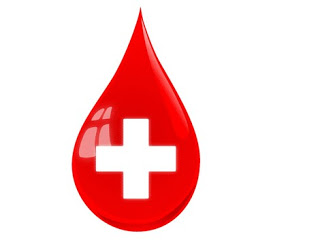
***Huntingdon County***

***Career & Technology Center***



***PHLEBOTOMY APPLICATION***

***[](http://us.f373.mail.yahoo.com/ym/ShowLetter?box=Inbox&MsgId=657_1838324_17484_1905_2138378_0_34539_2954586_4172901684&bodyPart=2&tnef=&YY=37653&y5beta=yes&y5beta=yes&order=down&sort=date&pos=0&view=a&head=b&VScan=1&Idx=0)***

P.O. Box E, 11893 Technology Dr.

Mill Creek, PA 17060

(814) 643-0951 [www.hcctc.org](http://www.hcctc.org)

PROGRAM INFORMATION SHEET

Phlebotomy

**Registration Fee** $ 30.00

Includes Criminal Clearance

**Campus Fees** $ 5.00

Includes ID Badge

**Tuition/Instructional Costs** $1100.00

**Certifications**  $ 202.00

NHA CPT Exam - $117

CPR BLS Certification - $60

OSHA Health Care Certification -$25

**Textbook**  $ 163.00

Phlebotomy Essentials text and Study Guide $94

NHA Online Exam Review and Practice exam -$69

**Total Tuition and Fees: $ 1500.00**

**Additional Required Items – at the cost of the student**

Scrubs / White Sneakers

Vaccine Records or Titers Record

Physical Exam form

FBI Clearance

**Reimbursable Cost for WIOA and OVR Funded Individuals\*** - $ 100.00

**Medical Assisting, other occupational**

CIP 51.0899 SOC 31-9097

Curriculum and Course Hours

Patient Preparation 30

Collection Techniques 25

Primary Collections

Special Collections

Processing 35

Safety & Compliance Considerations 10

Clinical Practices 25

**Total Hours 125**

**Classroom/Lecture Hrs. Shop/Lab Hrs.**

**75 clock =7.5 credits 50 clock =2.5 credits**

**Phlebotomy Student Clinical Rotation**

**In House Clinical-**

* Two (2) class periods are set for students to demonstrate Phlebotomy skills before the instructor.
* Students must demonstrate successful sticks during in house clinical to be permitted to advance to offsite clinical.
* It is the students’ responsibility to invite friends and family to in house clinical.
* All visiting “patients” will be asked to sign a release allowing the student to preform procedures.

**Clinical Rotation –**

* Each students will be assigned to 25 hours of offsite clinical experience.
* Clinical schedules will be reviewed during the first week of class.
* Although schedules are set by HCCTC and Penn Highlands Administration, All efforts are made to accommodate students need such as work schedule.
* Clinical Rotation consists of at minimum: Orientation, One rotation at the Penn Highlands Hospital Main Lab, One Rotation at the Penn Highlands Convenient Care Center, and One Rotation at an auxiliary lab such as the Penn Highlands Quick Lab, Mount Union Medical Center, the Southern Huntingdon County Medical Center or Fulton County Medical Center

**Orientation with PennHIghlands Clinical Lab Director and Fulton County Medical Center Clinical Lab Director 1 Hour – ALL STUDENTS TOGETHER**

* Sign Confidentiality and In Case of an Emergency Forms  Discuss Expectations ‐ Dress Code ‐ Cell phone policy ‐ Smoking policy
* Tour Hospital
* Tour Lab and introduce employees
* Students must complete orientation prior to starting clinical rotation

**Clinical Rotation- Penn Highlands Hospital Main lab**

* Student will work with several phlebotomists in the outpatient drawing area as well as the ER and nursing floors

**Clinical Rotation - Convenient Care Center**

* Student will work with the phlebotomist assigned to this location and draw walk in as  well as convenient care patients

**Clinical Rotation – Auxiliary Lab - Penn Highlands Quick Lab, Mount Union Medical Center, the Southern Huntingdon County Medical Center, Fulton County Medical Center**

* Student will work one on one with the phlebotomist assigned to this location and draw walk in patients.  Students will experience working independently at an offsite facility

**HCCTC Phlebotomy Dress Code**

Students will be required to wear a specific uniform to the Phlebotomy class.

* The uniform consists of **navy blue** nursing pants and a **navy blue** nursing top.

* The student must wear an **ID badge** at all times while in uniform for the clinical portion of the class. (The ID Badge will be provided by the school)
* Students are to wear **white antiskid** shoes, such as sneakers or nursing shoes as part of the uniform.
* Students **must** wear a watch with a **second hand.**
* Scrub jackets are **optional** but are required to be **Navy blue** in color.
* Long Sleeve shirts are permitted under the scrubs. Shirts must be solid white, navy or black.
* The only jewelry permitted with the uniform is one pair of stud earrings.
* All other piercings must be removed. Tongue rings and other body piercing jewelry, rings and necklaces will be removed when the uniform is worn.
* Wedding bands are acceptable.
* Students will **cover exposed tattoos** with some type of **matching make-up or a dressing**.
* Due to the infection control regulations, students will not be allowed to wear artificial nails or nail polish (including clear polish) during clinical.

**You are expected to be in full clinical dress throughout all lab and clinical experiences.**

My signature indicates that I have read and agreed to the above HCCTC Phlebotomy Dress Code.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Keep one copy for your records

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Keep one copy for your records

PROSPECTIVE STUDENT CLEARANCE INFO

Prior to the admission to our programs, you will be required to complete the following clearances prior to start:

**Pennsylvania Criminal Clearance** –COMPLETED BY SCHOOL AS PART OF THE APPLICATION PROCESS

            The criminal clearance will be obtain through the school and is included in the $30 registration fee. The HCCTC utilizes the PA EPATCH website and the information provided in the application.

**Federal FBI Fingerprint Clearance** – **Student Responsibility**

The FBI Fingerprinting clearance process and the cost incurred is the responsibility of the student. Registration must be completed at the website listed below. Once registered, use the site to find the local fingerprint center to complete the process. You must use the Department of Education to register. Copies of the results must be submitted to the HCCTC Adult Education Offices prior to start.

Eff. 11/28/17  IDEMIA will process the background checks for $22.60

Register prior to going to the fingerprint site online at [https://uenroll.identogo.com](https://uenroll.identogo.com/)

or by phone 1-844-321-2101. You will be asked to enter:

PDE “School Districts”

Agency Specific Service Code

1KG6XN

After registered and fingerprinted, Applicants will receive an “unofficial” copy of their report

Applicant must provide the Adult Education Office with UEID (Universal Enrollment ID) or a copy of the completed form/request.

**Pennsylvania Child Abuse History Clearance – Student Responsibility**

            The PA Child Abuse History clearance process and the cost incurred is the responsibility of the student to obtain. Register and completed the application at the following website. Copies of the results must be submitted to the HCCTC Adult Education Offices Prior to start.

[https://www.compass.state.pa.us/CWIS](https://www.compass.state.pa.us/cwis/public/home)

Enrollment into any program at the Huntingdon County Career & Technology Center can be denied based on the results of these clearances. All records will be reported to the Director for final decision. Some offenses exclude entry into certain programs based on Federal Regulations. A copy of that information is available in the Adult Education Offices.

# HCCTC PHELBOTOMY PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vital Signs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Medical History \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the student is free from communicable diseases in the communicable state.

\_\_\_\_\_No \_\_\_\_\_Yes

I certify that the student has no medical conditions/restrictions, which will prevent the student from performing the essential job functions of the Phlebotomy Technician job.

\_\_\_\_\_ No \_\_\_\_\_ Yes

If YES, please explain below and include length of restriction:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROVIDER’S SIGNATURE/TITLE DATE**

Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**REQUIRED DIAGNOSTIC STUDIES**

**The Tuberculin test:** (If the student has documentation of a negative PPD done within the last 6 months: **Attach copy of all reports**). You will be expected to obtain a Chest X-Ray on your own for history of positive PPD results or if positive results are found during testing.

## DOCUMENTATION OF IMMUNIZATIONS OR APPROPRIATE TITER FOR THE FOLLOWING:

## (**Attach copy of all reports)**

SPECIALTY HEPATITIS B, MEASLES, MUMPS, RUBELLA, VARICELLA, TETANUS (Tetanus booster must be within last 10 years). You will be required to submit proof of **COVID vaccine** in order to complete clinical rotation.

**A HISTORY OF CHILDHOOD ILLNESS IS NOT ACCEPTABLE PROOF OF IMMUNITY FOR EITHER RUBELLA, MUMPS OR RUBEOLA. A TITER IS REQUIRED.**

**If you do not have a regular physician, please contact the HCCTC at (814)643-0951 ext 1016 to schedule an alternative appointment. You must be able to provide immunization records or titers.**

January 1, 2021

**SAMPLE PAYMENT PLAN**

Program: Phlebotomy

Semester: February 20th 2018

Payment Schedule: Monthly

Total Amount Due: $1500.00

-$100 Self Pay Discount

-$30 Registration fee

Remaining Balance: $1370.00

Payment Due:

Month Paid Amount Method (Check #)

January 20th,2018 \_\_\_\_ $274.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

February 20th, 2018 \_\_\_\_ $274.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

March 20th, 2018 \_\_\_\_ $274.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

April 20th, 2018 \_\_\_\_ $274.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May 20th, 2018 \_\_\_\_ $274.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment must be made in full prior to being permitted to register for the final certification.

Checks should be made payable to “HCCTC”. Credit Card payments can be made through our PayPal Link on our website www.hcctc.org

*Please sign and date and return with your first payment to ensure your timely registration. Your signature shows your intent to follow the payment schedule as indicted above unless the HCCTC is notified immediately of any change. Failure to stick to the schedule will result in student not receiving certification or not being permitted to sit for final certification.*

Student Signature: DO NOT SIGN SAMPLE ONLY Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Adult Course**

Course Name: PHLEBOTOMY Anticipated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name or Alias:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS Number\*\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_ Birthdate:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Emergency Contact Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Applicant must submit a copy of their current ID

**Method of Payment:**

Funding Source: Self Pay \_\_\_\_\_ Payment Plan Option \_\_\_\_\_\_ Employer Invoice:\_\_\_\_\_\_\_

TRA\_\_\_\_\_ WIOA\_\_\_\_\_ OVR\_\_\_\_\_ Veterans Bill\_\_\_\_\_ WATCH\_\_\_\_\_\_\_

Program Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following information is required by the state. \*The information will in no way be used to determine eligibility for entrance into programs. (Check All that Apply)**

\_\_\_\_\_ Male \_\_\_\_\_ Female

\_\_\_\_\_American Indian \_\_\_\_\_Asian/Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_ White (Non-Hispanic) \_\_\_\_\_ Black (Non-Hispanic)

\_\_\_\_\_ Disabled \_\_\_\_\_Displaced Homemaker \_\_\_\_\_Economically Disadvantaged \_\_\_\_\_ Single Parent \_\_\_\_\_Educationally Disadvantaged \_\_\_\_\_Limited English Proficiency

**How did you hear about our programs (Check All that Apply)**

\_\_\_\_\_Radio Ad \_\_\_\_\_Newspaper Ad \_\_\_\_\_Billboard \_\_\_\_Digital Ad \_\_\_\_\_Website \_\_\_\_\_Previous Student \_\_\_\_\_Sign \_\_\_\_Facebook

\_\_\_\_\_Attended previous course \_\_\_\_\_Program like OVR,WIOA, VA, WATCH \_\_\_\_OTHER: Specify

**\*Please Read and sign the following statement:**

I understand the following:

1. The information on this application will be used to process a PA State Police Criminal Clearance and submit federal and state reporting criteria. If you choose not to complete these sections, you will be asked to submit the clearance at your own cost.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NON-DISCRIMINATION POLICY**

It is the policy of the Huntingdon County Career and Technology Center not to discriminate on the basis of sex, handicap, race, color, ancestry, age, national origin, religion, sexual preference, or union membership in its admission to educational and vocational programs, activities, or employment as required by Title VI, Title IX Section 504, and the Americans with Disabilities Act (ADA). For more information, contact LaVonda Runk, Business Manager at 11893 Technology Drive, Mill Creek, PA 17060. Telephone (814) 643-0951. The Huntingdon County Career and Technology Center will take steps to assure that lack of English language skills will not be a barrier to admission and participation in all educational and vocational programs. For information about your rights or grievance procedures, contact the HCCTC Administration.

**PAID APPLICATION FEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**