

# WILSON COMMUNITY

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# C O L L E G E

Thank you for your interest in the **PHLEBOTOMY** program. Admission is by the attached application and only **complete** applications (explained in this brochure) will be accepted. There are twenty (20) spaces available in each of the classes for Fall 2010. Applicants must be at least 18 years of age. The fee is \$192.00 which includes registration - \$175; technology - \$5; and security - \$12. There will be a textbook required.

Phlebotomy training prepares students to draw blood specimens from patients for testing and analyzing. A phlebotomist maintains equipment used in obtaining blood specimens; use of appropriate communication skills when working with patients; selection of venipuncture sites; the care of blood specimen; entry of the testing process in the computer; as well as clerical duties associated with record keeping of blood tests. The course consists of theory and clinical experiences in performing blood collection.

**The Division of Continuing Education of Wilson Community College recognizes and is fully supportive of clinical agencies that choose to require a drug screening, background check, or fingerprinting on students. Costs of these tests are the student's responsibility. Students have ten (10) days after the class begins to provide a criminal background check and a 13-panel drug screening to the instructor. These tests are available through DPPS at 243-7789.**

## **APPLICATION REQUIREMENTS**

Completed and signed application with all required **copies** attached as listed below.

- High school diploma, GED, or transcript
- North Carolina picture ID (example: driver's license)
- Proof of following immunizations:
  - Two (2) TB skin tests within three months of class begin date.
  - Proof of two MMR's
  - Hepatitis B (at least first shot of the series of three required)
  - Proof of, or (\*) titer, for varicella (chicken pox) (\*)**Titer:** blood test to prove immunization

**(\*) IT IS THE STUDENTS' RESPONSIBILITY TO OBTAIN ALL REQUIRED COPIES. WILSON COMMUNITY COLLEGE WILL NOT MAKE THESE COPIES.**

## **REQUIRED prior to clinical rotations:**

- **INSURANCES:** Malpractice (approx. \$15.00), available at the Cashier's office, Building F.
- **UNIFORMS:** Wine colored V-neck shirt; white pants, white lab coat, and white, closed-toe shoes. Skirts and/or dresses must be approved by the Program Coordinator prior to clinical rotation. Uniforms and name badges are available at Thomas Drugs.

# PHLEBOTOMY

# APPLICATION FOR FALL 2010

Wilson Community College will offer TWO classes on the dates listed below. Both classes will be held in Building G, Room 119. Please indicate your first choice:

\_\_\_\_\_ Aug. 17 through Dec. 16  
Monday and Wednesday  
9:00 a.m. until 12:00 p.m.

\_\_\_\_\_ Aug. 17 through Dec. 16  
Monday and Wednesday  
6:00 p.m. until 9:00 p.m.

NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Cell: \_\_\_\_\_ SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female

RACE: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other

EMPLOYMENT: \_\_\_\_\_ Unemployed \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-time EMPLOYER: \_\_\_\_\_

YOUR CAREER PLANS: \_\_\_\_\_

DO YOU HAVE PREVIOUS EXPERIENCE IN THE HEALTH FIELD? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, PLEASE LIST: \_\_\_\_\_

## AGREEMENT

I have attached all required copies to my application; have read, understand and agree to all stated requirements of the Phlebotomy program; understand the required clinical dress code, and agree to comply upon acceptance; understand this is an application only and does not constitute acceptance into the program; and understand I will be dismissed from the program if documented as verbally or physically abusive to College administration, clinical site staff, patients, or visitors.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS MUST BE SIGNED AND WITNESSED AT TIME OF REGISTRATION:** If any facility prohibits the student from participating in the clinical experience, the student will be dismissed due to an inability to progress and complete the program.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Return completed and signed application, with all required copies attached, to:  
Wilson Community College  
ATTN: Elise Webb  
Post Office Box 4305  
Wilson, NC 27893