

Michigan Department of Licensing and Regulatory Affairs
Corporations, Securities & Commercial Licensing Bureau
Schools and Licensing Section
P.O. Box 30018, Lansing, MI 48909
517-241-9221
www.michigan.gov/pss

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

APPLICATION FOR PROGRAM OR CURRICULUM ADDITION OR DELETION

AUTHORITY: 1943 PA 148
PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION

School Name Phlebotomy Career Training		Telephone/E-mail 3138262381	
Address 28050 Ford Rd	City Garden City	State MI	ZIP Code 48135

Contact Name
Nancy Kimmel

DELETION OF A PROGRAM - Name of program to be deleted and date of last class.

ADDITION OF A NEW PROGRAM OR CURRICULUM

Name of Program: Mental Health Technician

- Enclose the following information:**
- Proposed program or new curriculum additions.
 - List of equipment supplied by students.
 - List of equipment supplied by the school.
 - Position description, including job duties, license or certification requirements, minimum education and work experience requirements, for **each** instructional and administrative position related to each of the programs listed.
 - Proof of accreditation, if applicable.
 - Health Inspection, if applicable.
 - Medical Waste Producing Facility Registration, if applicable.

FEE PAYMENT INFORMATION (Check One Box)	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/> Deletion of a Program Fee \$0.00		
<input checked="" type="checkbox"/> Addition of a Program Fee \$710.00	8603-01 = \$710.00	

Make your check or money order in U.S. Currency payable to:
STATE OF MICHIGAN

FEES ARE AUTHORIZED BY 1943 PA 148

VERIFICATION AND SIGNATURE

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

Nancy Kimmel Nancy Kimmel 1/10/18
Printed Name and Signature Date

Sign Below Where Applicable

Programs including Clinicals, Internships or Externships - I hereby attest that the program(s) listed has less than 50% of the program hours dedicated to clinicals, internships or externships. I am aware I must provide the information on who arranges and who supervises the clinical, internship or externship, as well as where it will be held and whether it is paid or unpaid. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature Date

Programs Requiring Additional Inspections - I hereby attest that all additional required inspections and registrations have been obtained. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature Date

Emergency Medical Services Program (Paramedics, EMT, First Responders) - I hereby attest that the program(s) listed has the joint approval required from the Michigan Department of Health and Human Services. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature Date

Nurse Aide or Nursing Programs - I hereby attest that the curriculum for the program(s) listed has the joint approval from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature Date

Real Estate, Appraisal and Builders Programs - I hereby attest that the curriculum for the program(s) listed has the joint approval required from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature Date

Massage Therapy Program - I hereby attest that the massage therapy curriculum for the program(s) listed is compliant with the administrative rules promulgated by the Bureau of Professional Licensing, Board of Massage Therapy and meets the requirements of the rules (R 338.705 and R 338.707). I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature Date

PROPOSED PROGRAM OR NEW CURRICULUM TO BE OFFERED
COMPLETE FOR EACH PROGRAM BEING OFFERED

Program Title Mental Health Technician			
	Course Title	Number of Clock Hours of Instruction	Credit Hours (Accredited schools only)
Course 1	Introduction to mental health	20	
Course 2	Mental health across the the life span	20	
Course 3	Understanding the DSM VI	20	
Course 4	Substance Abuse Behaviors	20	
Course 5	Schizophrenia and Bipolar disorders	20	
Course 6	Staff Interaction, protocol, emergency	20	
Course 7	Suicide: children/adolescent/adult	20	
Course 8	How to conduct a therapeutic interview	20	
Course 9	Psychiatric medications/ side effects	20	
Course 10	Abuse signs and symptoms	20	
Course 11	HIPAA regulations	20	
Course 12	Mock interview sessions	20	
Course 13	Friend or Family member interview assignment	20	
Course 14	Comprehensive Student Assessment	35	
Course 15	Final Exam	5	
Course 16			
Course 17			
Course 18			
Course 19			
TOTALS			

Attach additional pages if necessary.

Phlebotomy Career Training

Mental Health Technician

Program Syllabus

2018

Instructor Name: Nancy Kimmel RN, BS, MSN-FNP-BC

Department Name: Health Careers

Office/Classroom Location: Garden City, MI

Phone Number: 734-762-3220

Email Address: phlebotomycareertraining@gmail.com

Instructor Office Hours:

M-F: 2:00-3:15 pm, please schedule an appointment.

Student Hours:

Monday – Friday (10 weeks)

Class Hours: 7:05 am – 1:50 pm

Break: 9:05am – 9:20am

Lunch: 11:20am – 11:50am

Note: It is important that students come to school every day on time and follow school policies regarding attendance, tardiness, makeup work, dress code, conduct & professionalism. Please refer to the PCT

Student Handbook; PCT Code of Conduct; & the

Program Name: Mental Health Technician

Program Description: This program prepares students for employment as a Mental Health Technician

Students will be prepared to work with individuals

who are experiencing substance abuse, mental illness and

developmental disabilities in the acute care, residential, community or

nursing home settings. Upon passing the program the student will receive a Mental Health Technician certificate.

Program Requirements: High School Diploma, 18yrs of age or older,

Policy/ Student Attendance: See catalogue

- Psychiatric Mental Health Nursing, Videbeck, 6th Edition

Required Materials/Supplies purchased by students:

- Uniform: Caribbean Blue scrub top
- Shoes: black or white shoes, sneakers with white or black ankle socks to match shoes

All required books will be supplied through PCT as part of course tuition.

Stop by during operational hours for pricing and purchasing information.

Grading System:

A 90 - 100%

B 80 - 89%

C 70 - 79%

D 60 - 69%

F 0 - 59%

I Incomplete

Additional Program Specific Grading Information:

Course Tests 90 %

Quizzes, Class Participation and 10%

Professionalism 10%

Student will be able to:

- Demonstrate knowledge of the healthcare delivery system and health occupations.
- Demonstrate the ability to communicate and use interpersonal skills effectively.
- Demonstrate legal and ethical responsibilities.
- Demonstrate an understanding of and apply wellness and disease concepts.
- Recognize and practice safety and security procedures.
- Recognize and respond to emergency situations.

- Recognize and practice infection control procedures.
- Demonstrate an understanding of information technology applications in healthcare.
- Demonstrate employability skills.
- Demonstrate knowledge of blood borne diseases, including HIV/AIDS
- Apply basic math and science skills.

- Provide personal patient care
- Perform patient care procedures
- Apply principles of nutrition
- Provide care for geriatric patients
- Apply the principles of infection control
- Provide biological, psychological, and social support
- Perform supervised organizational functions, following the patient plan of care
- Assist with restorative (rehabilitative) activities
- Perform skills related to the hospital setting (optional)

Student will be able to:

- Demonstrate and implement knowledge of mental health, mental illness, including substance use/abuse and addiction.
- Identify the spectrum of interventions and treatment for mental health problems and the types of delivery of care in the stabilization and rehabilitation of the mental health patient.
- Demonstrate an understanding of various mental health disorders, observable signs and symptoms and general interventions to be implemented by the mental health technician.
- Provide therapeutic communication, knowledge of therapeutic relationship, and support for the mental health patient.
- Perform skills and documentation related to caring for and supervising the mental health patient in various types of treatment settings.
- Implement crisis intervention techniques and emergency services if necessary in the mental health

setting.

- Participate as a member of a multidisciplinary team in the planning and implementation of care and treatment for individual patients.
- Provide patient education and information on the various resources and support groups available for the mentally ill, substance using or addictive client and family members.
- Conduct individual, group and family presentations / discussions to facilitate patient recovery and wellness.
- Perform pharmacological aspects of care as directed (residential and assisted living facility settings).

List of equipment supplied by the students;

Caribbean Blue scrub top and bottom

Shoes: Black or white shoes, sneakers, with black ankle socks

Negative TB within 1 year

State Wide Criminal Background check

Pens/pencils, notebook, writing paper

Access to the internet for assignments/reading

WiFi password when students are at school is, "raisinbran"

Computers are available in the computer lab : between the hours of 9-3pm daily for student use.

Students may use the WiFi associated with the school to access coursework through their I-phones, Android, I-Pad, Mac-Book, or any hand held device that connects to the internet.

List of equipment supplied by the school

TextBook: Psychiatric Mental Health Nursing, Videbeck, 6th Edition

Student Catalogue

Audio/Visual: computer/TV/monitor

White board, markers

Tables, chairs

Hospital beds

Restraints

Human anatomy diagram

IV poles

Simulated hospital rooms

Simulated group activities modules, such as drawing supplies, puzzles, books

Position Description: The position of Mental Health Technician is one that includes instructing, mentoring and giving homework to students, checking tests, arranging for student assessments, answering student's questions in a knowledgeable manner, taking morning attendance and after lunch attendance. Recording final grades.

License or Certification Requirement: None

Minimum Education: HS diploma

Work Experience: 2-3 years experience as Mental Health Technician

Proof of accreditation: N/A

Health inspection: N/A

Med waste producing facility: certificate on file.