



Thank you for your interest in the **Phlebotomy Technician FAST TRACK 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 American Society for Clinical Pathology (ASCP).

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. A high school diploma or GED may be required for financial aid application as well as employment at various nursing and medical facilities, depending on their company policies.

How do I begin?

Interested students must apply to the Phlebotomy Technician 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 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 call CE Allied Health at 409-933-8645 if you have questions.**

Criminal Background Report

Acceptable current Pre Check Criminal Background Report (no older than 12 months & cannot expire before program completion) [Positive criminal history reports must be reviewed by the CE Allied Health Program Director.] Criminal background reports obtained through city or county law enforcement agencies are not acceptable.

Registration

Only applicants approved for the program can register. Registration with an approved form **must** be done in person at the CE Office at the Texas City campus, 1200 Amburn Rd., Texas City, TX 77591. For more information 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.



Financial Aid

Financial aid may be available for the Phlebotomy Technician Program if the student qualifies and funding is 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 75%) and is a one-time-only grant available to students with financial need. The remaining balance is the student's responsibility and is due at the time of registration. **All application requirements for TPEG must be completed a minimum of two weeks before the class.** Contact Continuing Education at 409-933-8586 for more information on how to apply.

Students: Check your COM email!

Beginning spring 2016, all COM business will be sent your COM email address. Students need to set up their COM email account in order to receive any communication from the Financial Aid Office, Business Office, instructors or other staff. Personal email addresses will not be used for College correspondence. To set up your email 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.

Notice to Students Regarding Licensing

Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. NOTE: Criminal history checks are required for clinical experience purposes.

Should you wish to request a review of the impact of criminal history on your potential licensure prior to or during your quest for a degree, you can visit this link and request a "Criminal History Evaluation": <https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/>

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether or not the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.



Phlebotomy Technician Fast Track Program Application

For CE Allied Health Office Use Only

Approved Declined

Reviewed By: _____

Date: _____

Cohort: _____-PLAB-1023-_____CL

Semester Requested (check one): Spring Summer Fall
Year: _____

Name: _____

DOB: ____/____/____
Last First Middle

Home Address: _____
Number & Street City State Zip

Phone #: (____) _____ Alt #: (____) _____

Email: _____

In Case of Emergency, Please Contact:

Name (please print) Relation to Student (____) Phone #

Have you or are you planning to apply for Financial Aid: (circle one) YES NO

Before returning your application, make sure you have the following documents:

1. Immunization record(s) showing proof of immunity through titer or vaccine for Hepatitis B, MMR, Varicella, Tdap & negative TB skin test (Tdap & TB cannot expire before program completion)
2. Acceptable current PreCheck Criminal Background Report (no older than 12 months & cannot expire before program completion) Applicant will be charged a fee by PreCheck for their report. **[Positive criminal history reports must be reviewed by the CE Allied Health Program Director.]** *Criminal history report MUST provide the following items:*
 - Social Security Number Verification;
 - Criminal Search (7 years or up to 5 criminal searches);

(PLEASE PRINT CLEARLY)



- Violent Sex Offender and Predator Registry Search;
 - HHS/OIG List of Excluded Individuals;
 - GSA List of Parties Excluded from Federal Programs;
 - U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN);
 - Applicable State Exclusion List, if available.
3. Copy of Signed Social Security Card (**must** Match Photo ID)
 4. Copy of Driver's License or Government-Issued Photo ID (**Must** Match Social Security Card) [Expired ID will not be accepted.]
 5. Copy of High School Diploma or GED
 6. Health Insurance coverage; you must show proof of current health insurance coverage prior to the one day clinical experience.



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

Immunization record(s) showing proof of immunity through **titer or vaccine** for:

Measles (Rubeola), Mumps & Rubella (MMR)	A. Two doses of Measles, Mumps, Rubella (MMR) vaccine OR	Date #1: _____ Date #2: _____
	B. Serologic test <u>positive</u> for Measles antibody	Date of Collection: _____ ____ Positive Result ____ Negative Result
	B. Serologic test <u>positive</u> for Mumps antibody	Date of Collection: _____ ____ Positive Result ____ Negative Result
	B. Serologic test <u>positive</u> for Rubella antibody	Date of Collection: _____ ____ Positive Result ____ Negative Result
Varicella	A. Two doses of Varicella vaccine OR	Date #1: _____ Date #2: _____
	B. Serologic test <u>positive</u> for Varicella antibody OR	Date of Collection: _____ ____ Positive Result ____ Negative Result
	C. Physician documented history of Varicella (Chicken Pox)	Disease Date: _____
Hepatitis B	A. Dose 1 Dose 2 Dose 3 OR Date : _____ Date : _____ Date : _____	B. Serologic test <u>positive</u> for Hepatitis B antibody Date of Collection: _____ ____ Positive Result ____ Negative Result
Tdap	A. Must be current within the last 10 years.	Date: _____
TB (PPd)	A. Must be current within the last 12 months. Date Given: _____ Date Read: _____ ____ Positive Result ____ Negative Result ____mm	B. If TB (PPd) skin test is positive, a negative chest x-ray report is required. Date of X-Ray: _____ ____ Positive Result ____ Negative Result

I am aware that the College of the Mainland CE Allied 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 _____



Acknowledgement of Hepatitis B Vaccine Requirement

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 training 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 is scheduled for _____
- I have completed my first shot and the dates for the next two shots are scheduled for: _____ 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

Applicant Signature

Date



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:

- A serologic confirmation of varicella immunity (positive varicella IgG result).
- A written statement from a physician or the student’s parent or guardian containing wording such as: “This is to verify _____ had
(Printed Name of Applicant)
varicella disease (chicken pox) on or about _____ and does not
(Approximate month/year)
need the varicella vaccine.”

Printed name of person completing form

Signature of person completing form

Relationship to applicant

Date



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



Criminal History Report for Phlebotomy Technician Applicants

Criminal History Report

A criminal history check from Pre Check is required to be presented by the student for COM’s Continuing Education Allied Health Phlebotomy Technician program. Please go to the PreCheck website at <https://www.precheck.com/> to request your criminal history check. There is a fee that the applicant will be charged by PreCheck for their report. ***The report results must be printed out and turned in with all completed requirements for the program.***

Criminal history report MUST provide the following items:

- Social Security Number Verification;
- Criminal Search (7 years or up to 5 criminal searches);
- Violent Sex Offender and Predator Registry Search;
- HHS/OIG List of Excluded Individuals;
- GSA List of Parties Excluded from Federal Programs;
- U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN);
- Applicable State Exclusion List, if available.
- 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 responsible for providing** College of the Mainland with a copy of my Criminal History background report.

PLEASE INITIAL _____

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APPLICANT SIGNATURE OF ACKNOWLEDGEMENT _____



Health Insurance Information for Phlebotomy Technician Applicants

Various clinical agencies now require students to have health insurance. ***You must have proof of health insurance at all times during the one-day clinical experience.*** Please fill out the form below, and submit proof of health insurance coverage with your application. Failure to notify the CE Allied Health department of lapse in health insurance coverage while attending the clinical experience may result in disciplinary action up to dismissal from the Phlebotomy Technician program. Providing invalid documents will result in disciplinary action up to dismissal from the Phlebotomy Technician program.

If you do not have health insurance, check the box indicating that you do not currently have health insurance coverage and you will be contacted by the CE Allied Health department with further instructions. You may call or email the CE Allied Health department at (409) 933-8645 or CEAlliedHealth@com.edu if you have questions or concerns regarding Phlebotomy Technician student health insurance coverage.

I have health insurance coverage (*proof of coverage MUST be attached*)

Applicant/Student Name: _____

Name of Insurance Carrier: _____

Group Number: _____ ID Number: _____

I do not have health insurance coverage

Applicant/Student Printed Name

Date

Applicant/Student Signature



Signature Agreement for Phlebotomy Tech Applicants

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.

Applicant Printed Name

Date

Applicant Signature

Completed Applications are to be submitted in person to the
North County Learning Center
200 Parker Court – League City, Texas – 77573
Monday – Friday 8:00am – 4:30pm