Phlebotomy Application

For spring, 2019

Program Description

IHP's phlebotomy program is an entry-level intensive course that includes training in the skills, knowledge, and abilities critical for a career as a phlebotomist in a health clinic or medical center.

Course content includes:

- Blood collecting, handling, and transporting, and processing specimens
- Anatomy, physiology of pertinent body systems, and pathologic conditions
- Lab equipment use and care
- · Safety precautions and quality control
- HIPAA (Health Insurance Portability and Accountability Act)

Time:

2 terms, 90 hours classroom and lab work, plus 100 hour clinical in a hospital or clinic.

Tuition:

\$2,999.00, excluding book. Tuition is due at the time of registration, or students may set up a 6 month payment plan with the Portland Community College Business Office. For Information about the payment plan, please visit the PCC Payment Plan webpage.

Accomodation: PCC is committed to ensuring our courses and programs are accessible. If you experience disability related barriers, or have questions about the accommodation process, please contact Disability Services [www.pcc.edu/disability]

Dates to Remember

Attend a Phlebotomy Free Informational Session to learn more about the program, job placement and internship opportunities.

Next Informational Session: 6pm on **Thursday, February 7th, 2019** at the CLIMB Center for Advancement.

Application is being accepted between: January 2nd to February 28th, 2019

Send Application Materials

Mail or deliver required documents and this application form to:

Attn: Phlebotomy PCC Institute for Health Professionals 1626 SE Water Avenue, Room 114 Portland, OR 97214

Late or incomplete applications will not be accepted.

NOTE: Once students complete the 2 terms successfully (entry into Term II is dependent upon successful completion of Term I) CLIMB Institute for Health Professionals will provide the student with necessary documents to apply for the National Certification Exam through the ASCP.

Phlebotomy Application Packet Checklist

Check Off Documents

We require the following documentation to be submitted for consideration into the program.

Do not submit original documents.

- COPY of High school completion or GED certificate. A College or University degree can substitute
- Answer and submit the following:
 - Cover letter explaining your interest, education, past experiences and strengths as they apply to the Phlebotomy training.
 - Provide your understanding of how the PCC Phlebotomy program works, including program requirements and expectations.
 - You have an elderly patient who is hard of hearing and appears to be anxious about your ability to draw their blood. How would you handle the situation?
- Hepatitis B titre shows "Positive" or "Reactive" result.
 - Influenza Vaccine for current season
 Tuberculosis Testing (PPD or X-ray for the
 - current year)
 - MMR with second dose Measles
 - Varicella vaccination or titre exam shows "positive" or "reactive" result
 - Tetanus within last 10 years

٦	Fill out this checklist and the registration
_	form (Pages 2-3). You must include a
	working email address, since you will
	be notified of acceptance by email.

Final Steps

 Students invited to interview, and tentatively selected for the course, must pass and submit a background check within 7 days after interviewing for final course acceptance. This will cost about \$68.

Please Keep in Mind

- Make sure you have included all requested materials before submitting your application. Incomplete or late applications will not be accepted.
- Submitting a registration form does not signify or guarantee that you will be registered or accepted into the Phlebotomy program.
- You must be age 18 when class begins.

Signature



Registration Form Non-Credit/CEU Classes

Phone: 971-722-8888, option 2 Online: pcc.edu/nc Fax: 971-722-4988 Mail: PO Box 19000, Portland OR 97280

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Part	t B: Student Info	ormation										
2					PCC Student Currently Enrolled at PCC viously Attended PCC						YYYY)	
4	Last Name						Other Nam	nes User	t			
5	5 First Name					Middle Initial			Gender Male Female			
7	7 Mailing Address					City	у				ZIP	
8	Email Address											
9	Daytime Phone Number				10 Evening Ph	Phone Number						
High	School/GED – Name of Sch	iool/Institution			City				Year Graduated/Obtained			
PCC is	committed to affirmative	action goals and w	ould appreciate yo	our response to	the following:							
Do yo	ou consider yourself to be H	lispanic/Latino?	○ Yes ○ No		one or more of the							
Citizen Type U.S. Citizen Resident Alien/Refugee/Immigrant Other, Enter Type					 ○ American Indian or Alaska Native ○ Native Hawaiian or Pacific Islander ○ White 							
Are y	Are you an Oregon resident? Yes O No				u a veteran of the U	J.S. Military?	O Yes	S \bigcirc No	_	_		_
— Part	t C: Registration	n Confirmat	tion	'								
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Date (MM/DD/YYYY)