benefits from one of the above sources, but enrolled in the Husky medical program are not eligible for waiver.

Please do not collect or submit copies of income tax returns, W-2 forms, or any other documentation that is not proof of receipt of assistance from any of the programs listed above.

Unemployment compensation is not a means-tested benefit program and is not considered when determining financial hardship.

**Important information regarding documentation that should be attached to support senior citizen tuition waiver requests:**

Copy of current valid photo id with DOB showing student is age 62 or older.