

Automotive Technology

The Automotive Technology program provides instruction in current methods of service and repair of automobiles. Students are taught the use of manuals and how to utilize available resources to assist in diagnosis and corrections of automotive problems. They are instructed in the proper use of equipment and tools. Throughout the course, students are prepared to take the ASE Certifying examinations, which is offered twice per year in the Knoxville area. The Automotive Technology program is accredited by the National Automotive Technicians Education Foundation (NATEF) to the Master Automobile Service Technology (MAST) level in all areas of training.

Program/Location	Length	Days	Time
Day Program/ Knoxville Campus	20 Months	Monday-Friday	8:00am—2:30 pm
Night Program/Knoxville Campus	20 Months	Monday-Friday	3:30 pm—10:00 pm

Course Outline

1st Trimester

Introduction and Safety

Technology Foundations

MOPAR Career Automotive Program (CAP)

OSHA 10 Training

Intro to Electrical/Electronic System

Engine Repair

2nd Trimester

Suspension and Steering

Brakes

3rd Trimester

Engine Repair

Heating and Air Conditioning

4th Trimester

Automatic Transmissions/Transaxles

Manual Drive Train and Axles

5th Trimester

Engine Performance

Typical Job Opportunities

Dealership/Independent Technician Specialist Technician Service Advisor

Parts Specialist

Completion Awards

MOPAR CAP Local Training Certificate—432 hours

Technician Assistant Certificate—completion of Safety & Orientation, OSHA 10 Training, Electrical, Brakes, and Steering & Suspension

Technician Apprentice Certificate—completion of the above areas and Heating & Air Conditioning

Master Technician Diploma—completion of all the above areas and Automatic Transmissions/Transaxles and Engine Performance

Placement Rate for 2016 = 91%

HOW TO APPLY

All Documents Must be Presented Together to Apply

- 1. FAFSA—Provide Proof of Completed FAFSA
 School Code = 004025
- 2. Immunizations—Provide Proof of Required Immunizations (Form is Attached)
- 3. Complete TCAT Application for Enrollment (Form is Attached)



Automotive Technology

Book, Tool, and Supply List

1st Trimester					
ition			Cost		Total
Tuition*		\$1	L,139.00		
Technology Access Fee*		\$	67.00		
Student Activity Fee*		\$	10.00		
ASE Exam and Registration Fee		\$	114.00		
TOTAL					\$1,330
ok	ISBN		Cost	Required	
CDX Fundamentals of Automotive Technology with 2 yr access par	9781284059465	\$	355.00	х	
BUNDLE: DATO: Diagnostic Scenarios for All 8 Automotive Areas	9781133601647	\$	240.00		
Engine Performance DATO Scenarios (included in bundle)	9781111034771			х	
Electricity DATO Scenarios (included in bundle)	9781111034740			х	
Engine Repair DATO Scenarios (included in bundle)	9781111034863			х	
Brakes DATO Scenarios (included in bundle)	9781111034801			х	
Steering and Suspension DATO Scenarios (included in bundle)	9781111034832			х	
HVAC DATO Scenarios (included in bundle)	9781111034894			х	
Manual Transmission DATO Scenarios (included in bundle)	9781111034955			х	
Automatic Transmission DATO Scenarios (included in bundle)	9781111034924			х	
TOTAL					\$59
pplies	Needed By		Cost	Required	
3 Dickies Charcoal 874 Work Pants	First day of class	\$	84.00	х	
3 Dickies Black Short Sleeve Work Shirts	First day of class	\$	66.00	х	
1 Dickies Charcoal Jacket	First day of class	\$	40.00	х	
Steel Toe Work Boots	First day of class	\$	140.00	х	
Safety Glasses	First day of class	\$	10.00	х	
Volt/OHM Meter	First day of class	\$	100.00	х	
USB Flash Drive 4 GB	First day of class	\$	12.00	х	
Test Light	First day of class	\$	20.00	х	
Fender Covers	First day of class	\$	15.00	х	
TOTAL					\$487
scelleanous Cost			Cost	Required	
MACS Certification Test (check or Cash)		\$	20.00	х	
OSHA 10 Training		\$	25.00	х	
TOTAL					\$45

2nd Trimester		
Tuition	Cost	otal
Tuition*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
ASE Exam and Registration Fee	\$ 114.00	
TOTAL	\$1	,330.00

Tools	Needed By	Required	
6 Pt. Standard Depth 5/32"-1/2" & 4mm-14mm	First day of class	х	
6 Pt. Standard Depth 1/4"-7/8" & 8mm-19mm	First day of class	X	
6 Pt. Standard Depth 3/8" - 15/16" & 9mm-19mm	First day of class	X	
Combination Wrench Set 3/8"- 15/16" & 8mm-19mm	First day of class	X	
3 Piece Pliers Set Needle Nose & Slip Joint	First day of class	X	
6 Pt. Deep 3/16"-9/16" & 4mm-4mm	First day of class	X	
6 Pt. Deep 3/8"-3/14" & 8mm-18mm	First day of class	X	
Slotted Screwdriver 1/8, 3/16, & 1/4	First day of class	х	
1/2" Ratchet	First day of class	X	
24 oz. Ball Peen Hammer	First day of class	X	
1/4" Drive Ratchet	First day of class	X	
3/8" Drive Ratchet	First day of class	х	
3" Extension	First day of class	х	
Standard Hex Key Set	First day of class	х	
Metric Hex Key Set	First day of class	х	
Phillips Screwdriver #0, #1, #2	First day of class	х	
1/4" Socket Set	First day of class	х	
3/8" Socket Set	First day of class	х	
1/2" Socket Set	First day of class	х	
Pry Bar	First day of class	х	
Tool Box	First day of class	x	
1 1/2" Extension	First day of class	х	
3" Extension	First day of class	x	
6" Extension	First day of class	х	
Torx Set #15-#50	First day of class	х	
Torque Wrench (1/2 inch)	First day of class	х	
3" Extension	First day of class	х	
6" Extension	First day of class	х	
1/2" Drive Breaker Bar	First day of class	x	
13/16: Spark Plug Socket	First day of class	х	
5/8" Spark Plug Socket	First day of class	x	
TOTAL			\$600.00

3rd Trimester		
Tuition	Cost	Total
Tuition*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
ASE Exam and Registration Fee	\$ 114.00	
TOTAL	·	\$1,330.00

4th Trimester		
Tuition	Cost	Total
Tuition*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
ASE Exam and Registration Fee	\$ 114.00	
TOTAL	·	\$1,330.0
5th Trimester		
Tuition	Cost	Total
Tuition*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
ASE Exam and Registration Fee	\$ 114.00	
TOTAL		\$1,330.0
Miscelleanous Cost	Cost Required	
Graduation Supplies	\$ 40.00 x	
TOTAL		\$ 40.00
TOTAL PROGRAM COST		\$8,417.0

Measles, Mumps, and Rubella (MMR)

TCAT - Knoxville Certification of Immunization

Student's name:	Program of Enrollment:
PART I (TO BE COMPLETED BY STU	DENT)
Proof of MMR immunization is not re	•
□ I attended a Tennessee public or □ I was born prior to January 1, 195 □ I am active duty or former militar	private high school in 1999 or after. (transcript attached) private high school in 2001 or after. (transcript attached) 57. (copy of photo ID or birth certificate attached) ry personnel. (copy of DD214 or active military ID attached)
IF THE	ABOVE IS CHECKED, PLEASE SIGN BELOW.
PART II (TO BE COMPLETED BY STU Proof of MMR immunization is not re	•
 I refuse immunization because o perjury. Please attach statement 	of religious doctrine. (Reason affirmed under the penalties of t.)
IF THE .	ABOVE IS CHECKED, PLEASE SIGN BELOW.
PART III—MMR (TO BE COMPLETED BY PH Please circle the number that applies to th	
	les vaccination since the age of 12 months: Month/year
2. Vaccination is medically contraindicated	because of pregnancy, allergy to vaccine, etc. (Please list reasons.)
3. Patient had disease, as confirmed by me Month/year	
4. Patient is immune to disease, as confirm Comment	
,	ATTEST (Must be signed by an M.D. or D.O.)
Name of physician (Please print)	
Office telephone	
	Date
Student's signature	Date

Revised: September 4, 2014

TCAT - Knoxville Certification of Immunization Varicella (Chicken Pox)

Student's name:	Program of Enrollment:
PART I (TO BE COMPLETED BY STUDENT)	
Proof of varicella (chicken pox) immunization is not required f	or the following reason:
 I attended a Tennessee public high school between 1999 second varicella vaccine dose from your physician office 	
□ I was born prior to January 1, 1980. (copy of photo ID or b	•
☐ I am active duty or former military personnel. (copy of DI	
IF THE ABOVE IS CHECKED, PLEASE SIG	GN BELOW.
PART II (TO BE COMPLETED BY STUDENT)	
Proof of varicella (chicken pox) immunization is not required f	or the following reason:
□ I refuse immunization because of religious doctrine. (Reas	son affirmed under the populties of
perjury. Please attach statement.)	son annined under the penalties of
IF THE ABOVE IS CHECKED, PLEASE SIG	GN BELOW.
PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN) Please circle the number that applies to this patient:	
riedse circle the number that applies to this patient.	
1. Patient has received two doses of varicella (chicken pox) vaccinati	on since the age of 12 months:
Month/year Month/	year
2. Vaccination is medically contraindicated because of pregnancy, al	lergy to vaccine, etc. (Please list reasons.)
3. Patient had disease, as confirmed by medical record:	
Month/year	
4. Detient is immune to disease as confirmed by laboratory.	
4. Patient is immune to disease, as confirmed by laboratory. Comment	
ATTEST	
(Must be signed by an M.D. o	
Name of physician (Please print)	
Office telephone	
Physician's signature	Date
Student's signature	Date

Revised: September 4, 2014



ENROLLMENT APPLICATION

Applicants must complete every item on this form, sign and date and return it to the College.

	Full Legal Name					
	Last	First		Middle		
	Address		City			
	County	State Zip	Email	Address		
	- '-	/		Gender: M F		
o	Social Security	Date of Birth	Age			
Personal Information	Marital Status:Married _					
nal In	Race: Do you consider yourself Select one or more of the follow	·		No		
ırso		ativeNative Hawaiia				
Pe	Asian	White				
	Black or African American					
	Citizenship status:US Citize	en or US National US Du	al Citizen US Perm	nanent Resident or RefugeeOther		
	US Forces Status:Currently ServingPreviously ServingCurrent DependentN/A					
	ALL MALES 18 OR OLDER MUST be registered with Selective Service. Have you registered for Selective Service? Not required to registeredRegisteredRequired to register, but not registered					
>	Education (insert highest level	of education completed):				
Prior Education/ Training	Name of last high school attend	ded:				
r Educati Training	High school graduation date (m	ım/yyyy): G	ED Diploma Date			
Prior	Are you seeking credit for pr	ior education, training or w	ork experience?	_YesNo		
٤	Please review the campuses website and provide the program name choice for career training (Example: Administration Office Technology)					
Program	When will you be available to e		pringSummer			
						

state civil rights law with respect to all employment, programs and activities sponsored by the TCATs.



Application for Enrollment

The information is for Office use only:
ADMISSIONS REQUIREMENTS
FAFSA I will not be filing financial aid. I will be paying for my education. Students Initials:
Immunizations Education Transcripts
SPECIAL ADMISSIONS REQUIREMENTS
Cosmetology: Photo Proof of Age Copy of SS Card RT/LT Handed Manicuring Only
Dental Assisting, Medical Assisting, and Surgical Technology Compass required scores: Math 30 and Reading 70
COMPASS or ACT – Scores: Math Reading (Date:) CPR Documentation (BLS for Healhcare Providers)
Practical Nursing:
Compass required scores: Math 50 and Reading 80 Notarized Declaration of Citizenship Copy of ID Used to Declare Citizenship
CPR Documentation (BLS for Healhcare Providers)
COMPASS or ACT – Scores: Math Reading (Date:)
Truck Driving: MVR DOT Physical Valid Driver's License U.S. Citizenship / Residency
Staff Signature:
Date:

Revised: 6/29/2016