

Application Packet

Orthotic and Prosthetic Technician Program

2020-2021

*Effective 8/1/20–7/31/21
To include August 2021 admission cycle*

**Submit Application to Career
Planning Center**

Francis Tuttle Health Sciences Center
12777 N. Rockwell Avenue
Oklahoma City, OK 73142
www.francistuttle.edu
(405) 717-4900

FRANCIS TUTTLE TECHNOLOGY CENTER – HEALTH SCIENCES CENTER ORTHOTIC AND PROSTHETIC TECHNICIAN PROGRAM – APPLICATION PROCESS

PROGRAM DESCRIPTION

The Orthotic and Prosthetic (O&P) Technician program is an adult certificate program which consists of theory, laboratory skills and clinical experience. Classes are scheduled from 7:30 am – 4:00 pm on Monday through Thursday. Clinical hours may vary and are typically eight hours each day. Students participate in a program with curriculum delivered in a competency-based approach using learning activity packets and progress-based learning. The program has rigorous curriculum, required attendance, and high performance standards for completion of the clinical rotation. The program is nationally accredited and students are eligible to take a national certification exam upon completion. Refer to the program information guide for accreditation information or the Francis Tuttle website:
www.francistuttle.edu/Media/Website%20Resources/PDFs/CTP/AppPkt-OP.pdf

STUDENT SELECTION

The program has a selective admissions process, as often there are more applicants than available student positions. In addition to the minimum requirements for admission, applicants must also meet requirements regarding physical abilities, criminal background review and drug screening tests for the clinical rotations. Applicants must submit all the required documentation with the applicant checklist (form) to the Career Planning Center before their file will be reviewed by the Health Science Advisor. The Orthotic and Prosthetic Technician program director will then review the file and determine selection of students. Applicants will be notified by letter, and by email or phone, when it is determined they have been accepted.

MINIMUM REQUIREMENTS FOR ADMISSION

- Applicants must submit the Francis Tuttle Adult Application for Admission form with \$15.00 non-refundable fee. (The age requirement for adults is 18 years or older.)
- Applicants must provide evidence of High School Graduation Equivalency:
 - High School Transcript (original or true copy) with graduation date, or
 - GED diploma or Transcript, or
 - Official College Transcript or Diploma showing high school & graduation date, or
 - Official College Transcript with 12 credits of 1000 level English, Science & Math courses, or
 - International Equivalent Letter*
- Applicants must have acceptable Acuplacer Placement Test Scores (valid for 2 years):
 - Reading 250; Math 250; and English/Writing 250
 - Applicants may submit an official college transcript with 12 credit hours in 1000 level or higher courses in English, Science and Math courses, or ACT scores Reading 19, Math 19, English 19, instead of taking the Acuplacer test
- International Applicants (for whom English is a second language) must also provide TOEFL test scores—either 500 on the paper-based, or 173 on the computer-based test.

*Transcripts generated by schools outside the U.S must be evaluated by a credentialing agency in order to validate equivalency. Applicants may contact the World Education Services at www.wes.org

MINIMUM REQUIREMENTS FOR ADMISSION (CONTINUED)

- Applicants are required to submit an original OSBI record prior to entry into the program (not more than six months old); and a signed Affirmation of Criminal History Background Check form.
- Accepted students may be required submit a completed Physical Exam form, official documentation of Immunizations Requirements, and take a Drug Screen Test – with Negative results – from a designated testing facility.

Note: Students should carefully review the information on the physical examination form related to physical job requirements. Students unable to perform the physical duties of a Orthotic and Prosthetic Technician would be unable to complete clinical coursework and therefore unable to complete the program. Physical requirements include the ability to assist with moving patients, frequent lifting of up to 50 pounds, continuous standing, wearing personal protective equipment for a prolonged time period, hearing and responding to audible instructions.

PREFERENCE POINTS

In the event there are more qualified applicants than positions in the class, applicants will be ranked for selection based upon preference points as described below. Applicants with the same number of preference points will then be ranked based on their GPA. In-district students are given priority over out-of-district students. There are a total of 10 preference points available. An official college transcript is required for evidence. Submitting documentation for preference points is optional.

- GRADE POINT AVERAGE (GPA)
 - High School or Cumulative College Retention GPA of 3.00 – 3.49 = 1 point
 - High School or Cumulative College Retention GPA of 3.50 – 4.00 = 5 points
- COLLEGE COURSE GRADES
Applicants may receive one preference point each for achieving a final grade of “A or B” in 1000 level college courses: English, Math, Science, and Health-related courses (example: Medical Terminology).
- HEALTH CERTIFICATION OR LICENSE
Applicants may receive up to two preference points for current health-related certifications or a license. Copy of the certification or license is required for one point each.

NONDISCRIMINATION POLICY

Francis Tuttle is in compliance with Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, Americans with Disabilities Act, and other federal and state laws and regulations and shall not discriminate with regard to race, color, religion, gender, national origin, age, marital status, veteran status, or disabilities. This policy is followed in the operation of its education programs and activities, recruitment, admissions, employment practices and other education services.

Inquiries concerning this policy may be directed to either the Human Resources Director or Assistant Superintendent of Instruction who both serve as Coordinator of Title IX and Section 504 responsibilities for all campuses of Francis Tuttle Technology Center, 12777 N. Rockwell, Oklahoma City, Oklahoma 73142, telephone 405-717-7799.

FRANCIS TUTTLE TECHNOLOGY CENTER – HEALTH SCIENCES CENTER APPLICATION PROCESS – ADDITIONAL INFORMATION

NON-ACADEMIC ADMISSION REQUIREMENT

Criteria taken into account when admitting first time or transfer students: a) whether the applicant has been expelled, suspended, denied admission, or denied admission by any educational institution; and b) whether the applicant's conduct has been such that if the applicant was a student at the time of the conduct in question, the conduct would have been grounds for expulsion, suspension, dismissal, or denial of readmission to the program.

Criteria taken into account when readmitting withdrawn students: a) reason for withdrawal, b) faculty recommendation and c) actions taken to correct deficiencies. Students may request Advanced Standing credit.

HEALTH REQUIREMENTS AND IMMUNIZATIONS

Upon acceptance into the program, the set of three HBV immunizations and a TB test may need to be completed if required for the clinical location; as well as the official forms for MMR and varicella vaccinations or titers. Students must be capable of performing all tasks associated with the profession. The student must read and follow the "Drug Testing Procedures" document by having this test completed with the agency designated. Students must sign the form: "Affirmation of Drug Testing Procedures and Release of Information." This documentation must be submitted by the deadline or the student will be placed on probation. Inability to pass or maintain the required drug screen, or to perform competency skills required in clinical due to physical limitations, will prevent the student from completing the program.

AGENCY REQUIREMENTS

The applicant must be aware that other requirements or restrictions may be imposed by the program's clinical agencies as follows: a) according to policies/procedures of the clinical sites, students may be required at their own expense, to obtain additional, MMR and varicella immunizations or titers, chest x-rays, drug screening, and OSBI criminal history background checks; b) some clinical sites may require that students submit a physical exam, and have health insurance; and c) additional TB screening(s); and must be obtained by the program's deadlines.

SCHEDULING THE ACUPLACER TEST

Call Francis Tuttle's Assessment Center at (405) 717-4323 to make an appointment to take the Acuplacer test. It takes an average of three (3) hours to complete the exam; there is no charge. Please call and cancel if you cannot make your appointment. The Assessment Center is located in the Campus Center building on the Rockwell Campus. These tests may only be taken twice during a semester, preferably 2 weeks apart. Official scores from a college or university may be accepted if the score sheet can be authenticated as an "official" copy (with a stamp, seal or signature by the testing division).

INTERNATIONAL APPLICANTS

TOEFL tests are required for admission of international students (for whom English is a second language) in addition to taking the standard Acuplacer entrance test and may be taken twice during a semester. Francis Tuttle does not administer the TOEFL examination. Applicants needing to take the TOEFL may register for the examination by contacting Educational Testing Services (ETS). The cost of the Internet Based TOEFL (iBT) is currently \$150.00. The applicant may register for the examination online or over the phone: 1-800-GO-TOEFL (1-800-468-6335); or by email: <http://www.ets.org> (Select "TOEFL" from the list of exams). ETS will inform the applicant where the examination can be taken in the local area. If the applicant has completed the "Institutional TOEFL" at a college/university the score is acceptable to meet the requirement. Please read the "Guidelines for Prospective International Students."

FRANCIS TUTTLE TECHNOLOGY CENTER – HEALTH SCIENCES CENTER GUIDELINES FOR PROSPECTIVE INTERNATIONAL STUDENTS

Definition

The term International Student is defined as a person to whom English is a second language (ESL) and who has graduated from high school in a foreign country.

I-20 Documentation

Francis Tuttle Technology Center does not issue I-20 documentation.

Test of English as a Foreign Language (TOEFL)

International students seeking admission into the Dental Assisting (DA), Medical Assisting (MA), Orthotic & Prosthetic Technician (O&P) and Practical Nursing (PN) programs must take and pass the TOEFL or meet the criteria for exception.

TOEFL Guidelines

Provide proof of English proficiency by meeting one of the following:

- a. Score a minimum of 500* on the paper-based International Test of English as a Foreign Language TOEFL, OR the Institutional TOEFL.

*An individual not eligible for admission under the standard of **500** may be admitted conditionally if he/she has attained a minimum score of **460** and afterward has satisfactorily completed a minimum of twelve (12) weeks of intensive English study at an approved institution.

- b. Score a minimum of **173**** on the computer-based International TOEFL **or 61***** on the **TOEFL iBT** (internet based test).

An individual not eligible for admission under the standard of **173**** **or 61***** may be admitted conditionally if he/she has attained a minimum score of **140**** **or 48***** and afterward has satisfactorily completed a minimum of (12) weeks of intensive English study at an approved institution.

** **International TOEFL scoring range**

*** **TOEFL iBT scoring range**

- c. Submit an official college transcript reflecting **24 completed college hours of accredited college work** (must be in "good standing") at a college or university in the United States.
- d. Submit an official U.S. high school transcript, with date of graduation, which indicates that all curricular requirements have been met. A list of curricular requirements is available from the College Admissions Office.

Countries from which students may be accepted without English proficiency may include Australia, The Bahamas, British Isles, Canada, Guyana, Jamaica, Liberia, New Zealand, South Africa, and The West Indies.

Certification/Licensure Eligibility

To ensure eligibility for certification or licensure, applicants who are not citizens of the United States should submit a copy of a current VISA or Passport and BCIS number as part of the application packet.

High School Equivalency/Transcript Evaluation

A high school equivalency assessment letter indicating that foreign country education is equivalent to U.S. high school education is required as proof of high school equivalency. The evaluation and letter are available through the international student's office at many colleges and universities. It can also be obtained from World Education Services (WES) at www.wes.org.

ORTHOTIC AND PROSTHETIC TECHNICIAN PROGRAM – APPLICANT CHECKLIST

Applicant’s Name (printed): _____ Date: _____

Directions: You are responsible for submitting all required documents with this checklist, so that your application packet is complete. Please initial each line before you submit all required documents to the Health Sciences Advisor in the Career Planning Center (CPC) on the Rockwell campus. **Incomplete application packets will not be considered for acceptance.** It is the applicant’s responsibility to ensure that a complete packet has been submitted.

Applicant Initials	CPC Check	Documents REQUIRED from all Applicants
_____	<input type="checkbox"/>	Francis Tuttle Adult Application for Admission form with \$15.00 non-refundable application fee
_____	<input type="checkbox"/>	High School Equivalency: <input type="checkbox"/> High School Diploma or Transcript (Original or True copy) with graduation date, or <input type="checkbox"/> GED Diploma or Transcript, or <input type="checkbox"/> Official College Transcript with High School & Graduation date, or <input type="checkbox"/> Official College Transcript with 12 credit in selected 1000 level courses, or <input type="checkbox"/> International Equivalent Letter*
_____	<input type="checkbox"/>	Accuplacer Next Generation Placement Test Scores (valid for 2 years) <input type="checkbox"/> Reading 250: _____ <input type="checkbox"/> Math 250: _____ <input type="checkbox"/> English/Writing 250: _____ OR ACT: <input type="checkbox"/> Reading 19: _____ <input type="checkbox"/> Math 19: _____ <input type="checkbox"/> English 19: _____ OR <input type="checkbox"/> Official College Transcript w/12 credit hours in selected 1000 level courses
_____	<input type="checkbox"/>	Criminal History Background Check forms and OSBI records: <input type="checkbox"/> Affirmation of Criminal History Background Check (signed form)
_____	<input type="checkbox"/>	<u>International Students Only:</u> TOEFL Test Score: 500 _____ paper based; or 173 _____ computer-based
_____	<input type="checkbox"/>	True copy of Alien Status Card signed & dated
_____	<input type="checkbox"/>	Copy of current VISA or Passport & BCIS number
		<u>Preference Point Documentation for 10 Points (optional):</u>
_____	<input type="checkbox"/>	Official College Transcripts – List all Colleges Attended: <hr/> <input type="checkbox"/> Cumulative College Retention GPA 3.00-3.49 =1 point; 3.50-4.00 =5 points <input type="checkbox"/> College Courses w/A or B: English, Math, Science and/or Health-Related
_____	<input type="checkbox"/>	Copy of a Health Certification or License (up to 2 points) Preference Point Total = _____

Applicant’s Signature: _____ Date Submitted: _____

ORTHOTIC & PROSTHETIC TECHNICIAN PROGRAM ENROLLMENT OPTIONS

REQUEST FORM

APPLICANT NAME: _____

DATE: _____

DIRECTIONS: Refer to the enrollment options information below. Indicate which enrollment option you are requesting by checking the appropriate box below. Identify the preferred start date by checking the box of the month you want to start your enrollment in the program. This form must be submitted by mail with the other required forms

ORTHOTIC & PROSTHETIC TECHNICIAN PROGRAM INFORMATION – ENROLLMENT OPTIONS	
Program Enrollment Options <i>(Check ONE box)</i>	Preferred Enrollment Start Date <i>(check ONE box)</i>
<p>Orthotic Technician (Certificate only)</p> <p><input type="checkbox"/> Full-Time Student—approx 11 ½ mos; 1320 hrs Hours: 6 hrs/day; 7-8 hrs on clinical days</p> <p><input type="checkbox"/> Part-Time Student - 23 mos; 660 hrs/yr Hours: 3 hrs/day; 7-8 hrs on clinical days</p>	<p>Month prefer to start:</p> <p><input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct.</p> <p><input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar.</p>
<p>Prosthetic Technician (Certificate only)</p> <p><input type="checkbox"/> Full-Time Student-11 ½ mos/1450 hrs Hours: 6 hrs/day; 7-8 hrs on clinical days</p> <p><input type="checkbox"/> Part-Time Student- 23 mos/660 hrs/yr Hours: 3 hrs/day; 7-8 hrs on clinical days</p>	<p>Month prefer to start:</p> <p><input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct.</p> <p><input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar.</p>

Program Director's Approval/Signature

Date of Approval

FRANCIS TUTTLE TECHNOLOGY CENTER – HEALTH SCIENCES CENTER CRIMINAL HISTORY BACKGROUND CHECK PROCEDURES

The applicant is responsible for completing this process accurately by following the directions on page two and the instructions on the criminal history background request form.

PURPOSE STATEMENT

When considering adult applicants for admission into one of the professional Health Sciences programs, criminal history records are reviewed as they relate to the content and nature of the curriculum and the safety and security of patients and the public. In order to meet minimum requirements for admission, applicants must provide a criminal history background check (obtained not more than six months prior to the entrance date) to the school as required documentation for admission.

Applicants will provide a criminal background check for use by the school to evaluate eligibility of acceptance. This is required by clinical sites and may also be listed in the clinical contract. Disclosure of the record to the clinical site may be necessary for review, evaluation and approval.

A conviction/criminal history record does not necessarily disqualify an individual for admission. The record will be reviewed and evaluated by the program director and director of the department. An applicant will be required to repeat and re-submit a background check if it is older than six months at the time of admission to the program.

BACKGROUND CHECKS FOR CLINICAL SITES

Background checks on students are required by clinical sites to protect patients and the general public. For this reason, clinical sites require students to have background checks performed. They have the right to refuse placement of any student. The school and clinical sites reserve the right to require repeat background checks if needed.

The self-disclosure information form, background checks, and conviction records (whether in or outside the state of Oklahoma) may be provided to the clinical sites, as deemed necessary by the school or as required by the clinical site, during the period of enrollment in the academic program.

To receive a clinical placement, the student must comply with this requirement and all findings must be satisfactory according to the guidelines below.

CRIMINAL BACKGROUND CHECK AND SEX OFFENDER REGISTRY SUBJECT TO RESTRICTION FOR CLINICAL SITE PLACEMENT

Criminal history background records searches are acceptable only when:

- Conducted by the Oklahoma State Bureau of Investigation (OSBI); and/or
- Conducted by the authorized agency in the previous state of residence if the individual has resided in Oklahoma less than one year; and
- Conducted by the Oklahoma Department of Corrections Sex Offenders Registry files.

The clinical site may not allow any student to participate in clinical experiences with criminal history background check records that show the following:

- Any felony classified as a crime against the person.
- Any felony classified as a crime against public decency or morality.
- Any felony classified as domestic abuse pursuant to the provision of the Protection from Domestic Abuse Act.
- A felony violation of any statute intended to control the possession or distribution of a Schedule I through V drug pursuant to the Uniform Controlled Dangerous Substances Act.

- Any offense whereby the person is required to register pursuant to the Sex Offenders Registration Act.
- Any drug related offense.
- Any individual excluded by the Office of Inspection General (OIG) from a federal payer program.
- Any current charges pending disposition related to fraud, alcohol, drugs or crimes against persons

FURTHER DISCLOSURE

Some professional licensing, registration, or certification boards also require further information from individuals who have been convicted of a crime in connection with their determination of the eligibility of an application for licensure, registration, or certification; or even for the privilege of sitting for licensure, registration or certification examination.

DIRECTIONS

Applicants must obtain their “Name-based” records from the Oklahoma State Bureau of Investigation (OSBI) – cost is \$15. The Criminal History Request form for Oklahoma State residents is included in this document. It can also be obtained at www.ok.gov/osbi/Criminal_History/. A Sex Offender and Mary Rippy Violent Offender registry check are required as well—cost is \$2 each. Be sure to place an “X” in the appropriate checkbox of the “Type of Search Requested” box at the top of the form.

Attach the OSBI results to the completed required form: “Affirmation of Criminal History Background Check and Self-Disclosure Statement” (included in this document).

Applicants who have resided in Oklahoma less than one year must obtain their records from the authorized agencies in the previous state(s) of residence and attach them to the required form: “Affirmation of Criminal History Background Check and Self-Disclosure Statement” (cost varies).

International students are subject to the same criminal history review. It may be necessary for the student to contact his/her embassy, or utilize a commercial investigative service.

Submit the original copy of the OSBI check with the application for enrollment. An applicant’s file will not be assessed for enrollment until these records have been submitted and the file is complete.

The only allowable exception to an original document is the submission of a “true copy” of the applicant’s OSBI background check submitted by another Oklahoma State agency. The copy must be noted as a copy of an original on file, signed by an appropriate agency employee and forwarded in a sealed official envelope. No background checks will be accepted by fax or electronic transmission.

FRANCIS TUTTLE TECHNOLOGY CENTER – HEALTH SCIENCES CENTER

**AFFIRMATION OF CRIMINAL HISTORY BACKGROUND CHECK PROCEDURES
AND SELF-DISCLOSURE STATEMENT AND RELEASE OF INFORMATION FORM**

As an applicant to one of the professional Health Sciences programs, I affirm that I have read and understand the program’s Criminal History Background Check Procedures, and

I fully understand that I may be denied admission to the program based upon an evaluation of records by authorized personnel, and

I understand that any clinical facility may deny my participation in clinical experiences based upon criminal background check records. If this occurs, I will be subject to dismissal from the program.

I understand that authorized school personnel are responsible to provide a copy of the criminal history background check records (and related course documents) to a clinical site for their review, if deemed necessary.

I understand that I am responsible to report any arrests and/or convictions that may occur after submission of my Criminal History Background Check to the program director. The program director may require another background check (at my expense), if deemed necessary.

I further understand that I am responsible for self-disclosure by completing this form by answering all questions completely and honestly. I understand that I will be subject to dismissal, if accepted to the program, if answers are found to be inaccurate. In addition, I understand that failure to report subsequent arrests or convictions may result in dismissal from the program.

Self-Disclosure Statement (Check either Yes or No)

- Do you have a current criminal charge that is pending? Yes No
- Have you ever had a criminal conviction, including a deferred sentence? Yes No
- Have you ever had a professional certification or license suspended or revoked? Yes No
- Are you currently on parole, probation, or a deferred sentence? Yes No
- Are you listed on any state’s Sex Offenders Registration List? Yes No

Release of Information

My signature below indicates that I grant full permission, without recourse, for the use and release of information as necessary for the purpose explained.

Applicant Name/Signature

Signature

Date

Print Legal Name

Social Security #

Name of Program

Revised June 2019

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
<https://osbi.ok.gov/>

Type Of Search Requested:

- Name Based - \$15.00
- Sex Offender - \$2.00
- Mary Rippy Violent Offender - \$2.00
- State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:

- Fax Mail In Person

**REQUESTS WILL BE RETURNED
IN THE MANNER RECEIVED.**

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink) Results will only be returned to the original requestor

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

PHONE NUMBER _____ CITY _____ STATE _____ ZIP _____ E-MAIL ADDRESS _____

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections made with white out or by striking through the fields in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____
MAXIMUM OF THREE ALIAS NAMES PER REQUEST

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.