

Mitchell
COMMUNITY COLLEGE

Requirements for the Phlebotomy class

August 22, 2023 – December 6, 2023

Mondays, Tuesdays, Wednesdays & Thursdays from 9:00 a.m. – 1:00 p.m.

MONDAY'S CLASSES WILL BE SCHEDULED ONLINE

**Location: Goodwill Workforce Development Building
124 Fourth Crescent Place, Statesville, NC 28625**

1. Must be 18 years old prior to start date of clinical hospital registration.
2. Must have high school diploma or GED at registration.
3. Must have criminal background check completed from www.castlebranch.com at registration. **A criminal history free of convictions for any felonies or misdemeanors.** Please go to the website: www.castlebranch.com. Look for "**Place Order**" in upper right-hand corner. In the Package Code box, enter package code: **MI30**. After reading the disclaimer statement click the small box to accept. Click "**Continue Order**". Complete required information. Select a method of payment: Visa, MasterCard or money order. The cost is \$40 (subject to change). Once your order is submitted, you will receive a password via email to view the results of your background check. The results will be available in approximately 48-72 hours. **Please have this completed before you come to register.** This way you will have access to the results and be able to determine if you want to take this class at this time.
4. **The name of the text book is: The Phlebotomy Textbook; 4th Edition by Marjorie Schaub Di Lorenzo/Susan King Strasinger. This book can be purchased at the MCC bookstore for (approx. cost \$90.00).**
5. Clinical will be during the day.
6. Drug screens will be upon announcement @ the student's expense.
7. Students will need immunizations/physical (same as C.N.A)
8. The class **is 215 hours** which will include C.P.R. and **30 hours** of clinical at an outside facility.

NOTE: Students will perform dermal punctures and venipunctures on each other!



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Total cost for Phlebotomy \$399.25

Registration: \$180.00

Supply Fee: \$110.00

Liability Insurance: \$13.00

Accident Insurance: \$1.25

Handbook: \$15.00

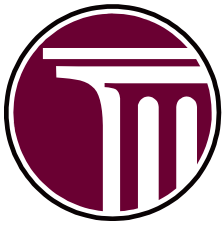
C.P.R.: \$5.00

Practice Exam & Study Guide: \$75.00

Immunizations and MD Physical

****Questions concerning immunizations or MD Physical should be directed to Pat Pence @ (704) 878-4312 or Janet Menster @ 704-978-1364**

Seats are limited and are filled on a first come, first qualified basis. Seats are not held. If you have questions, please call Joyce Chambers at (704) 878-4311.



Record of Immunizations

(Please print in black ink)

Student's Name: _____

Student's Date of Birth: _____

Please read carefully:

Other Vaccines:

TDap (tetanus/acellular pertussis) within 10 years of clinical date	Date: _____
2-MMR (measles ,mumps, rubella) or Titer	Date: #1 _____ Date: #2 _____ Or #2 Titer results: _____
PPD (tuberculin skin test) You must have 2 step test on file. Skin Test must be current within 1 year of clinical. Chest X-Ray or Blood test such as Quantiferon Gold results may be accepted in place of skin test.	Date:#1 _____ results _____ Date:#2 _____ results _____ Or Negative Chest X-Ray: _____ Or Blood Test Type: _____ Date: _____ Results: _____
Hepatitis B Must have HBV series of vaccines OR sign waiver of declination below. I decline Hepatitis B vaccination at this time with the understanding of the potential risks involved: Signature: _____	Date: #1 _____ Date: #2 _____ Date: #3 _____ Date of signed waiver: _____
Varicella (chicken pox) 2 doses or a positive titer.	Date: #1 _____ Date: #2 _____ Or Titer results: _____
Covid Vaccines	
Flu	
Polio (if under age 18)	
Other pertinent immunizations on file:	

Signature: _____ **Date:** _____

Physician, PA, FNP or RN



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MD Physical-with or without limitations & HEP B waiver

Student Name: _____

Date of Birth: _____

The above named individual may fully assist the Mitchell Community College student as an interpreter or attendant in the patient care setting and will potentially be in patient contact (defined as within 3 – 6 feet of the patient) while serving as a student interpreter/attendant for patient – student communication as related to the Allied Health course at Mitchell Community College. He/she is physically able to be in patient contact settings without restrictions.

Required abilities include:

1. The ability to organize responsibilities, make decisions and follow directions.
2. Visual acuity sufficient to assist as a student interpreter/attendant.
3. Hearing acuity sufficient to distinguish verbal communications.
4. The ability to lift, bend, stoop, reach, kneel, and move between furniture/fixed equipment and the ability to manipulate and maneuver effectively while providing assistance as an interpreter/attendant in a patient care environment.
5. Gross & fine motor skills capable of providing safe and effective assistance as an interpreter/attendant in a patient care environment.
6. The student interpreter/attendant is to be free of any contagious disease, including TB.

Permission for participation in lab & clinical activities for an individual with physical limitations.

If restrictions relate to lifting, please specify # of pounds.

List any limitations of the student interpreter/attendant as it pertains to a student interpreter/attendant in a health care setting with patient contact:

1. _____
2. _____

If Hepatitis B vaccine is medically contraindicated designate below:

_____ This student interpreter/attendant should **not** receive the Hepatitis B vaccine due to the fact that he/she has an existing medical condition which prevents them from receiving the vaccine.

Physician, PA, FNP Signature: _____ **Date:** _____

This form requires the signature of a Physician, PA, or FNP. Please return form to MCC faculty