



<p>For Admissions use only.</p> <p>Received By: _____</p> <p>Date: _____</p>

Return this form to:
 Admissions Registration, and Records.
 View submission instructions below.

Orthopaedic Technology (Ortho Tech) Program

Diploma (Fall Start) Certificate (Spring Start)

First Name _____ Last Name _____

Durham Tech Student ID Number _____ Date _____

ConnectMail Email Address: _____

NOTE: All official communication from the college is delivered via ConnectMail, including Health Technology admissions decisions.

**Ortho Tech program applications are accepted throughout the year.
 Enrollment deadlines refer to applying to the College.**

Email [Dorothy Yates](#) if you have questions.

Submit **completed** application packets electronically to Admissions, Registration, and Records (**not to** Health and Wellness). Follow the [instructions to submit electronic documents](#) using our secure system. Acceptable digital formats include PDF, JPEG, TIFF, GIF, and PNG. No faxed or emailed applications will be accepted.

CHECKLIST:

All steps below are **required**. Please **check** that each item is completed.

- Attend an Ortho Tech Information Session (view the list on the program web page)

Enroll at Durham Technical Community College

View [College enrollment steps](#) on the website.

- I am currently admitted to Durham Tech.
Note: If you have not been enrolled with Durham Tech within the last 12 months, you must reapply to Durham Tech using the [CFNC application](#).
- I have submitted an official transcript(s) from high school or college.
 Submit to Admissions, Registration, and Records, located in the Wynn Center (Building 10), room 10-201
Note: If official transcripts were submitted upon enrollment at the College, there is no need to resubmit them for admittance into the OTC program, **unless** additional courses have been completed.
- I have applied for Financial Aid (recommended but not required).
- I have attended a ConnectSession (Student orientation)
Note: Prospective students with 12 or more college credit hours transferred to Durham Tech are not required to attend a ConnectSession, but it is recommended.

Meet Course Placement Requirements the Diploma and Certificate

Students must demonstrate they are college ready in one of the following ways (*check one*):

- Provide proof of unweighted US high school GPA of 2.8 or higher within the last ten years
- Transfer credit for English and math (college-level algebra)
- Provide proof of completion of an associate’s or bachelor’s degree
- Provide proof of satisfactory scores on ACT, SAT, GED, HiSET, NCDAP, COMPASS, ASSET, or ACCUPLACER scores

within the last ten years

- Demonstrate mastery on RISE English placement test 2 and RISE Math placement test 2; **OR** successfully complete ENG-002 through Tier 2 (grade of P2) and MAT-003 through Tier 2 (grade of P2)

Additional Admissions Requirements for the Certificate:

Students entering the Ortho Tech Certificate must have evidence (e.g. letter from employer on letterhead and copy of current resume) of at least one year of experience as one of the following:

- Certified Athletic Trainer
- Certified Medical Assistant
- Certified Nurse Aide
- Emergency Medical Technician
- Physical Therapy Assistant
- Occupational Therapy Assistant
- Exercise Science professional (e.g. exercise physiologist)
- Other hands-on experience in an orthopaedic or other medical office
- Military medic

Additional Required Documents for the Diploma and Certificate:

Students must provide all of the documents listed below with the completed application:

- I have signed the Clinical Training Form (attached below)
- I have signed the English Language Requirement Form (attached below)
- I have signed the Essential Skills Form (attached below)

Statement of Student Responsibility

I verify that I have read all the information regarding admissions to the Orthopaedic Technology program, and understand the steps I must take to qualify for admissions. I understand that it is my responsibility to notify Admissions, Registration, and Records regarding changes in name, address, or phone number.

I understand that all official communication from the college is delivered via ConnectMail, including Health and Wellness admissions decisions.

I understand that my Orthopaedic Technology application will not be accepted unless everything is completed.

Signature _____ Date _____

Orthopaedic Technology Program Essential Skills For Admission and Progression Physical and Psychological Requirements

Students applying to the Orthopaedic Technology program must demonstrate sufficient physical and emotional health to be considered fit to participate in academic education and laboratory experiences, and to practice clinically with the public in a safe and effective manner.

ISSUE	STANDARD	EXAMPLES OF NECESSARY ACTIVITIES (not inclusive)
CRITICAL THINKING	Critical thinking ability sufficient for problem solving and clinical judgment.	<ul style="list-style-type: none"> • Identify cause and effect relationships in clinical situations • Understand and participate in appropriate interventions to reduce treatment errors • Consider and handle multiple priorities efficiently
INTERPERSONAL SKILLS	Interpersonal abilities sufficient to interact appropriately with individuals from a variety of backgrounds.	<ul style="list-style-type: none"> • Establish rapport with health care workers and patients • Cope effectively with stress in the workplace • Demonstrate a high degree of patience
COMMUNICATION	Communication abilities sufficient for professional oral and written interactions.	<ul style="list-style-type: none"> • Give formal/informal reports • Interact with patients and health care workers
MOBILITY	Physical abilities sufficient to move throughout facilities and within small spaces of exam rooms.	<ul style="list-style-type: none"> • Move around efficiently in work areas, corridors, and patient care areas • Stand for excessive periods of time • Squat, reach above head, lift, push, pull • Walk the equivalent of 5 miles daily at work
MOTOR SKILLS	Gross and fine motor abilities sufficient to provide safe and effective orthopaedic services.	<ul style="list-style-type: none"> • Maintain and use equipment and tools involved in orthopaedic care • Utilize gross, fine motor skills and repetitive movements
HEARING	Auditory ability sufficient to maintain work environment	<ul style="list-style-type: none"> • Hear equipment alarms, emergency signals, etc., • Hear telephone communications
VISION	Visual ability sufficient for observation and accuracy in orthopaedic practice.	<ul style="list-style-type: none"> • Inspect orthopaedic products for signs of degradation • Read fine print
TACTILE	Tactile ability sufficient for orthopaedic practice activities.	<ul style="list-style-type: none"> • Perform manipulations involving manual dexterity or passive range of motion
EMOTIONAL	Emotional stability sufficient to maintain composure in stressful situations.	<ul style="list-style-type: none"> • Interact appropriately with peers, patients and supervisors at all times, including high stress, fast paced and/or undesirable situations • Receive corrective feedback calmly
ENVIRONMENTAL	Ability to tolerate environmental stressors.	<ul style="list-style-type: none"> • Adapt to variations in work schedule • Work in situations that require wearing protective garments including masks and other PPE • Work in areas that are close or crowded

A prospective student with a disability that may impact their ability to perform one or more of these skills, provide patient care, or participate in other job activities, is encouraged to contact an [Accessibility Services](#) counselor for assistance.

I certify that I have read the Essential Skills for Admission and Progression form. I certify that I understand the physical

and psychological requirements for orthopaedic technology professionals. I have assessed my ability to perform these skills and am able to demonstrate these essential skills.

Name (print) _____

Student ID# _____

Signature _____

Date _____

Statement of Policy Regarding Acceptance for Clinical Training in the Following Programs at Durham Technical Community College

Associate Degree Nursing	Medical Assisting	Orthopaedic Technology
Anesthesia Technology	Medical Product Safety and Pharmacovigilance	Pharmacy Technology
Clinical Trials Research Associate	Practical Nursing	Respiratory Therapy
Health Information Technology	Occupational Therapy Assistant	Surgical Technology

Students accepted into the above programs must meet the standards of both the College and the affiliated clinical sites in order to participate in the appropriate clinical training for the program. Each clinical site where a student receives training reserves the right to refuse clinical training to any student found to be unacceptable according to that site's policies and regulations. **Clinical sites require a Criminal Background Check (CBC) prior to the student's placement for training at that site.**

Reasons for refusal could include, among other considerations, a documented criminal background check indicating convictions for drug or alcohol related charges, child abuse or molestation, burglary, larceny, or other convictions deemed inappropriate to the particular clinical setting. In addition, students may be required to submit to a 12-panel drug screening per the clinical site's requirement.

The student must conform to and be subject to all policies and regulations of the assigned clinical site. The site reserves the right to end clinical training of any student whose performance violates rules, policies, procedures or professional standards expected by the agency. Written justification from the clinical site will be provided to the college for such suspension. The clinical site and college personnel reserve the right to take appropriate immediate action, when necessary, to maintain the proper and safe operation of its facilities and the safety of clients in the clinical setting.

Criminal Background Check and Drug Screening: When students are admitted into the program of study, the student receives the CBC and drug screening information and directions: The criminal background check will include reports from all states where the student has lived, worked, or gone to school from the date that they turned eighteen (18) years of age. The CBC will include both felonies and misdemeanors. The National Sex Offender Registry is included in the CBC. Flagged reports are sent directly from the designated CBC vendor to the clinical sites. Durham Tech does not retain copies of the results. **Note: Please do not get this report from your local police department.** The drug screening is a 12-panel test.

Students will pay a fee directly to a designated vendor for the CBC and drug screening.

Additional information on the [Criminal Background Check requirement](#) may be obtained from the Durham Tech website.

I verify that I have read and fully understand the Statement of Policy Regarding Acceptance for Clinical Training at Durham Technical Community College. I also understand that a criminal background check and/or drug testing will be required for placement in clinical training sites for Durham Technical Community College.

Name (Print) _____ Student ID# _____

Program of Study _____

Signature _____ Date _____

Durham Technical Community College English Language Requirement Form

All health care workers (native and non-native U.S. English speakers alike) are expected to use clear communication skills in the workplace. Students whose native language is not U.S. English are expected to demonstrate "near native" U.S. English language abilities. To confirm this ability, all students entering a Health Technologies program are required to meet the English language requirement.

Students meeting the following criteria must comply with this revised requirement:

1. Students who applied to a Health and Wellness program on or after January 1, 2016, **OR**
2. Students who applied to a Health and Wellness program before January 1, 2016, but have not yet met the previous English language requirement.

Please check the **ONE** that applies:

- I have only attended a U.S. high school, and my first language is U.S. English.
- I have attended school outside the United States.
- My first language is not U.S. English.

If you checked the first checkbox, please sign here. There is nothing further that you need to do.

I understand that this is an official Durham Technical Community College document and that any falsification on this document may result in disciplinary action according to the Student Code of Conduct.

My signature below indicates that I am responding truthfully.

Student Name (print): _____ Student ID: _____

Student Signature: _____ Date: _____

If you checked the second or third checkboxes, you must meet the English Language Requirement by successfully completing **one** of the following options listed on the following page.

1. Take the Duolingo English Test and score 100 points or higher **or**
2. Take the Test of English as a Foreign Language (TOEFL), iBT version (obtain a score of 22 in listening and above 26 in speaking **or**
3. Complete EFL 055 OR EFL 064 and other EFL courses as recommended or required by placement testing (obtain a score of 80% or above).

Note: Scores for the above tests and classes are valid for up to 5 years.

I understand that this is an official Durham Technical Community College document and that any falsification on this document may result in disciplinary action according to the Student Code of Conduct.

I checked the second or third checkboxes; however, I have met the English Language Proficiency Requirement as follows:

- I have taken the Duolingo English Test and scored 100 points or higher.
- I took the Test of English as a Foreign Language (TOEFL), iBT version and scored above 22 in listening and above 26 in speaking.
- I have completed one or more EFL curriculum courses in the areas listening/speaking and have scored an 80% or higher.

My signature below indicates that I am responding truthfully.

How to complete this section: Fill in your name but **no other information** in the admissions application and email it to wilderp@durhamtech.edu. She will sign it and return it to you. You can then complete the application and submit it electronically (see instructions at the top of the application).

Student Name (Print): _____ Student ID: _____

Student Signature: _____ Date: _____

EAP Representative Name/Title _____

EAP Representative Signature: _____ Date _____