



COMMUNITY COLLEGE  
OF BEAVER COUNTY

CCBC.EDU

## VETERINARY TECHNOLOGY ENROLLMENT GUIDE

Dear Potential Student:

You have indicated an interest in the Community College of Beaver County's School of Health Sciences select admissions Veterinary Technology program. Admission into the Veterinary Technology program is competitive. Meeting the minimum requirements does not guarantee admission into the program. For students applying to this program, you should be aware that criteria for admission consists of:

1. Completion of an online application for admission [www.ccbc.edu/admissions](http://www.ccbc.edu/admissions). You will receive an email with the next steps to complete the enrollment process.
  - o Acceptable scores on the CCBC Placement test; any remediation must be completed before starting the program.
2. Submission of your high school transcript or GED scores
3. Submission of College transcripts(s), if applicable, to Admissions.
4. Successful completion of High School equivalent courses in Biology and Chemistry with lab components, and Algebra. If not completed in High School, college level courses in these subjects are acceptable. Successful completion of these courses must be a minimum "C" grade.
5. A minimum "C" grade in any general education course is required. An overall GPA of 2.5 or higher is required for entry into the Veterinary Technology Program.
6. Applications will **NOT** be accepted without attached high school transcript or GED scores and **Animal Handling Experience Verification Form**.
7. Students who successfully complete a Veterinary Assistant program with one of CCBC's CTC partner schools may be eligible to obtain up to 10 credits towards the CCBC Veterinary Technology Program for the following courses:

CIST 100: Introduction to Information Technology      3 Credits

VETT 110: Veterinary Terminology      2 Credits

VETT 120: Intro to Veterinary Technology      2 Credits

PSYC 101: Psychology      3 Credits

Please be sure to keep your address and phone number current with the college so that contact can be made regarding your application status. Also, be sure to check your CCBC email regularly.

**After registration, complete requirements as follows:**

1. Online Veterinary Technology Application
2. Criminal Background Check - with no history.  
<https://epatch.pa.gov>
3. Child Abuse Clearance payment report - with no history of offenses.  
<https://www.compass.state.pa.us/CWIS>
4. FBI Fingerprint report - with a history of no offenses
5. Substance abuse screening
6. Diphtheria - Tetanus Toxoid Titer - **Evidence:** Date of last injection no earlier than 10 years before entering the program.
7. Physical examination form that is contained in this packet.
8. Animal Handling Experience Verification Form

**Please submit the above information to:**

Taylor Ball CVT  
Veterinary Technology Program Director  
Email: [taylor.ball@ccbc.edu](mailto:taylor.ball@ccbc.edu)

**\*Please submit all information at once. DO NOT send in multiple emails.**

**The start of the program is provisional until all 8 requirements are turned in.**

\*\*Applicants will not be admitted or progress in the Veterinary Technology program if they have been charged with or convicted of a felony, unless the charge is resolved at a lower level that is acceptable (i.e., misdemeanor). Please contact the Dean of the School of Health Sciences with any questions.

\*\*To successfully complete the program, it is necessary for all program objectives to be achieved. To meet the objectives, students are required to complete clinical hours in animal care facilities and / or farms for which we have affiliating agreements. Per such agreements, we must deny approval for students to deliver care if they have been convicted of certain offenses. Therefore, individuals may not be admitted or progress in the program if the criminal history record indicates the applicant has been convicted of any of those offenses.

## **Additional Program Costs Assumed by the applicant:**

1. Health care insurance is highly recommended for all people accepted into the Veterinary Technology program. Some clinical facilities may require proof of current medical insurance. If you are scheduled at a facility that requires proof of health insurance and you do not have it, you will not be permitted in the facility, will not meet clinical objectives for the program and will not be able to continue in the program. Students are responsible for medical expenses incurred in preparation for the program and while a student in the program.
2. Transportation - Students are responsible for their own transportation to and from school and the clinical site.
3. Uniform – **See student handbook for full Vet Tech uniform policy**
  - Uniform scrubs purchased through the CCBC bookstore. Because the activity required in veterinary technology frequently involves bending, lifting, and restraining fractious animals, NO LOWRISE scrub pants are permitted. Scrub pants will be fitted such that they sit above the hips, and the student does not need to continually adjust them. Likewise, scrub tops will be correctly fitted to allow ease of movement without restriction.
  - Muck/Rubber boots may be required for clinical rotations involving large animal care.
  - As part of the required dress code, students are expected to have the following accessories with them at appropriate times:
    - A black or blue ink pen
    - A wristwatch with a second hand
    - Stethoscope
    - Basic calculatorThese items are not supplied by the program.

**COMMUNITY COLLEGE OF BEAVER COUNTY**  
**SCHOOL OF HEALTH SCIENCES**  
**IMMUNIZATION AND ABUSE SCREENING GUIDELINES**

Immunization or Test	Appropriate Evidence
Diphtheria - Tetanus Toxoid Titer	Evidence: Date of last injection no earlier than 10 years before entering the program.
Rabies Pre-exposure Vaccination Series	<p>According to the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), veterinary technology students fall under Rabies Risk Category 3. For individuals in this risk category, the ACIP recommends pre-exposure rabies vaccination (two-dose series, administered on days 0 and 7). This vaccination is not elective for the student; it is a required component of their training to ensure their safety and the safety of the animals and clients they will encounter.</p> <p>All students admitted to the Veterinary Technology Program will complete the rabies pre-exposure vaccination series. Vaccination dates will be coordinated by the Program Director, and the cost of the series is included in the student enhancement fees.</p> <p>For more information:</p> <ul style="list-style-type: none"> <li>• <a href="https://www.cdc.gov/vaccines/hcp/current-vis/rabies.html">https://www.cdc.gov/vaccines/hcp/current-vis/rabies.html</a></li> <li>• <a href="https://www.cdc.gov/rabies/index.html">https://www.cdc.gov/rabies/index.html</a></li> <li>• <a href="https://www.who.int/health-topics/rabies#tab=tab_1">https://www.who.int/health-topics/rabies#tab=tab_1</a></li> </ul>

**Substance Abuse Screening:**

Students in all School of Health Sciences programs will be subject to random substance abuse screenings. In addition, students entering the Veterinary Tech program will be required to complete Substance Abuse Screenings before admission into the program. Positive screenings will result in an inability to enter the program and/or complete clinical experiences or externships which will result in failure of the program.

The School of Health Sciences has entered into an agreement with ADMIT Medical Testing to complete randomized screenings. Students may also obtain pre-entrance screenings at this facility at a cost of \$45. They accept cash only. Please call or email to schedule an appointment. Results will be sent directly to the Dean. **(Please refer to ADMIT Medical Testing Handout)**

ADMIT Medical Testing  
3401 Brodhead Rd  
Aliquippa, Pa 15001  
724-770-0710 Phone

**Students may also obtain a substance abuse drug screen (9 panel or greater) at a physician's office or other healthcare provider. Results must be sent from the facility directly to the Dean, Tina Gallup at [tina.gallup@ccbc.edu](mailto:tina.gallup@ccbc.edu) or fax to 724-480-3514.**

**COMMUNITY COLLEGE OF BEAVER COUNTY**  
**SCHOOL OF HEALTH SCIENCES CLEARANCE GUIDELINES**

**Eligibility for All School of Health Sciences Programs:**

Criminal Record Report obtained within no more than 1 year from the beginning of the first course with no history of criminal offenses.

<https://epatch.pa.gov>

If history of criminal offense(s), the student cannot register until approval received from the Dean of the School of Health Sciences. Students will not be admitted with any felony charge or conviction.

Child Abuse Clearance Report obtained within no more than 1 year from the beginning of the first course with no history of offenses:

<https://www.compass.state.pa.us/CWIS>

Federal (FBI) Criminal History Report (CHRI) obtained within no more than 1 year prior to entrance into the first course with no history of offenses:

If there is a history of criminal offense(s), the student cannot register until approval received from the Dean of the School of Health Sciences. Students will not be admitted with any felony charge or conviction.

**SCHOOL OF HEALTH SCIENCES READMISSION REQUIREMENTS:**

Repeating titers are **not** necessary if previous titers were positive and returning within one year.

Physical exam within one year of re-entrance.

PA Criminal Record, Child Abuse Clearance, and Federal (FBI fingerprint) Criminal History Report must be repeated if student does not return within one year.

Drug Screen within 6 months of re-entry.

Revised 8/24, 3/21, 2/20, 9/19, 2/19

## FINGERPRINT CRIMINAL RECORD CHECKS



Resulting from Act 73, which amended the Pennsylvania Child Protective Services Law, some clinical affiliate sites require fingerprint criminal record checks for all students and faculty. Please complete this requirement according to the information below.

1. Register with IdentoGo **prior** to going to the fingerprint site. You can register online at <https://uenroll.identogo.com/>
2. Enter Service Code 1KG756. Click on Schedule or Manage Appointment. Complete information on each screen as requested.
3. Make the payment online by using a credit card or debit card.
4. Go to the Beaver Valley Intermediate Unit at 147 Poplar Drive, Monaca, for fingerprints. It is located by the Beaver Career and Technical Center. Directions are on the BVIU website at <https://www.bviu.org/>.
5. Take your registration confirmation number (or social security number) and a valid photo ID with you to the BVIU at your scheduled time.
6. If you have any questions, please contact the Beaver Valley Intermediate Unit at 724-774-7800.

### **Inquiries or Questions:**

Applicants in need of additional information regarding the process, including print locations are encouraged to visit IdentoGo website at [www.identogo.com/locations/pennsylvania](http://www.identogo.com/locations/pennsylvania), which also includes a list of Frequently Asked Questions or contact Customer Service at 844-321-2101.



## **ADMIT Drug Testing Service**

3401 Brodhead Road

Aliquippa, Pa 15061

Alan@admitmedical.comcastbiz.net

724-770-0710

**Call or email before arrival!**

**Cost \$45 CASH ONLY**

**Test takes 10 minutes**

Hours may vary from 8:30am - 3:30pm

Monday – Friday, possibly be closed for lunch

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Please remember to bring an acceptable form of ID, such as your driver's license. It is a urine drug test, so please hydrate accordingly.

**Tell them you are from the CCBC Health Sciences Program.**

They email the results to [tina.gallup@ccbc.edu](mailto:tina.gallup@ccbc.edu)

**COMMUNITY COLLEGE OF BEAVER COUNTY  
SCHOOL OF HEALTH SCIENCES STUDENT HEALTH RECORD  
VETERINARY TECHNICIAN PROGRAM**

**Section I: To Be Completed by Applicant.**

NAME: \_\_\_\_\_  
(Last) (First) (Middle) Student ID Number

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

I \_\_\_\_\_ do hereby authorize Community College of Beaver County to release my medical information to hospital affiliates for the purpose of clinical instruction.

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

**Section II: To be completed by physician/licensed clinician only. Please provide copies of Tests/Immunizations to applicant. All titers and vaccines must include applicant name, Date of Birth, date of titer and/or vaccine administration date.**

1. Diphtheria – Tetanus Toxoid (Adult Type TD or single dose of Tdap if not previously received)
  - Date of latest immunization: ***(Must be current within the last ten years).***
2. PrEP series with two doses of rabies vaccine, seven days apart, to provide protection for up to three years. In addition, either of the following also is recommended:
  - A one-time antibody titer check between one and three years after the primary two-dose series, then a booster if the titer is less than 0.5 IU/mL
  - A single booster between three weeks and three years after the first dose in primary series was given.

*\*\*Please note that students are required to obtain a Substance Screen before beginning clinical rotations. This will be obtained through (Quest Diagnostics)*

**School of Health Sciences Student Health Record:**

CLINICAL EVALUATION: (WNL) Normal (X) Abnormal (O) Not Examined

**NOTE: Please comment on any abnormal findings.**

- 1. Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_
- 2. General Appearance \_\_\_\_\_
- 3. Nutrition \_\_\_\_\_
- 4. Skin and Lymphatics \_\_\_\_\_
- 5. Head \_\_\_\_\_
- 6. Eyes (General) \_\_\_\_\_
- 7. Funduscopic \_\_\_\_\_
- 8. Ears (Canals and Drums) \_\_\_\_\_
- 9. Nose \_\_\_\_\_
- 10. Mouth, Throat \_\_\_\_\_
- 11. Teeth \_\_\_\_\_
- 12. Neck and Thyroid \_\_\_\_\_
- 13. Chest (General) \_\_\_\_\_
- 14. Breasts \_\_\_\_\_
- 15. Lungs \_\_\_\_\_
- 16. Heart \_\_\_\_\_
- 17. Abdomen \_\_\_\_\_
- 18. Genitalia (Hernia) \_\_\_\_\_
- 19. Rectum, Prostate \_\_\_\_\_
- 20. Neurological (Reflexes) \_\_\_\_\_
- 21. Back and Spine \_\_\_\_\_
- 22. Extremities \_\_\_\_\_
- 23. Peripheral Vascular \_\_\_\_\_
- 24. Psychiatric, Emotional \_\_\_\_\_

**PROGRAM PARTICIPATION:**

Does this student have **any mental or physical problems or limitations** which might affect class attendance or participation in clinical activities? Please refer to the Functional Abilities attachment.

Yes, \_\_\_\_\_ No \_\_\_\_\_

Explain restrictions: \_\_\_\_\_

**Print or Type:** Physician/Licensed Health Care Provider Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_  
Physician/Licensed Health Care Provider Signature

\_\_\_\_\_  
Date

**Veterinary Technician Program**  
**Animal Handling Experience Verification Form**

To ensure that students gain a complete understanding of the Veterinary Technician profession, there is a mandatory observation period of at least 4 hours of shadowing at a veterinary clinic. The 4 hours of shadowing can be done at more than one veterinary clinic. Attendance must be verified by the Veterinarian's signature below. \*\* If you are currently employed at a Veterinary practice, you must have the Veterinarian sign below, indicating that you are an employee.

If you have successfully completed a Veterinary Assistant program, you must have the program director sign below.

Applicants' observation hours must have been completed within the past year. Additionally, the current observation hours are only valid for this year's application and may not be used again for future applications. This form **must be submitted with your Veterinary Technology application, no later than August 15<sup>th</sup> of each year.**

Student's Name: \_\_\_\_\_

ID: \_\_\_\_\_

Veterinary Shadow Site: \_\_\_\_\_

Date(s) of Attendance: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

\*\*If an applicant is an employee at a veterinary practice, indicate the amount of time that the student has been employed there and a brief description of current duties:

Signature of Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* If an applicant has successfully completed a Veterinary Assistant program.

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

## Course Curriculum Sequence

<b>First Semester</b>		
VETT 100	Veterinary Anatomy & Physiology	4 Credits
VETT 110	Veterinary Terminology	2 Credits
VETT 120	Intro to Veterinary Technology	2 Credits
CHEM 106	Principles of Chemistry	4 Credits
MATH 130	College Algebra	3 Credits
		Total = 15 Credits
<b>Second Semester</b>		
VETT 130	Animal Management & Nutrition	2 Credits
VETT 140	Veterinary Clinical Lab and Parasitology	4 Credits
VETT 150	Diagnostic Imaging	2 Credits
BIOL 215	Microbiology	4 Credits
		Total = 12 Credits
<b>Third Semester</b>		
VETT 200	Large Animal Nursing	3 Credits
CIST100	Intro to Technology	3 Credits
		Total = 6 Credits
<b>Fourth Semester</b>		
VETT 210	Animal Disease	3 Credits
VETT 220	Veterinary Pharmacology	4 Credits
VETT 230	Small Animal Nursing	4 Credits
WRIT 101	Writing 1 / English Comp	3 Credits
		Total:14 Credits
<b>Fifth Semester</b>		
VETT 240	Veterinary Dental Techniques	3 Credits
VETT 250	Veterinary Surgical Nursing	4 Credits
VETT 255	Lab Animal Science and Exotics	2 Credits
PSYC101	Psychology	3 Credits
		Credits 12
<b>Sixth Session</b>		
VETT 256	Veterinary Technician Externship*	4 Credits
VETT257	Vet Tech Certification Prep Course	2 Credits
		Total = Credits 6
Program Total Credits: 65		

\*240 hours of clinical experience are needed according to AVMA. This clinical externship will run over 12 weeks.