Phoenix College Phlebotomy Program
Application Packet

We appreciate your interest in the Phoenix College Phlebotomy Program.

Phlebotomy Program applications are accepted on a first-qualified, first-served basis, and the program fills fast.

Please use this application to apply for the Spring semester Phlebotomy Program. Exact dates of the program can be found on the Phlebotomy Program Website.

*** Please note - this application is ONLY for students interested in completing the entire Phlebotomy Program, including Clinical Externship.

If you are interested in ONLY taking PLB109 and PLB111 to fulfill the Medical Lab Science Program Prerequisite requirement, PLEASE just email Rochelle Helminski (rochelle.helminski@phoenixcollege.edu) for permission to register.*****

Follow this checklist carefully to ensure that your application and documentation are complete and in order for the selection committee.

It is the applicant's responsibility to verify that the application is complete. An adviser may not be able to meet with every student and is NOT responsible for verifying the completeness of the application.

The following items must be submitted with this packet for the application to be processed and the applicant to be considered for admission to the program

Phoenix College Phlebotomy Program Online Application
Completed and signed *Health and Safety Documentation Form* with copies of actual immunization records or laboratory titer results as supporting documentation of: (all require upload) • Proof of **2 MMR vaccinations** or positive titer results for measles, mumps, AND rubella • Proof of **2 Varicella vaccinations** or positive Varicella titer result (history of chickenpox is NOT sufficient) • Proof of one-time **Tetanus (Tdap)** vaccination and Td booster if 10 years or more since Tdap vaccination, must be completed after June 2015 • Proof of **Two-Step TB Skin Test** consisting of an initial TB skin test result and a boosted TB skin test result 1-3 weeks following the first test within the last 6 months or negative chest x-ray within the last year, (Quantiferon/T-spot test within the last 6 months is also acceptable) • Proof of **3 Hepatitis B vaccinations** or positive titer result for Hepatitis B or Hepatitis B Vaccination Declination Form (waiver optional, can be found on the Phoenix College Phlebotomy Program website) • **Health Declaration statement signed** by M.D.,D.O.,N.P.,P.A. signed after October 2024 (If you have not completed this form, please complete it before continuing with your application. Forms can be found on the Phoenix College Phlebotomy Program website) • Photocopy of front and back of current **CPR card (BLS level for the Health Care Provider)**, through an American Heart Association approved hands-on training program, dates must be valid through June 2025. • Photocopy of current **Level 1 Fingerprint Clearance Card**, front and back, dates must be valid through June 2025.
Phlebotomy Program and Clinical Planning Form (this form is within this application)
Initialed "Essential Abilities Requirements for Promotion and Retention" statements (this form is within this application)
Additional Information and Requirements for Acceptance into the Phlebotomy Program
Information for If you are Accepted Conditionally into the Phlebotomy Program
Acknowledgement of Criminal Background Check Requirements form (this form is within this application)

* ☐ I have reviewed the information above and have provided proof of all required documentation within this application. I understand that failure to submit the required documentation may adversely impact my application and admission to the program.

Applications will be accepted throughout the year. Students are accepted on a first-qualified, first-served basis, and the program fills fast.

NO PARTIAL PROGRAM APPLICATION WILL BE ACCEPTED. THE COLLEGE DOES NOT GUARANTEE ALL APPLICANTS TO BE ACCEPTED INTO THE PHLEBOTOMY PROGRAM DUE TO LIMITATIONS OF CLINICAL PLACEMENTS

The college reserves the right to change the date/times of the program or cancel the program due to the current public health crisis.

Phoenix College Phlebotomy Program Information

PROGRAM INFORMATION:

The Phlebotomy Certificate Program is designed to prepare students to obtain blood specimens by skin puncture or venipuncture using proper techniques on adults, children and infants. Students in the Phlebotomy Program will be in contact with potentially infectious blood, tissues, and body fluids. The program is 7 credits.

OCCUPATION INFORMATION:

Phlebotomists may find employment in reference laboratories, hospitals, insurance companies, outreach services, patient service centers, research facilities, donor centers and physicians' offices. The career opportunities are varied and many. The salaries range from $14.00 to $15.00 per hour.

COST ESTIMATE FOR THE PHLEBOTOMY PROGRAM:

The cost of the program is approximately $1400, which includes tuition for all courses, lab/course fees and clinical externship experience. Optional textbooks for the program are an additional $120.

HEALTH DECLARATION:

All students must provide documentation of compliance with all health and safety requirements required to protect patient safety. Only students in compliance are permitted to enroll in Phlebotomy courses if accepted into the program. Students will meet these requirements by providing the required documentation described in the application packet during the application process.

Students must be able to fully participate in program activities whether in the classroom, laboratory, or clinical settings. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. This is inclusive of externships which may have additional requirements and or restrictions for participation. Should a student become unable to participate partially or fully in the programs' activities he/she may be withdrawn from the program.

Invasive procedures are innate in the Phlebotomy program and include but are not limited to venipuncture and skin punctures. The health care community expects a student who has completed the Phlebotomy Program to have performed successful venipuncture and skin punctures prior to clinical experience.

Therefore, students must practice on one another during laboratory sessions in this program, with hand and arm venipunctures as well as skin punctures. Students will perform approximately 40 venipunctures on each other throughout the duration of the program. Refusing to fully participate in the venipuncture and skin puncture learning process will result in failure of, or withdrawal from, the program.

The performance of exposure prone procedures presents a recognized risk of percutaneous injury, and—if such injury occurs—blood is likely to contact the patient's body cavity, subcutaneous tissues, and /or mucous membranes. This can pose a material risk to patients and students in the program should the student have a communicable chronic illness.

Please refer to the following website for the CDC's MMWR for recommendations for **Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure Prone Invasive Procedures.**
http://www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm

The Phlebotomy Program Director will review on a case by case basis the ability for a student to fully participate in and complete the program.

* ☐ I understand the above information and agree to fully participate in the program's activities.

Phoenix College Phlebotomy Program Application

Phlebotomy Program applications must be submitted online. Students are accepted on a first-qualified, first-served basis, and the program fills fast.

Last Name *

First Name *

Middle Name

Former name(s) (Maiden) that may identify transcripts:

Student ID Number *(starts with a 3)* *

Are you over the age of 18? *

Phone Number *

Mailing Address *

City *

State *

Zip *

Email *

Please provide an email address that you check regularly. Correspondence regarding the program will be sent to the email address you provide above.

Health Care/Work/Educational Experience

What is your current occupation:

Have you attended any other Phlebotomy Courses or Programs?

Education

Please upload a copy of your high school diploma:

Check each level of education you have completed.

☐ GED ☐ High School Diploma ☐ AA Degree ☐ Other

Health and Safety Documentation Proof

You must upload PROOF of your immunizations in the form of Immunization Records or Laboratory Titer Results.

The Health and Safety Document is NOT considered PROOF.

Applications submitted without medical record proof of immunizations, CPR card, fingerprint clearance card, and physician signature will not be accepted.

* ☐ I understand that I **MUST** provide medical record proof of immunizations, TB status, doctor's clearance, CPR, and fingerprint clearance card. I understand that the Health Declaration checklist form **is NOT** proof.

		Upload Files Containing Required Documentation: Immunization Records or Laboratory Titer Results
Measles, Mumps, Rubella	Proof of immunity through serologic testing (positive IgG titer) OR documentation of two (2) doses of MMR vaccination on separate dates at least 28 days apart. If a titer shows negative, equivocal, or non-reactive you will be required to repeat the MMR series with two (2) additional immunizations and provide appropriate documentation.	
Varicella	Proof of immunity through serologic testing (positive IgG titer) OR documentation of two (2) doses of Varicella vaccination 30 days apart. If a titer shows negative, equivocal, or non-reactive you will be required to repeat the Varicella series with two (2) additional immunizations and provide appropriate documentation. History of chickenpox is NOT sufficient proof of immunity.	
Tetanus – Td or Tdap	Documentation of a one-time Tdap vaccination and Td booster if 10 years or more since Tdap vaccination (or if received Tdap prior to turning 19 years old).	
Tuberculosis	**Two-Step TB Skin Test consisting of an initial TB skin test and a boosted TB skin test 1-3 weeks following the first test within the last 6 months, including date given, date read, result, and name and signature of the healthcare provider.** OR Negative Two-Step TB Skin Test and annual testing within the last 6 months. OR Negative chest X-ray and annual documentation of a TB disease-free status by completing a Tuberculosis Screening Questionnaire. OR Documentation of a negative result from an IGRA test (Quantiferon, T-Spot) within the last 6 months	
Hepatitis B	Proof of immunity through serologic testing (positive HbsAB titer) OR documentation of three (3) doses of Hepatitis B vaccination (an initial injection followed by a second injection given 1 or 2 months after the first dose and a third injection 4 to 6 months after the first) OR signed declination form which can be found at the Phoenix College Phlebotomy Program website.	
Health Declaration Statement	Completion of the **Health and Safety Documentation Healthcare Provider Form** signed by a physician (M.D. or D.O., Nurse Practitioner, or Physician's Assistant) within the last 6 months. The form can be found at the Phoenix College Phlebotomy Program website. Please upload a scanned version of the completed form.	
CPR card	Healthcare Provider/Basic Life Support (BLS) CPR card issued by the American Heart Association. All Health Science Programs require American Heart Association Healthcare Provider CPR certification. This certification includes training for adult/Child/Infant CPR, choking, AED, and one- and two-man rescuer. Please be sure to verify with the trainer that the course you take satisfies these requirements. Courses that do not have a demonstration component will not be accepted. Examples would be cards received on the internet that do not have an in-person skills review. A fully online CPR course will NOT be accepted. Provide a photocopy of the front and back of the card. The card must be valid throughout the duration of the program.	
Level 1 Fingerprint Clearance Card	Issued by the Arizona Department of Public Safety. Provide a photocopy of the front and back of the card. The card must be valid throughout the duration of the program.	
COVID19 vaccinations	Provide proof of two-dose vaccination of Pfizer-BioNTech or Moderna vaccine. OR Provide proof of one dose vaccination of Johnson & Johnson's Janssen vaccine	
Additional Documentation	If there is any additional documentation that you would like to upload, please do so here:	

Phlebotomy Program Course and Clinical Planning Form

In order to successfully complete the Phlebotomy program, you must indicate that you understand the course and clinical schedule you will be required to participate in.

Clinical externship hours must be completed during the dates/times listed, evening/weekend hours are not available. However, the actual start times may vary and are determined by the individual clinical site.

If your availability for clinical externship does not fall into the below dates and times, you will not be able to be placed in a clinical externship, and will be removed from the Phlebotomy Program.*

* ☐ I understand the above statement.

Check the box next to the Program Dates and corresponding Clinical Externship Dates for the phlebotomy program schedule you are applying for.

Spring semester
* ☐

Spring 2025 Phlebotomy Program Schedule

Orientation for PLB109 and PLB111 is on Tuesday, January 21, 2025 from 5pm-6:30pm in the Phoenix College HE building.

Classes (PLB109 and PLB111) run sequentially from February 11, 2024 through May 8, 2024, on Tuesdays and Thursdays from 5pm-9pm. PLB109 runs from February 11 through April 3 and PLB111 runs from April 8 through May 8.

PLB109 and PLB111 are hybrid courses. The majority of your coursework will be completed online.

You will participate in lecture and lab in-person on Tuesdays and Thursdays from 5pm-9pm in the Phoenix College HE building. The property address for the Phoenix College HE building is: 3144 North 7th Avenue, Phoenix, AZ 85013, located on the corner of 7th Avenue and Flower.

Clinical externship (PLB122):

Every day, 40 hours per week (140 hours total)**, Mondays through Fridays** between the hours of **7am and 5pm** from **May 12-May 30, 2025.** Each student schedule will vary depending upon the dayshift hours of the clinical site the student is placed in.

I understand and agree
* ☐

Please note because of public health situations, externship dates may be delayed or completely canceled.

Every effort will be made to place students in clinical externship but externship dates may be delayed indefinitely depending on the current public health situation.

In the event of clinical externship delay or cancelation, virtual clinical externships with completely online coursework, will be required to complete the program and obtain a certificate of completion.

ESSENTIAL SKILLS AND FUNCTIONAL ABILITIES FOR PHLEBOTOMY STUDENTS:

It is essential that Phlebotomy students be able to perform a number of physical activities in the clinical portion of the program. **Students will be required to stand for several hours at a time and perform bending activities as well as possess manual dexterity.**

The clinical Phlebotomy experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. **Students must be able to demonstrate rational and appropriate behavior under stressful conditions**. Individuals should give careful consideration to the mental and physical demands of the program prior to submitting an application.

Individuals enrolled in the phlebotomy program must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the phlebotomy program director must determine, on an individual basis, whether a reasonable accommodation can be made.

Essential skills and abilities are performance requirements that refer to those physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of a Phlebotomy program curriculum, and the development of personal attributes required by the faculty of all students upon completion of the certificate program.

The essential abilities required by the curriculum are in the following areas: motor, sensory, communication, intellectual (conceptual, integrative, and quantitative abilities for problem solving and diagnosis) and the behavioral and social aspects of the performance of a phlebotomist.

These are attributes each phlebotomist must possess and the use of a third party for the fulfillment of these attributes is not adequate.

****By checking each box, you are indicating that you understand and will abide by each of these requirements****

* ☐ **Motor Skills**
Students must possess physical dexterity to master technical and procedural aspects of patient care including, but not limited to: lifting, sitting, and bending for long periods of time; adequate physical stamina and energy to carry out taxing duties over long hours; providing care in confined spaces; and fine motor skills sufficient to handle small equipment safely.

* ☐ **Sensory Abilities**
Students must be able to gather information with all senses, especially sight, hearing and manual dexterity, in order to perform the Phlebotomy process of care.

* ☐ **Communication Skills**
Students must be able to communicate effectively in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language) and work cooperatively with supervisors, other students, and all other health care team members. Students must be able to accurately identify patients.

Students must be able to communicate effectively with patients, including gathering information appropriately, explaining medical information in a patient-centered manner, listening effectively, recognizing, acknowledging and responding to emotions, and exhibiting sensitivity to social and cultural differences

* ☐ **Intellectual Abilities**
Students must be able to comprehend and learn factual knowledge from readings and didactic presentations, gather information independently, analyze and synthesize learned material and apply information to clinical situations.

Students must be able to develop sound clinical judgment and exhibit well-integrated knowledge about the phlebotomy process of care, to include: assessment, planning, implementation and evaluation of phlebotomy services. They must be comfortable with uncertainty and ambiguity in clinical situations, and seek the advice of others when appropriate.

* ☐ **Behavioral, Social and Professional Abilities**
Students must possess the emotional maturity and stability to function effectively under stress that is inherent in healthcare professions and to adapt to circumstances which are unpredictable or that change rapidly. They must be able to interact productively, cooperatively and in a collegial manner with individuals of differing personalities and backgrounds, and be an active contributor to the process of providing health care by demonstrating the ability to engage in teamwork and team building. They must demonstrate the ability to identify and set priorities in patient management and in all aspects of their professional work. They must be punctual and perform work under strict time frames.

Students must be capable of empathetic response to individuals in many circumstances and be sensitive to social and cultural differences.

Students must exhibit an ethic of professionalism, including the ability to place others' needs ahead of their own. They must exhibit compassion, empathy, altruism, integrity, responsibility and tolerance, as well as demonstrate the ability to exercise the requisite judgment required in the practice of phlebotomy.

ESSENTIAL SKILLS AND FUNCTIONAL ABILITIES FOR PHLEBOTOMY STUDENTS:

* ☐ **I have read and have had the opportunity to have all of my questions answered regarding the ESSENTIAL SKILLS AND FUNCTIONAL ABILITIES FOR PHLEBOTOMY STUDENTS in the Phoenix College Phlebotomy Program.**

***Checking this box represents that I understand and will abide by these requirements.**

Additional Information and Requirements for Acceptance into the Phlebotomy Program

You are responsible for understanding the following information about admission to the Phlebotomy Program at Phoenix College, as well as understanding the following information about participating in the Phlebotomy Program at Phoenix College, if you are accepted into the Program.

I certify that:

* ☐ It is my responsibility to provide all requested information to complete my file. Failure to provide all requested information and requirements WILL adversely affect my admission into the program.

* ☐ I understand that admission into the program is conditional until I have successfully completed all requirements and submit any outstanding documentation to the program director, no later than 2 weeks prior to the start of the program.

* ☐ I understand that I will be required to submit to an additional background check AND a urine drug screen after acceptance into the program, and that I am responsible for this expense. Failure to do so, or failure to pass the additional background check or the urine drug screen at least 2 weeks prior to the start of the program, WILL result in removal from the program. Additional information will be provided during the program orientation about this requirement.

* ☐ I understand and agree to fully participate in classroom, laboratory, and clinical settings and program activities, including performing approximately 40 venipunctures on other students and having approximately 40 venipunctures performed on myself.

* ☐ I understand that I will be required to submit all of my health and safety documentation to an Immunization Compliance Tracker after acceptance into the program, and that I am responsible for this expense. Failure to do so, or failure to pass the Immunization Compliance Tracker at least 2 weeks prior to the start of the program WILL result in removal from the program. Additional information will be provided during the program orientation about this requirement.

* ☐ The information provided in this application is true, correct, and complete to the best of my knowledge. If any information changes (such as name, phone number, or address), it is my responsibility to notify the Phlebotomy Program so the changes can be made in my file.

* ☐ I understand that the dates for the program courses, including clinical externship, may change without prior notice, depending upon the current public health situation in Phoenix. I further understand that I may be accepted into the Phlebotomy Program, but may not complete the program with in-person clinical externships if there are extenuating public health circumstances beyond the control of the Phlebotomy Program.

Phoenix College, one of the Maricopa Community Colleges, does not discriminate on a basis of race, color, gender, national origin, religion, handicap or age in application, admission, participation, access and treatment of persons in instructional or employment programs and activities.

Application and materials will be reviewed and students notified of their conditional acceptance or nonacceptance via email within one week of submitting the application for the **Phoenix College Phlebotomy Program**. Students are accepted on a first-qualified, first-served basis, and the program fills fast.

If You Are Accepted Conditionally into the Phlebotomy Program:

In order for MCCCD students to be able to complete clinical experiences at local hospitals, students must meet the standards outilned below. Failure to complete all of the additional requirements by the deadline(s) WILL result in removal from the program.

1. **MCCCD Supplemental Background Check, Immunization Compliance Tracker, and Drug Screen (cost $150)**
    a. **Background Check**
        i. In addition to the level 1 fingerprint clearance card, each student who is enrolled in the program must provide documentation that he or she has completed and "passed" a MCCCD-supplemental background check. Students are required to pay the cost of obtaining this supplemental background check through the specified vendor. Information regarding the background check will be handed out if you are conditionally accepted into the program.
    b. **Immunization Compliance Tracker**
        i. Each student will be required to keep track of their health and safety documentation electronically through an Immunization Compliance Tracker via a specific vendor. Students are required to pay the cost of the tracker. Information regarding the immunization compliance tracker will be handed out if you are conditionally accepted into the program.
        iv. **MCCCD Drug Screen**
            a. Each student who is enrolled in the program must provide documentation that he or she has completed and "passed" a MCCCD drug screen. Students are required to pay the cost of obtaining this drug screen. Information regarding the drug screen will be handed out if you are conditionally accepted into the program.

2. **Clinical Orientation Modules via myClinicalExchange (cost $42)**
    a. Each student will be required to complete online clinical orientation modules to prepare for clinical externship via myClinicalExchange. Students are required to pay the cost of the online clinical orientation. Information regarding the online clinical orientation will be handed out if you are conditionally accepted into the program.

3. **Flu Vaccination**
    a. Each student will also be required to obtain a seasonal flu vaccination, prior to the start of clinical externship, depending on the time of year. **Students are required to pay the cost of their flu vaccination.**

This is for your information only – no action is necessary unless or UNTIL you have been conditionally accepted into the program.

* ☐ **I have reviewed the information above and understand the information required from me, if I am conditionally accepted into the Phlebotomy Program.**

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS
Maricopa County Community College District

In applying for admission to a Nursing or Allied Health program ("Program") at the Maricopa County Community College District , you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCD authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCD supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCD authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge.
Additionally,

By signing this acknowledgement, you acknowledge the following:

1. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCD supplemental criminal background check.
2. I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
3. I understand that I must submit to and pay any costs required to obtain an MCCCD supplemental background check.
4. **I understand that failure to obtain a "pass" as a result of the MCCCD supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.**
5. I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
6. I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCD, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
7. I understand that the both the MCCCD supplemental or the clinical agency background check may include but are not limited to the following:

    - Nationwide Federal Healthcare Fraud and Abuse Databases
    - Social Security Verification
    - Residency History
    - Arizona Statewide Criminal Records
    - Nationwide Criminal Database
    - Nationwide Sexual Offender Registry
    - Homeland Security Search

8. By virtue of the MCCCD supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:

Social Security Search-Social Security number does not belong to applicant
Any inclusion on any registered sex offender database
Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
Any conviction of Felony no matter what the age of the conviction
Any warrant any state
Any misdemeanor conviction for the following-No matter age of crime

- violent crimes
- sex crime of any kind including non consensual sexual crimes and sexual assault
- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

Any misdemeanor controlled substance conviction last 7 years
Any other misdemeanor convictions within last 3 years

- Exceptions:
    - Any misdemeanor traffic (DUI is not considered Traffic)

9. I understand that I must disclose on all background check data collection forms (DPS, MCCCD background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
10. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCD has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program

* ☐ I have read and understand the above information.

<u>This is the last part of the program application.</u>

<u>Your next step will be to electronically sign the application, which automatically submits the application.</u>

<u>Do not submit until you are ready and your application is complete. You can not edit the application once you submit your application. You can only submit your application once.</u>

Phlebotomy Program applications must be submitted online as soon as possible. Students are accepted on a first-qualified, first-served basis, and the program fills fast.

Student Signature _____Date:_____

Health and Safety Requirements Worksheet

Name:_____ **Date**:_____

Use this worksheet as a guide to ensure that you have documentation of each requirement. **DO NOT** upload this document into American DataBank or myClinicalExchange. Only supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement should be uploaded.
Additional information regarding acceptable documentation for each requirement can be found on the American DataBank website. MCCCD requires all students to meet the placement requirements as set up by our program's most stringent clinical partner. We do this for ease of random placement.

☐ **COVID-19 Vaccine:** To meet requirement:

1. Date of 1st injection _____ Date of 2nd injection _____

OR

2. Date of single-dose injection _____

OR

3. Provide a signed declination form for medical or religious reasons.

☐ **MMR (Measles/Rubeola, Mumps and Rubella)** To meet requirement:

1. MMR vaccination: Dates: #1_____ #2_____

OR

2. Date & titer results:

Booster:_____
Measles:_____
Mumps:_____
Rubella: _____ _____

☐ **Varicella (Chickenpox)** To meet requirement:

1. Varicella vaccination dates: #1_____ #2_____

OR

2. Date & results of varicella IgG titer: Date: _____ Result:_____, Booster:_____

☐ **Tetanus/Diphtheria/Pertussis (Tdap)** To meet requirement: Tdap vaccine: Date: _____
Td booster: Date: _____

☐ **Tuberculosis** To meet requirement:

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.

Initial Test (#1) Date:_____ Date Read: _____ Results: Negative or Positive Results:
Boosted Test (#2) Date: _____ Date Read: _____ Negative or Positive

2. Annual 1-step TBST (accepted only from continuing students who have submitted initial 2-step TBST)

Date: _____ Date Read: _____ Results: Negative or Positive

OR

3. Negative blood test (Either QuantiFERON or TSpot)

QuantiFERON Date: _____
T-Spot Date:_____

OR

4. Negative chest X-ray

OR

Health and Safety Requirements Worksheet (continued)

Tuberculosis (continued)

5. Documentation of a negative chest X-ray (x-ray report) or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire (available in American DataBank).

Date: _____

☐ **Hepatitis B** To meet requirement:

1. Positive HbsAb titer Date: _____ Result: _____

OR

1. Proof of 2 Hepatitis B vaccinations

Hepatitis B vaccine/dates: #1_____#2_____

OR

2.

3. Proof of 3 Hepatitis B vaccinations

Hepatitis B vaccine/dates: #1_____#2_____ #3_____

OR

4. Hepatitis B declination- students who choose to decline Hepatitis B vaccine series must submit a HBV Vaccination Declination form.

☐ **Flu Vaccine** To meet requirement:

Documentation of current annual flu vaccine Date: _____

☐ **CPR (Healthcare Provider or Equivalent) Certification** To meet requirement:

CPR card or certificate showing date card issued:_____Expiration date: _____

☐ **Level One Fingerprint Clearance Card (FCC)** To meet requirement:

Level One FCC including date card issued:_____Expiration date: _____

☐ **Health Care Provider Signature Form** To meet requirement:

Healthcare Provider Signature Form signed and dated by healthcare provider. Date of exam: _____

☐ **Castle Branch Background Clearance Document** To meet requirement:

American DataBank background check document with date of "Pass" status: _____

Allied Health Student Health and Safety Documentation Checklist

Clearance for Participation in Clinical Practice

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. This declaration should not impede students with disabilities from applying or being accepted into the program.

I believe the applicant (print name):_____Date: _____

_____WILL OR_____WILL NOT be able to function as an allied health student as described above.

If not, explain: _____

_____

_____

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name:_____Title: _____

Signature:_____Date: _____

Address: _____

City:_____State: _____

Telephone: _____