

Dear Prospective Student,

Thank you for your interest in the **Phlebotomy Technician Certificate Program** at College of the Mainland. Consideration for acceptance into the program is based on submitting your completed application.

## What is a phlebotomy technician?

A phlebotomy technician (commonly referred to as phlebotomist) collects blood samples for hospitals, doctors' offices and labs according to the doctor's orders. They also perform blood draws when donors give blood. Medical professionals use blood tests to diagnose illness, evaluate medications' effectiveness and determine whether a patient is low in nutrients.

Students are trained, in small class settings, by instructors with years of experience through a combination of classroom instruction, labs and clinical training. Students will also receive BLS Healthcare Provider CPR training. Upon successful completion of the program, students will be prepared to take the Phlebotomy Technician Exam (CPT) administered by the National Healthcareer Association (NHA).

## Do I need a high school diploma or GED?

Yes, a high school diploma or GED is required to participate in the Phlebotomy Technician Certificate Program and may be required for financial aid application as well as when applying for employment (depending upon the company's policies).

## How do I begin?

Interested students must apply to the Phlebotomy Technician Certificate Program by submitting, in person, all required application documents to the CE Allied Health Department located at 200 Parker Court, League City, TX 77573. **Please note: Incomplete applications are not accepted.** Also, approval of an application does **not** guarantee a student a place in the class – it only gives the ability to register **pending space availability**. Please contact Nichole Sullivan at 409-933-8645 if you have questions.

## **Criminal Background Checks**

Complete acceptable current Texas Department of Public Safety Criminal Background Check (must be no older than 12 months). (Instructions attached.)

#### Registration

Only applicants that have been approved for the program will be allowed to register. Registration with an approved form **must** be done in person through the CE Office located at the main Texas City campus, 1200 Amburn Rd. TVB-1475, Texas City, TX 77591. For more information please call 409-933-8586. Registration is on a first-come, first-served basis. Classes may be closed due to maximum enrollment or be cancelled without notice. Therefore, students are encouraged to register early.



Continuing Education Allied Health 200 Parker Court, League City, TX 77573 409-933-8645, www.com.edu/ce

#### **Financial Aid**

Financial aid may be available for the Phlebotomy Technician Certificate Program if the student qualifies and if there is funding available. Continuing education students may apply for the **Texas Public Education Grant (TPEG-NC)**. The TPEG-NC covers a portion of **tuition fees only** (typically 50%) and is a **one-time-only** grant available to students demonstrating financial need. The remaining portion of the balance is the student's responsibility and is due at the time of registration. **All application requirements for TPEG must be completed at least two weeks before the class start date.** For more information regarding financial assistance, please contact Student Financial Services at 409-933-8466.

#### Students: Check your COM email!

Beginning Spring 2016 all COM business will be administered your COM email address. Students will need to setup their COM email account in order to receive any communication from the Financial Aid office, business office, Instructors or other. Personal email addresses will not be used for College correspondence. From the COM Home page click on Information Technology under College Operations. From the left menu, you can find all information under Get Connected. Direct links: http://its.com.edu/login-information http://its.com.edu/email For more information contact IT at 409-933-8302.

Applicant: Please retain this page for your records. It does not need to be turned in with your application. Thank you!



## Phlebotomy Technician - Student Requirements

(Please fill out legibly and completely.)

Desired Class Date:	 		Session: CEQ	
Name: DOB:			Age:	
Address: City:				
Phone #:				
Email: In Case of Emergency				
Name (please print) OFFICE USE ONLY:	Relation to Stu	udent	Phone Number	
STAFF VERIFICATION:			DATE:	

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## Students entering the Phlebotomy Technician Program must meet the following minimum requirements:

Note: All immunizations must be completed in their entirety before clinicals or in class activity with potential exposure to blood or bodily fluids

0	Immunization record(s) showing proof of immunity through titer or vaccine for:
0	Hepatitis B (3 shots),Note: The hepatitis B
	injection series is approximately a 7-month process. (to be completed by COM Staff ONLY)
0	Tdap (one shot; within the last 10 years) (to be completed by COM Staff ONLY)
0	MMR (2 shots), (to be completed by COM Staff ONLY)
0	Varicella (2 shots)/, (Chicken pox) –
0	Proof of either (a) a physician-documented history of the disease is acceptable. Note: The
	varicella injection series is a four-week process. (to be completed by COM Staff ONLY)
0	TB Skin Test Negative (within 12 months)       Proof of TB test (PPd skin test
	or chest x-ray) with a negative reading. (to be completed by COM Staff ONLY)
0	Negative 10 Panel Drug Screen Test w/list of items tested for (within 12 months) [Drug panels
	that are less than 10 panel will <b>not</b> be accepted.]
*	Signed and dated Student Release/Acknowledgement/Statement page
*	Completed and Signed Student Acknowledgement of Hepatitis B form
*	Completed and Signed Documenting History of Varicella form
*	Copy of Signed Social Security Card (Must Match Photo ID)
*	Copy of Driver's License or Government-Issued Photo ID ( <b>Must</b> Match Social Security Card) [Expired ID will not be accepted.]
*	Acceptable current TXDPS Criminal Background Check (Information enclosed) (no older than 12 months) [Positive criminal history reports <i>must</i> be reviewed by the CE Allied Health Program Director.] Criminal background checks obtained through city or county law enforcement agencies are <i>not</i> acceptable.
*	Copy of High School Diploma or GED

## **Employability & Criminal History Checks for Phlebotomy Technician**

## **Background Check**

A criminal history check from the Texas Department of Public Safety is required to be presented by the student for COM's Continuing Education Allied Health programs. Please go to the Texas Department of Public Safety website at www.txdps.state.tx.us to obtain instructions on how to request a criminal history check. The approximate cost for getting a background check is \$3.57 for each last name of applicant. This must be turned in with checklist information required for your desired program.

- Background checks **must** be obtained from the Texas DPS website. Reports processed through city police, county sheriff or other will **not** be accepted as they are not all inclusive of the state of Texas.
- Background checks older than 12 months to the class date you are applying for will not be accepted.
- Criminal history clearance through College of the Mainland CE Allied Health does not constitute clearance through potential employers or hiring entities.

It is understood that I am to provide College of the Mainland with a Criminal History background check. Please initial.

## Student Release/Acknowledgement/Statement

## **Release Agreement**

While caring for patients during my clinical rotations, I hereby release and discharge College of the Mainland and all its employees from all liability for all injury, exposure or damage arising from health risks of caring for patients during my clinical rotation or during scheduled class or skills lab. I understand that I may be exposed to communicable diseases (including blood-borne pathogens) or personal injury. I am aware of the health risks of caring for such patients. Please initial.

## Immunization Acknowledgement

I am also aware that the College of the Mainland CE Allied Health Department, which oversees the Electrocardiography Telemetry Technician Certificate Program, requires that I have the required immunizations before my clinical rotations. I understand that I will not be allowed to enter the clinical facility for clinical purposes if I do not have the required immunizations. **Please initial.** 

## **Applicant's Statement**

I certify that I have read the above statements and that initialing my name means that I agree with the above statements. If accepted into the College of the Mainland Electrocardiography Telemetry Technician Certificate Program, I agree to abide by the rules set forth by the school and the program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## STUDENT ACKNOWLEDGEMENT OF HEPATITIS B VACCINE

Department of State Health Services Disease Prevention and Intervention Section Immunization Branch

POLICY STATEMENT 1.0 Completion of Hepatitis B vaccine series prior to direct patient care

The Texas Department of State Health Services (DSHS) rule §97.64, "Required Vaccinations for Students Enrolled in Health-Related and Veterinary Courses in Institutions of Higher Education" [25TAC§97.64, April 2004], requires students enrolled in health-related courses, which will involve direct patient contact in medical or dental care facilities to **complete a three-dose series of hepatitis B vaccine prior to direct patient care**. This rule applies to all medical interns, residents, fellows, nursing students, and others who are b e i n g trained in medical schools, hospitals, and health science centers and students attending two-year and four-year colleges whose course work involves direct patient contact regardless of the number of courses taken, number of hours taken, and the classification of student.

Website for Texas Department of State Health Services Adult Immunizations Schedule: www.dshs.state.tx.us/immunize/adult\_sched.shtm

## Please check one of the following boxes as it applies to your Hepatitis B series:

I have completed the Hepatitis B 3 shot series

I only have 1 shot remaining of the 3 shot series: 3rd shot due \_\_\_\_\_\_

I have completed my first shot and the dates for the next two shots are:

\_\_\_\_\_and \_\_\_\_\_

# Based upon the clinical/extern site rules and regulations I understand & acknowledge that if I have not completed the Hepatitis B 3 shot series, I may not be able to participate in the clinical/externship portion of the program.

I have read and understand the Texas Department of State Health Services policy on Hepatitis B vaccine series. www.dshs.state.tx.us/immunize/docs/school/hepB\_Policy.pdf

Student	Printed	Name
Junent	FIIIILEU	Name

Student Signature

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## **Documenting History of Illness: Varicella (Chicken Pox)**

# This form summarizes the "Exceptions to Immunization Requirements (Verification of Immunity/History of Illness) for Varicella (Chicken Pox)."

A written statement from a parent (or legal guardian or managing conservator), or physician attesting to the student's positive history of varicella disease (chicken pox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease. College of the Mainland shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. If a student is unable to submit such a statement or serologic evidence, varicella vaccine is required.

## Documentation of prior varicella illness can be provided by the following methods:

1. A serologic confirmation of varicella immunity (positive varicella IgG result).

2. A written statement from a physician or the student's parent or guardian containing

wording such as: "This is to verify		had varicella
-	(Printed name of student)	
disease (chicken pox) on or about		_and does not need
	(Approximate month/year)	
the varicella vaccine."		

(Printed name of person completing form)

(Signature of person completing form)

(Relationship to student)

(Date)



For more information about Varicella contact: Texas Department of State Health Services Immunization Branch (800) 252-9152 www.ImmunizeTexas.com

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