



REGISTRATION/ENROLLMENT REQUIREMENTS

Listed below are all the registration/enrollment requirements for the Phlebotomy Technician Program.

We recommend that you begin working on these items as soon as possible. They are due when you register for class. Failure to submit all the requirements may impact your eligibility for completion status of the Phlebotomy program.

- 1. You are required to have a BCI & FBI Background check** Note you will not be accepted into the program with a negative background check. The health care profession requires that the candidate has none of the offenses listed on House Bill 160/Senate Bill 38 Ohio Revised Code Disqualifiers/conviction list. These may be obtained at your local law enforcement agencies, the Hamilton County Sheriff's office and some BMV offices in Ohio. The cost varies per location.
- 2. You will need to submit a copy of your high school diploma or GED** in order to register for the Phlebotomy Technician class. If you do not have this information, you will need to contact your high school and have your transcripts sent to Ms. Jones – cjones@makingachangecincy.com/ 513.309.4217.
- 3. Program Application:** Please fill out enclosed program application and submit when you register/pay for the Phlebotomy program.



CLINICAL REQUIREMENTS

1. **Proof of having started the Hepatitis B virus shot series or proof of completion of the shot series is required.** If you choose not to obtain this vaccination, you will need to sign a Declination Form which is included in your Enrollment Packet (page 12).
2. **A current flu shot is required.** This means that you have received the shot within one year of enrollment. You may obtain records of current shots from your physician, employer, etc., if you have already received the shot. If you need a flu shot, you may get one from your physician, urgent care or other health care provider of your choice. If you are unable to receive the flu shot due to medical reasons, a signed statement from your physician is required to be placed in your file. If you have any other questions, please contact your instructor.
3. **A copy of your immunization records** showing that you have been given the vaccine for MMR (Measles, Mumps and Rubella) is required. If you are unable to show proof of the vaccination, you will need to have a blood test called a “titer” performed by your physician to show that you have immunity to these illnesses.
4. You will be required to **complete a 2-step PPD (TB) test.** If you have a current 2-step TB from your employer or for other reasons, you will need to provide a copy for your file. A current TB test is within one year of enrollment. If you need to obtain a 2-step TB test, you may do so with your physician, urgent care or other medical professional or the tests are available through the Hamilton County Public Health TB Control Clinic.

TB tests may be obtained from your doctor OR the Hamilton County Public Health Tuberculosis Control Clinic, 513-946-7600, 184 East McMillan Street, Cincinnati, OH, 45219. The clinic is open Monday, Wednesday and Friday from 7:30 a.m.- 3:45 p.m. They are closed on Friday if Monday is a holiday. No tests are administered on Thursdays. No appointment is necessary. Individuals who have experienced a positive reaction to the PPD test are required to submit the result of a chest x-ray (\$40.00). If an x-ray is needed, call 513-946-7606 for an appointment.

You will be charged \$31.50 for each test (if paid in cash) for the two tests (total \$63.00) at the Tuberculosis Control Clinic. The charge is \$33.50 per test (total of \$67.00) if paid by MasterCard, Visa, American Express, Discover credit card or debit card.

5. You will need to **obtain a current physical exam.** There is a form included in your Enrollment Packet (page 11) for your physician to fill out. If you have a current physical exam, meaning you have had an exam within one year of enrollment, please request those records from your physician for your file.
6. You will need to **sign a Confidential Information Agreement** before being permitted to participate in any Career Development Experiences if they are available. These can be obtained from your instructor.

The **Program/Clinical Requirements Form** is maintained by your instructor to ensure that you have submitted the necessary documents to be admitted into the Phlebotomy Technician Program as well as attend any Career Development Experiences, if they are available.

Campus: _____

Start Date: _____ End Date: _____

Phlebotomy Student Application

Name: _____ DOB _____ SS# _____
First Middle Last

Phone Number: Cell Phone (____) _____ - _____ Other(____) _____ - _____

E-mail Address (We frequently communicate by e-mail, so please use your personal e-mail) _____

Street Address City State Zip
Phone number: (____) _____ Alternate phone number: (____) _____

I am taking this class for personal use only. __yes__ no

I declare under penalty that the foregoing is true and correct.

Sex: M____F____ Marital Status: Married____Separated____Single____

Single Parent:____Dislocated Worker*____Displaced Homemaker**____ Limited English____

Disabled____ Economically Disadvantaged____

Ethnicity: American Indian____Asian____Black____Hispanic____Multi____Native Hawaiian____White____

**In general, a dislocated worker is one who has been laid off, was self-employed but now unemployed due to economic conditions, a military spouse who is unemployed because of duty station relocation, or a displaced homemaker.*

***A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g., a stay-at-home mom or dad) and is no longer supported by the spouse, is unemployed or underemployed, and is having trouble finding or upgrading employment.*

Employment: Are you currently employed? Yes____No____ Yearly Salary (current or last) \$ _____

Education: Secondary

ADP____High School____GED____Home School____

Name of School _____ Graduation Year _____

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Alternate Contact:

Name: _____ Phone: _____

Address: _____ Relationship: _____

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Hospital: _____ Phone: _____

Signature _____ Date _____



Phlebotomy Technician Program

Phlebotomy Overview of Course Outcomes

The following are Performance Based Outcomes for the Phlebotomy Technician Programs as approved by the National Health careers Association. At the completion of this course, each student will be eligible to challenge the National certification exam in Phlebotomy.

In order to become nationally certified as a Phlebotomist (CPT) the student will achieve a minimum passing score of 70% on the certification exam and demonstrate proficiency in performing Phlebotomy procedures.

At the end of classroom instruction and self-study, the student will:

1. Understand and define the basics of Phlebotomy.
2. Know and interact within the hospital structure.
3. Understand and interpret legal issues.
4. Participate and incorporate safety awareness and precautions.
5. Know and practice infection control and prevention procedures.
6. Use, know and interpret medical terminology.
7. Know importance of and classify anatomy and physiology.
8. Examine the function of the circulatory, lymphatic, and immune systems.
9. Know, identify and describe the use of venipuncture equipment.
10. Perform routine venipuncture.
11. Identify and perform dermal punctures.
12. Recognize and perform corrective procedures for venipuncture puncture complications.
13. Perform correct blood collections from children and elderly.
14. Perform correct arterial collection.
15. Know and understand collections of non-blood samples handling, processing, and transporting the specimen.
16. Identify and understand special procedures and point-of-care testing.

Training/clinical or external experience* must include a minimum of 30 successful venipuncture's and 10 successful capillary sticks. These venipuncture capillary sticks must be performed on live individuals. Candidates are prohibited from using mannequins to meet this requirement.

***Clinical or external experience, IF AVAILABLE, is not mandatory for certification. The 30 successful venipuncture's and 10 capillary sticks can be performed in class on students or volunteers.**



Phlebotomy Technician Program

EMPLOYMENT OPPORTUNITIES:

Making. A. Change Phlebotomy Technician program provides support to ASSIST students in finding employment, but DOES NOT PLACE students into jobs. Students who find employment are successful in the program, are aggressive about submitting applications continuously, put their best foot forward in an interview, and have excellent references. Job openings are hard to predict. During certain times of the year hiring is very active, other times of the year, employment opportunities are scarce. The instructor of the course does:

1. Provide resources and information about basic job seeking skills; resume writing, interview skills, how to dress, etc.
2. Provides information about where to look for employment
3. Provides any job leads to the class as they arise

Barriers to Employment

Making. A. Change Phlebotomy Technician program wants every student to be successful not only in the class, but also in gaining employment after obtaining a certification for those who employment as a goal. For that reason, we would like to make students aware of potential barriers to employment. Individuals with the following are less likely to obtain employment even after successful completion of the course:

- **Color Blindness:** this condition prevents individuals from being able to distinguish a wide range of color coded wires that are used to accurately place them on patients. Most health care facilities use the color coded system.
- **Felony:** Health care institutions are less likely to hire convicted felons in patient contact occupations. Any offenses listed on the disqualifier or prohibited offense list from Senate bills 38 or 160 may prohibit you from employment in the healthcare profession.
- **Certain learning disabilities:** If you have a learning disability, please let your instructor know immediately so we can determine the best way for you to learn in the program. If you have a learning disability for which you will require accommodations on the National Certification Test, you will be required to provide a written diagnosis. You are also encouraged to contact the testing agency to find out
1) if they will provide that accommodation and 2) will this particular learning disability hinder employment opportunities.
- **Smoking** is a potential barrier to employment. Most phlebotomy employers now hire non-smokers only and do a blood test or swab upon hiring to check for nicotine.



Phlebotomy Technician Program

FINANCIAL ASSISTANCE RESOURCES

Below are a few resources that may be able to assist you in finding financial help with your tuition.

SOUTHWEST EDUCATIONAL OPPORTUNITY CENTER*

Clermont College

4200 Clermont College Drive

Batavia, Ohio 45103

513-732-8961

Contact: Claudia Cates, Claudia.Cates@uc.edu

www.clc.uc.edu/weoc

*you do NOT need to be a resident of Clermont County to use this service

OHIO BENEFITS

www.ohiobenefits.org

Select Quick Check to see if you qualify for financial assistance.

OHIO MEANS JOBS – HAMILTON COUNTY (formerly SuperJobs)

Office of Workforce Development

1916 Central Parkway

Cincinnati, Ohio 45214

513 946-7200

www.omj-cinham.org

www.Jfs.ohio.gov

UNITED WAY OF GREATER CINCINNATI

Dial 211 for a referral to the agency that can best help you.

www.uwgc.org



Phlebotomy Technician Program

PHYSICAL FORM

Name: _____
First Middle Last

Address: _____
Number/Street City State Zip

Temperature: _____ Pulse: _____

Blood Pressure: _____ Height: _____

Respiration: _____ Weight: _____

Is this person free of communicable disease? **YES** _____ **NO** _____

Have you noted any physical or emotional condition(s) which might prevent this person from fulfilling his/her duties as a Phlebotomy Technician? **YES** _____ **NO** _____

If so, please describe:

2-Step TB TEST FORM

Step 1

Date Given: _____ Site: _____ Right FA _____ Left FA _____ Nurse: _____

Date Read: _____ Results: _____ 0 mm _____ mm Nurse: _____

Comments: _____

Step 2

Date Given: _____ Site: _____ Right FA _____ Left FA _____ Nurse: _____

Date Read: _____ Results: _____ 0 mm _____ mm Nurse: _____



Phlebotomy Technician Program

Comments:

Signature and Title