**Requirements for the Phlebotomy class**

**Mondays (WILL BE SCHEDULED ONLINE-Except while scheduled at clinical site)**

**Class/Lab will meet on Tuesdays, Wednesdays & Thursdays**

**from 9:00 a.m. – 1:00 p.m.**

# 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](http://www.castlebranch.com/) at registration. **A criminal history free of convictions for any felonies or misdemeanors**. Please go to the website: [www.castlebranch.com.](http://www.castlebranch.com/) Look for “**Place Order**” in upper right-hand corner. In the Package Code box, enter package code:

**MI30.** After readingthedisclaimer 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.

1. **The name of the text book is:**

**Hartman's Complete Guide for the Phlebotomy Technician**

[**Textbook**](https://www.hartmanonline.com/pbt/index.html) **ISBN 978-1-60425-129-6**

[**Workbook**](https://www.hartmanonline.com/pbt/index.html) **ISBN 978-1-60425-161-6**

1. Clinical schedule will vary from class schedule. Each student will be assigned to a clinical site for a 30-hour week.
2. Drug screens will be upon announcement @ the student’s expense.
3. Students will need immunizations/physical (same as C.N.A)
4. The class is 215 hours which will include C.P.R. and 30 hours of clinical at an outside facility.

# Total cost for Phlebotomy $399.25

 **Registration: $180.00 Handbook: $15.00**

  **Supply Fee: $110.00 C.P.R.: $5.00**

  **Liability Insurance: $13.00 Practice Exam & Study Guide: $75.00**

  **Accident Insurance: $1.25**

**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

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read carefully and please print in black ink:**

|  |  |
| --- | --- |
| **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**

**MD Physical-with or without limitations & HEP B/Covid vaccine waiver**

**Name: \_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The above-named individual may fully perform as an instructor or student performing patient care and assignments while serving as an employee or student with an 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.
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 care in a patient care environment.
5. Gross & fine motor skills capable of providing safe and effective assistance in a patient care environment.
6. The individual 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 individual as it pertains to a health care setting with patient contact:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Hepatitis B vaccine or Covid vaccine is medically contraindicated designate below:**

This individual should **not** receive:

**\_\_\_\_\_\_\_\_\_\_\_\_Hepatitis B vaccine** and/or \_\_**\_\_\_\_\_\_\_\_\_\_\_Covid 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**