



DATE OF APPLICATION: _____

2019 – 2020



Program of Interest: (circle one)
 Auto Technology / Welding / Health Sciences / Criminal Justice / Construction

Ouachita Career Center Application

Sending School: _____ **Grade Level Next Year:** _____ **Date of Birth:** _____

Full Name: _____ **Nick Name:** _____

Address: _____ **Student Phone:** _____

_____ **SSN:** _____ - _____ - _____

Sending School Student email ONLY: _____

Parent/Guardian Name: _____ **Relationship:** _____

Parent/Guardian Phone: _____ **Parent/Guardian Email:** _____

Parent/Guardian Name: _____ **Relationship:** _____

Parent/Guardian Phone: _____ **Parent/Guardian Email:** _____

What career and/or further education are you most interested in after high school?

Why do you want to attend the _____ course at the Ouachita Career Center?

For Office Use Only:

- Are two letters of reference attached? (Health Sciences Only)
- Is a copy of Driver's License or other state ID attached? (Health Sciences Only)
- Is Social Security Number (SSN) listed on application? (All applicants)
- Is Date of Birth listed on application? (Health Sciences Only)

Program Assigned: _____ **Director Signature:** _____ **Date:** _____

ALL OCC APPLICANTS

I understand the following regarding the award of and withdrawal from COLLEGE CREDIT:

Upon completion of any course taken at OCC, I will receive college credit for the course if I complete the provided paperwork during class time and have my parent or guardian's signature on the Permission to Enroll in College Credit form. I will begin to build my GPA on my college transcript and if I desire to withdraw from college credit during any semester, I must do so by the college's withdrawal date. This date will be posted in my classroom and a warning announcement of the upcoming date will be made during class by my instructor. Although, I withdrawal from college credit, I may still obtain high school credit; however, the award of high school credit is determined by my sending school. Initials

I understand the following regarding SKILLS USA membership and competitions:

If I attend any program at OCC, I will be an active member of Skills USA (\$5.00 membership dues required) and if I choose to compete in Skills USA, I may be issued a blazer jacket or other uniform attire for the day of competition. If I am issued any uniform attire, I am responsible for returning the attire following the competition. Should I not return the attire, I will be charged a fee of the replacement cost. Initials

I understand the following regarding Safety and the use of Personal Protective Equipment (PPE):

During class, I will follow all rules pertaining to safety including the wearing of proper personal protective equipment required specifically for the course for which I enroll, which may include such items as clothing, shoes, and glasses. Program specific details regarding these items have been given to me today. Initials

I understand the following regarding ATTENDANCE and BEHAVIOR:

Each instructor will set his or her own attendance policy for each course based on the requirements of the skills being taught in the course. Because the course I'm applying for at OCC is more than theory-oriented lessons, attendance is of the utmost importance in order for me to master the skills and abilities that must be demonstrated in this field of study. Therefore, absences will affect my overall course grade. I am coming to workplace training and employability skills are expected to be demonstrated throughout each semester. Employability Skills assessments are being taken daily and scores are awarded accordingly. I will earn vacation days, as I will when employed in my field of study. I will be administered a paystub during each semester that will identify the rewards I have earned. My instructor will explain the earnings process to me and will provide the opportunity for me to cash in my rewards. Initials

I understand the following regarding the STUDENT HANDBOOK:

I am expected to follow a different handbook than that which is issued to me by my sending school. I will review the OCC handbook from the link located at www.coto.edu/occ, my instructor will review the handbook with me during the first days of class, I will sign acknowledgement of the book's content and of its policies, and will turn the signed notice into my instructor by the 5th day of class. I will also give my parent the link for the handbook and turn in my parent's signature in acknowledgement of these policies by the 5th day of class as well. Should I not return my signed notices by the 5th day of class, I will be dismissed from the program and another student will replace me. Initials

HEALTH SCIENCE APPLICANTS ONLY:

I understand the following regarding my application for the Health Sciences program:

If I desire to obtain my CNA certification while attending the Health Sciences program at NO charge to me, a value of \$650, I must reach my 18th birthday by April 1, 2020 and meet the minimum attendance policy requirements set by the Arkansas Department of Long Term Care. I understand there is no compromise to the attendance requirement. Additionally, I will be required to attend sixteen hours of hands-on practical experience training at a Long Term Care facility supervised by my Health Sciences instructor and that I am to provide my own transportation to and from the training facility on my assigned dates. In order to attend these sixteen hours of training, I must receive a TB skin test and Flu vaccine. If I return the permission slip provided by my instructor with the nominal payment for the TB skin test, I can receive my skin test during class hours. However, the Flu vaccination is not offered at OCC. If I choose to receive the skin test elsewhere, I must provide acceptable proof of the test results before attending the sixteen training hours. I must also provide acceptable proof of the Flu vaccination. If I do not meet the requirements for the CNA certification based on attendance violations, I will not receive college credit for the course either, as the college credit is for CNA training. I may still obtain high school credit; however, the award of high school credit is determined by my sending school. I will be issued a set of scrubs to attend my practicum trainings. These scrubs must be returned and reissued for each training date if I choose not to purchase my own set. Any scrub set not returned, will be charged the cost of replacement. If the replacement cost is not paid, my sending school will hold my grade report and transcript until the fee is paid. I may purchase a set of scrubs through my instructor should I wish not to borrow a set. I must wear a pair of clean white or black leather closed-toed and heeled shoes, a wrist watch with a minute-hand, absent of any decorative jewelry, and follow the grooming standards instructed of me during my practicum training as well. I will receive Healthcare Provider CPR and First Aid training at no cost to me. HeartSaver CPR and First Aid cannot be substituted for this training. I am required to wear a wrist watch with a second-hand and free of decorative jewelry during some lab procedures and will be given a deadline for this requirement during my first week of class. The watch is required in order to perform nurse assisting skills while in the practical lab. If I fail to have my watch for participation in these practical skills, my grade will be reduced. Initials

Only Required if Applying for the Health Sciences program:

If applying for the Health Sciences program, the following documents are required:

- 1. A copy of your high school transcript, which can be obtained from your counselor and/or registrar and should be attached to this application**
- 2. A copy of your Driver's License or State ID. The Dept. of Long Term Care requires this. If you do not have it when submitting this application, it will be required in the first week of class in the Fall.**
- 3. TWO DIFFERENT recommendation forms completed by any of your previous math and/or science teachers. (You will provide the teachers with the recommendation form. The teachers will forward your completed form to the counselors' office for them to be forwarded to our office.**

AUTO TECHNOLOGY APPLICANTS ONLY:

I understand the following regarding my application for the Auto Technology program:

I am required to wear a uniform shirt when at OCC. I will be issued the shirt and it is my responsibility to maintain it in a professional manner, free of wrinkles. This shirt costs \$20 and is due by the 5th day of class. I will wear my uniform shirt during all class meetings. Failing to wear this shirt will result in a reduction of my employability skills grade. In addition to the uniform shirt, I am responsible for wearing acceptable sturdy long pants and closed-toed shoes to all class meetings. I will be issued safety glasses that are to be maintained at OCC and are to be worn at all times while in the shop. I will be charged a \$5.00 fee for a replacement pair of safety glasses. If I supply my own safety glasses, they must be approved by the instructor. If I do not have or am not wearing the required personal protective items, I may not be permitted to participate in shop activities. Initials

CONSTRUCTION TECHNOLOGY APPLICANTS ONLY:

I understand the following regarding my application for the Construction Technology program:

I am responsible for wearing acceptable sturdy long pants and closed-toed shoes to all class meetings. I will be issued safety glasses that are to be maintained at OCC and are to be worn at all times while in the shop. I will be charged a \$5.00 fee for a replacement pair of safety glasses. If I supply my own safety glasses, they must be approved by the instructor. If I do not have or am not wearing the required personal protective items, I may not be permitted to participate in shop activities. Initials

WELDING APPLICANTS ONLY:

I understand the following regarding my application for the Welding program:

Safety is a critical element of the program and I am required to wear PPE (personal protective equipment) during all shop activities. Failing to wear PPE will result in a reduction of my employability skills grade. I am expected to wear sturdy long pants and closed-toed shoes to all class meetings. I will be issued safety glasses that are to be maintained at OCC and are to be worn at all times while in the shop. I will be charged a \$5.00 fee for a replacement pair of safety glasses. I will be issued all safety PPE during the start of the semester. I am required to return each PPE item, excluding safety glasses and gloves, at the end of my training. If I fail to return any borrowed PPE item, I will be charged for the replacement cost. If the replacement cost is not paid, my sending school will hold my grade report and transcript until the fee is paid. If I bring personal PPE to the center for use during class, it must be inspected and approved by my instructor before I will be permitted to use it. **No OCC PPE is allowed to leave campus.** If I do not have or do not wear the required personal protective items and / or uniform pieces, I will not be permitted to participate in shop activities, which will result in a reduction of my employability grade. Initials

ALL PROGRAM APPLICANTS, PLEASE NOTE: Course selection for students with IEP/504 designations is contingent upon annual review with Folder Teacher (and CTE Coordinator, if one exists in the school district). Please see your folder teacher to discuss this application.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This student is eligible to enroll at Ouachita Career Center for the 2019 – 2020 school year.

Counselor Signature: _____ Date: _____