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 upon the submission of 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 training 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 training program by submitting, in person, all required application documents to the CE Allied Health Department located at 200 Parker Court, League City, Texas 77573. Please note: INCOMPLETE APPLICATIONS WILL NOT BE 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**
Acceptable current Texas Department of Public Safety Criminal Background Check (Instructions attached) (no older than 12 months)

**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, Texas 77591. For more information please call (409) 933-8586. Registration is a first come, first served basis. Classes may be closed due to maximum enrollment or cancel without notice. Therefore, students are encouraged to register early.
Financial Aid
Financial Aid may be available for the Phlebotomy Technician Certificate training 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%) & is a ONE TIME ONLY grant that is available to those students demonstrating a financial need. The remaining portion of the balance is the student responsibility and is due at the time of registration. All application requirements for TPEG MUST be completed at least (2) two weeks prior to class start date. For questions 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: __________________________

Name: ___________________________________________________________________

DOB: __________________________

Age: ____________

Address: _________________________________________________________________

City: ______________________________, Texas                   Zip: _____________________

Phone #:___________________________                      Alt #:_________________________

Email: ____________________________________________________________________

In Case of Emergency, Please Contact:

____________________________       ____________________              ____________________

Name (please print)                                  Relation to Student                        Phone Number

OFFICE USE ONLY:                   APPROVED                                 DECLINED

STAFF VERIFICATION:____________________________

DATE:____________________________

COMMENTS: ____________________________________________________________________

________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Completed applications are to be returned to Nichole Sullivan, Administrative Assistant
CE Allied Health 200 Parker Court League City, Texas 77573 409-933-8645

4/14/16 – NJS
Students entering the Phlebotomy Technician Certificate program must meet the following minimum requirements:

**THIS AREA TO BE COMPLETED BY COM STAFF ONLY**

Required Immunizations document signed and dated by your Healthcare Provider and accompanying shot records **MUST** include:

- **Hepatitis B (3 shots)** ______________, ______________, ______________ (to be completed by COM Staff ONLY)
- **Tdap (within the last 10 years)** ______________ (to be completed by COM Staff ONLY)
- **MMR (2 shots)** ______________, ______________ (to be completed by COM Staff ONLY)
- **Varicella (2 shots)/TITER** ______________, ______________ (to be completed by COM Staff ONLY)
- **TB Skin Test Negative (within 12 months)** ______________ (to be completed by COM Staff ONLY)
- **Negative 10 Panel Drug Screen Test w/list of items tested for (within 12 months)** *[Drug panels that are less than 10 panel will NOT be accepted]*

- Completed and Signed Student Acknowledgement of Hepatitis B form
- Completed and Signed Documenting History of Varicella form
- Current COM Healthcare Physical document completed and signed and dated by your Healthcare Provider (no older than 12 months)
- Copy of signed Social Security Card (MUST match Photo ID)
- Copy of Driver’s License or Government Issued Photo ID (MUST match Social Security Card) *[Expired ID will not be accepted]*
- Signed and dated Notice to Students Form
- Acceptable current TXDPS Criminal Background Check (Instructions attached) (no older than 12 months)
- Copy of High School Diploma or GED
PHYSICAL EXAM & IMMUNIZATION DOCUMENTATION
All Sections are to be Completed ONLY by Healthcare Professional
(STUDENTS ARE NOT TO COMPLETE ANY PART OF THIS FORM)

Student’s Name

<table>
<thead>
<tr>
<th>Last</th>
<th>M/I</th>
<th>First</th>
<th>Sex</th>
<th>DOB: (DD/MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight</th>
<th>Height</th>
<th>Pulse</th>
<th>Temp</th>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>S _________ D _________</td>
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</tbody>
</table>

List any current illnesses or injuries:

List any permanent medical conditions or physical limitations:

Medical History: (Check if applicable)

- Asthma
- Diabetes
- Hepatitis
- Diphtheria
- Osteoarthritis
- Heart Disease
- Seizures
- Rheumatism
- Influenza
- Mumps
- Tuberculosis
- Emphysema
- Small Pox
- Pneumonia
- Measles
- Hypoglycemic
- Small Pox
- Tuberculosis
- Infantile Paralysis
- Diphtheria
- Influenza
- Pneumonia
- Infantile Paralysis
- Osteoarthritis
- Mumps
- Other __________________ (Please specify)

(If checked above please explain): ________________________________________________________________

Tests: (*Attach proof of finding)
(Please attach proof of results. Must be no more than 1 year old to the date of the class. If results are positive, a chest x-ray is required)

<table>
<thead>
<tr>
<th>TB Skin Test</th>
<th>Date read</th>
<th>Initials</th>
<th>TB Chest X-ray</th>
<th>Date read</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pos</td>
<td>Neg</td>
<td></td>
<td>Pos</td>
<td>Neg</td>
<td></td>
</tr>
</tbody>
</table>

(*Attach proof of finding)

Immunizations (Give most recent date)

<table>
<thead>
<tr>
<th>Hepatitis B (3 shots)</th>
<th>Tdap (w/in last 10 yrs)</th>
<th>MMR (2 shots)</th>
<th>Varicella (2 shots)/Titer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___________________</td>
<td>Tdap (w/in last 10 yrs)</td>
<td>MMR (2 shots)</td>
<td>Varicella (2 shots)/Titer</td>
</tr>
<tr>
<td>2. ___________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. ___________________</td>
<td></td>
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</tbody>
</table>

I certify that I have examined this individual and he/she is suitable physically and emotionally to participate in the CE Allied Health PHLEBOTOMY TECHNICIAN Program to which they are applying for:

- Yes
- No (If no, please explain) __________________________________________

________________________    __________________________________
Date:      Signature

__________________________________________________
Address & Office Phone

Completed applications are to be returned to Nichole Sullivan, Administrative Assistant
CE Allied Health 200 Parker Court League City, Texas 77573 409-933-8645
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.________

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 Allied CE Health Department, which oversees the Phlebotomy Technician 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 Phlebotomy Technician Program, I agree to abide by the rules set forth by the school and the program.

Student Signature: ____________________________________   Date: ______________
STUDENT ACKNOWLEDGEMENT OF HEPATITIS B VACCINE

Department of State Health Services
Disease Prevention & 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 being 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: http://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. https://www.dshs.state.tx.us/immunize/docs/school/hepB_Policy.pdf

_____________________________________
Student Printed Name

______________________________________                           Date: ______________
Student Signature
Documenting History of Illness: Varicella (Chickenpox)

This form summarizes the “Exceptions to Immunization Requirements (Verification of Immunity/History of Illness) for Varicella (Chickenpox).”

A written statement from a parent (or legal guardian or managing conservator), or physician attesting to the student’s positive history of varicella disease (chickenpox), 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 disease (chickenpox) on or about _________________________ and does not need 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