

Pipefitting and Plumbing Technology

This course is designed to introduce the student to various techniques used in the pipefitting plumbing trade: pipe fabrication and installation, blueprint reading and isometric drawings, measurement techniques, hand and power tools, cutting and prepping pipe, using a cutting torch, threading pipe, grooving, soldering, brazing, solvent joining pipes and installing valves.

Program/Location	Length	Days	Time
Day Program/ Knoxville Campus	12 Months	Monday-Friday	8:00am—2:30 pm

Course Outline

Orientation and Safety **Technology Foundations OSHA 10 Certification Trade Tools** Applied Math - Pipefitting Blueprint Reading, Drawings and Symbols Oxy-fuel Cutting, Welding and Torch Safety Rigging and Pipe Hangers Pipe Valves, Flanges and Fasteners Types and Schedules of Pipe Fabrication, Make-Up and Take-Off **Butt Weld Fabrication** Socket Weld Fabrication Threaded Pipe Fabrication Copper Pipe Fabrication Career Skills **Plumbing Codes and Standards Rough In Specifications Testing and Inspection** Final Installation

Typical Job Opportunities

Entry Level Pipefitter Entry Level Plumber Entry Level Sprinkler Fitter

Diplomas & Required Clock Hours

Pipefitting/Plumbing Diploma—1,296

Certificates & Required Clock Hours

Pipefitter Entry Level Helper—48
Pipefitter Middle Class Helper—432
Pipefitter Top Helper —630

Completion Rate for 2016 = 85% Placement Rate for 2016 = 100%

HOW TO APPLY

All Documents Must be Presented Together to Apply

- 1. FAFSA—Provide Proof of Completed FAFSA

 School Code = 004025 at https://fafsa.ed.gov/
- 2. Immunizations—Provide Proof of Required
 Immunizations (Form is Attached)
- 3. Complete TCAT Application for Enrollment (Form is Attached)



Pipefitting and Plumbing Technology

Book, Tool, and Supply List

tion			Cost		Tota
Tuition*		¢	1,139.00	 	TOla
Technology Access Fee*		\$	67.00		
Student Activity Fee*		\$	10.00		
TOTAL		Ţ	10.00		\$1,21
TOTAL					Ψ±, = ±
ok	ISBN		Cost	Required	
Pipefitting Level 1, 3rd edition	9780132273107	\$	90.00	х	
Pipe Fitter's & Pipe Welder's Handbook	9780028025001	\$	24.00	х	
Pipefitters Blue Book	9780970832122	\$	23.00	х	
Core Curriculum: Intro Craft Skills, Ed 4th	9780136086376	\$	76.00	х	
Pipe Fabricators Blue Book	9780970832139	\$	23.00	х	
TI-30xa Scientific Calculator	no isbn	\$	13.00	х	
TOTAL					\$24
oplies and Tools	Needed By		Cost	Required	
Tape Measure, 1 in x 25 ft, carbon steel	First day of class	\$	15.00	х	
Magnetic Glo-View Torpedo Level 9 inch	First day of class	\$	22.00	Х	
Angle Gringer, 4 1/2 in, no load RPM 12000	First day of class	\$	82.00	х	
Channel locks 12 in	First day of class	\$	20.00	х	
Adjustable Wrench, 12 in	First day of class	\$	31.00	х	
Wrap-a-Round Tape, Blade 6 ft x 3 7/8	First day of class	\$	21.00	х	
2 Straight Pipe Wrench, Ductile Iron, 18 inch	First day of class	\$	26.00	х	
32 oz Ball pein Hammer	First day of class	\$	20.00	х	
2 Straight Pipe Wrench, Steel, 14 inch	First day of class	\$	44.00	х	
Triple Flint Lighter, with/1 Flint Renewal	First day of class	\$	8.00	х	
Combination Set, 12 in, 3 pc, Trisquare	First day of class	\$	122.00	х	
Plumb Bob 8 oz	First day of class	\$	12.00	х	
Soapstone Marker Set, 5 pc	First day of class	\$	7.00	х	
TOTAL					\$43
pplies			Cost	Required	
Leather Drivers Gloves, Cowhide	First day of class	\$	15.00	х	
Ear Plugs, 30db, Corded, Reg, 5 PR	First day of class	\$	3.00	х	
Clear Uncoated Safety Glasses	First day of class	\$	2.00	х	
Green Fire Retardent Jacket	First day of class	\$	28.00	х	
TOTAL					\$4
"					
scelleanous Cost			Cost	Required	
OSHA 10 Training TOTAL		\$	25.00	Х	\$2

2nd Trimester				
uition		Cost		Total
Tuition*		\$ 1,139.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
TOTAL				\$1,216.
ook	ISBN	Cost	Required	
Pipefitting Level 2, 3rd edition	9780132273145	\$ 130.00	х	
Pipefitting Level 3, 3rd edition	9780132272841	\$ 130.00	х	
TOTAL				\$260.0
3rd Trimester				
uition		Cost		Total
Tuition*		\$ 1,139.00		
Technology Access Fee*		\$ 67.00		
Student Activity Fee*		\$ 10.00		
TOTAL				\$1,216.0
Book	ISBN	Cost	Required	
Pipefitting level 4, 3rd edition	9780136144298	\$ 130.00	х	
TOTAL				\$130.0
Aiscelleanous Cost		Cost	Required	
Viscelleanous Cost Graduation Supplies		\$ 40.00	Required x	

\$4,830.00

TOTAL PROGRAM COST

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:MarriedSingle Preferred Phone Number:						
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 attended:						
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 we Office Technology)	ebsite and provide the progran	n name choice for care	er training (Example: Administration			
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