Admission into the **Phlebotomy** program is by application, and only **completed** **applications** will be accepted. There are fifteen (15) spaces available. Applicants must be at least 18 years of age. The **registration fee is $224.00**, which includes $180 registration, $5 technology, $15 security, $2 accident insurance, $16 malpractice insurance, and $6 CPR eCard.

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. CPR training is included in this program.

The Division of Continuing Education of Wilson Community College recognizes and is fully supportive of clinical agencies that require a drug screen, background check, or fingerprinting on students. Costs of these tests are the responsibility of the student. The College has partnered with Castle Branch for these tests. No other provider will be accepted*.* The cost is $70. Students are required to sign up for the drug screen and criminal background check at www.castlebranch.com; package code WD71 (bgdt) background and drug screen only. Students have **ten (10) days after the class begins** to sign up with www.castlebranch.com and to complete the required tasks. Failure to do so will result in student not being able to continue in the Phlebotomy Training and Clinical Experience.

**APPLICATION REQUIREMENTS**

* Completed Phlebotomy Training application
* High School Diploma, High School Equivalency, **or** Transcript
* Valid Picture ID (example: unexpired driver’s license)
* Proof of following immunizations:
	+ **Two** TB skin tests (within twelve (12) months of class start date)
	+ **Two** MMR (**M**umps, **M**easles, **R**ubella) injections
	+ **Three** Hepatitis B (at least the first injection is required prior to start of class)
	+ Varicella injection ***or*** Titer (blood test to prove immunity to chicken pox)
	+ Tdap (within the past 10 years)
	+ Flu injection for the 2019/2020 season (when available)

It is the student’s responsibility to obtain copies of the required immunization records. **Keep the original record and BRING COPIES ONLY.**

**TEXTBOOKS:**

* The Phlebotomy Textbook 3rd Edition, (Approximately $75)
* The American Heart Association CPR textbook (Approximately $20)

**REQUIRED prior to clinical rotations:**

* **UNIFORMS:** Purple V-neck shirt; white pants, white lab coat, and white, closed-toe shoes. The Instructor must approve skirts and/or dresses prior to clinical rotation. Nametags are available in building “F” prior to clinical rotation. Nametags are required for Clinical. Students must be dressed professionally at all times when in clinical setting. Body piercings and tattoos must be covered when in clinical. Instructor will inform students of guidelines for dressing professionally.

**SECTION# 34009**

**August 19 – December 9** *(last day to register is August 16)*

**Mondays and Wednesdays of each week**

**5:00 p.m. until 9:00 p.m.**

**Clinical hours: off campus - 40 hours is required**

**Building: G Room: 119**

Applications will be available starting on **June 10, 2019**. Students wishing to have applications approved are welcome to call 252-246-1325 for questions regarding the approval process. Early registration begins on **July 8, 2019**. Classes fill up quickly so early registration is encouraged. Completed applications are accepted on a first come first served basis. The $224 fee is due at the time of registration. The registration and approval process will continue until the day before class starts ***or*** until the class is full. **Mail-in applications are not accepted.**

**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 HEALTHCARE FIELD?** \_\_\_Yes \_\_\_No

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

**AGREEMENT**

I have attached all required copies to my application; I have read, understand, and agree to all stated requirements of the Phlebotomy program; I understand the required clinical dress code, and agree to comply upon acceptance; I understand this is an application only and does not constitute acceptance into the program. I understand that 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**