Phlebotomy Technician Training

GENERAL INFORMATION
This program is designed for students with no prior knowledge of phlebotomy techniques and procedures. Anatomy and physiology of the blood and circulatory system, phlebotomy skills, quality assurance, and medical laboratory information are stressed. All procedures meet standards for phlebotomy training developed by the Clinical Laboratory Standards Institute.

Upon successful completion of classroom and clinical externship training, the student meets eligibility requirements to sit for the national certification exam sponsored by the American Society of Clinical Pathologists (ASCP).

ABOUT PHLEBOTOMY
Phlebotomy is the act of drawing or removing blood from the circulatory system through a cut (incision) or puncture in order to obtain a sample for analysis and diagnosis. Phlebotomy is also done as part of the patient’s treatment for certain blood disorders.

Phlebotomists are trained to work with infectious specimens. When proper methods of infection control and sterilization are followed, few hazards exist. Protective masks, gloves, and goggles are often necessary to ensure the safety of personnel.

Hours and other working conditions of clinical laboratory technologist and technicians, such as phlebotomists, vary with the size and type of employment setting. In large hospitals or in independent laboratories that operate continuously, personnel usually work the day, evening, or night shift and may work weekends and holidays. Laboratory personnel in small facilities may work on rotating shifts, rather than on a regular shift. In some facilities, laboratory personnel are on call several nights a week or on weekends, in case of emergency.

Laboratories and patient areas usually are well lighted and clean; however, specimens, solutions, and reagents used in the laboratory sometimes produce fumes. Phlebotomists may spend a great deal of time on their feet.

Hourly wages and salaries vary according to location and type of medical setting, and average around $29,730 per year.
http://www.bls.gov/ohs/healthcare/phlebotomists.htm

Occupational Exposure: Students planning to enter the Phlebotomy Tech Program need to know that as a health care provider they are at risk for exposure to bloodborne pathogens. Tasks and procedures performed by health care professionals involve risks classified by the Center for Disease Control in the following way:

- Category I – Direct contact with blood or other bodily fluids which universal precautions apply.

HEALTH 220 ENROLLMENT PROCEDURES
Complete the Phlebotomy Technician Application and return it to the Health Professions Service Center, Liberty Hall Room 251; 425-388-9461.

If you have previous college classes that need evaluation, turn in a placement test waiver with unofficial transcripts to Enrollment Services for a review of your transcript for placement and prerequisites. Once you are enrolled in a class at EvCC, request an official evaluation with official transcripts through Enrollment Services.

PREREQUISITES FOR PHLEBOTOMY TECHNICIAN
The following criteria must be met prior to admission to Phlebotomy Technician:

- Completion of high school or GED
- Placement into or completion of ENGL& 101
- Adequate manual dexterity and physical ability, including but not limited to adequate vision, hearing, and physical stamina.
- Create a Complio account at www.everettccpassport.com where you will upload your immunization records and other documents that are required for the program
- A national background check will need to be completed online at www.everettccpassport.com

Computer Competence: Students are strongly advised to possess computer skills that include word-processing, file-saving and transfer, internet and e-mail use. Lack of competence in these skills may result in inability to complete program requirements. Students who do not possess these skills may benefit from successfully completing CL 101, Computer Literacy.

PROGRAM ADVISING
Please attend a Health Sciences Information Session. For dates and times go to www.everettcc.edu/phlebotomy
Beth Adolphsen, BA, CMA (AAMA),CCMA (NHA) Liberty Hall 364, 425-388-9467,eadolphsen@everettcc.edu
Christine Malone, MHA, MBA, CMPE, CPHRM, FACHE, Liberty Hall 362, 425-259-8294, cmalone@everettcc.edu

Approved May 25, 2017 Instructional Council; Approved by SBCTC June 2017.

Everett Community College offers a variety of health-related programs and courses:
- Phlebotomy
- Medical Assisting
- Nursing
- Medical Spanish Interpreter
- Healthcare Risk Management
- Pre-Radiologic Tech in coordination with Bellingham Technical College

Contact an advisor for more information!
Students should meet with an advisor and maintain this checklist while at Everett Community College. Not every course is offered every quarter, and instructor permission and/or prerequisites are required for some courses. Upon successful completion of classroom and clinical externship training, the student meets eligibility requirements to sit for the national certification exam sponsored by the American Society of Clinical Pathologists (ASCP).

Student Name: ___________________________  Advisor Signature: ___________________________  Date: __________

☐ HIV Certificate (HEALTH 80)
☐ Transcript Evaluation (if applicable) completed through Enrollment Services.
☐ Declared program code “382” with Enrollment Services
☐ National Background Check completed
☐ Complio immunization account created and compliant in all categories
☐ Completion of ENGL 098 or placement into ENGL& 101

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(minimum 2.0 GPA required in each course)
Phlebotomy Technician Program Application

Instructions:
1. Apply for admission to Everett Community College and complete the application process. Visit www.everettcc.edu/enrollment for all necessary steps.
2. Complete and sign the following application, printing clearly or typing.
3. Attend a Health Sciences Information Session and/or meet with a program advisor.
4. Return this form to the Health Professions Service Center, LBH 251, 425-388-9461

Name: ____________________________________________  __________________________
last  first  middle  other last names

Address: __________________________________________
street  city/state  Zip  Phone:  (   )

Student ID Number (obtained from the Enrollment Services Office): ______________________

Date of Birth: ______________________  In case of emergency, contact:
MM   DD   YY  Name: ____________________________________________  __________________________

Email: ____________________________________________  Phone: ____________________________________________

Education

High School:  Name  Location  Graduation date

College/University:  (Please list those classes that apply to this program) Attach an additional sheet if necessary.
Name  Location  Dates attended  Degree earned (if any)

SIGNATURE: Please read the following statements and sign in the space provided.

1) I have reviewed the information presented on this form and I agree that it is correct as stated.
2) I request and authorize the Health Professions Service Center to obtain and release, on my behalf, information needed for entry into and completion of the Phlebotomy Program.
3) I am aware and agree that this information may be shared with the clinical sites that are a required part of this educational program.
4) I understand that I will need to complete the online background check before receiving a permission code to enroll in HLTH 220. I further understand that having a criminal record will limit the possibility of a career in the healthcare field and externship placement.
5) I declare that I have a High School diploma or GED.
6) I am aware that all program information forms are available on the Everett Community College website.

Signature ____________________________________________  Date ____________________________________________

Anti-Discrimination Policy: Everett Community College does not discriminate on the basis of race, color, religious belief, sex, marital status, sexual orientation, gender identity or expression, national or ethnic origin, disability, genetic information, veteran status, or age in its program and activities, or employment.
Criminal history/conviction records for current Health Science Students are reviewed as they relate to the content and nature of the curriculum and the safety and security of patients and the public. Such records may be required to be verified by background check in order to continue enrollment. Please complete this record to include previous information and any information which would not have been known when you entered the Health Sciences Department.

Student Name (Last)_________________________(First)_________________________(MI)________

Social Security Number_________________________

Date of Birth (Mo, Day, Yr)_________________

1. Crimes against persons and crimes related to financial exploitation:
Have you ever been convicted of any of the crimes listed below?
☐Yes ☐ No If yes, check all that apply and describe in the box below.
☐ Arson, (1st degree)
☐ Assault, Custodial
☐ Assault, Simple (or 4th degree)
☐ Assault (1st/2nd/3rd degree)
☐ Assault of a child (1st/2nd/3rd degree)
☐ Burglary (1st degree)
☐ Child Abandonment
☐ Child Abuse or Neglect (RCW 26.44.0200)
☐ Child Buying or Selling
☐ Child Molestation (1st, 2nd, 3rd Degree)
☐ Communication with a Minor
☐ Criminal Abandonment
☐ Criminal Mistreatment (1st, 2nd Degree)

☐ Custodial Interference (1st/2nd Degree)
☐ Extortion (1st/2nd/3rd Degree)*
☐ Forgery*
☐ Incest
☐ Indecent Exposure-Felony
☐ Kidnapping (1st/2nd Degree)
☐ Malicious Harassment
☐ Manslaughter (1st/2nd Degree)
☐ Murder, Aggravated
☐ Murder (1st/2nd Degree)
☐ Patronizing a Juvenile Prostitute
☐ Promoting Pornography
☐ Promoting Prostitution (1st Degree)
☐ Prostitution
☐ Robbery (1st/2nd Degree)
☐ Rape (1st/2nd/3rd Degree)
☐ Rape of a Child (1st/2nd/3rd Degree)
☐ Selling/Distributing Erotic Material to a Minor
☐ Sexual Exploitation of a Minor
☐ Sexual Misconduct with a Minor (1st/2nd Degree)
☐ Theft (1st, 2nd, 3rd Degree)
☐ Unlawful Imprisonment
☐ Vehicular Homicide
☐ Violation of Child Abuse Restraining Order

2. Drug Related Crimes
Have you ever been convicted of a crime related to the manufacture, delivery of, or possession with intent to manufacture or deliver a controlled substance?
☐Yes ☐ No

3. Related Proceedings
Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?
☐Yes ☐ No

4. Medicare-Medicaid/Healthcare Related Crimes
Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?
☐Yes ☐ No

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies, or other participation in Medicare/Medicaid or any other state or federal healthcare program?
☐Yes ☐ No

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?
☐Yes ☐ No

5. For all items checked in 1, 2, or 3 above, specify the conviction or action date(s), sentence(s), or penalty(ies) imposed, prison release date(s) and current standing. For all items with an asterisk (*) above, provide a description of the victim including the victim’s age. Write on the back of this paper if needed.

6. General Conviction Information:
Aside from those crimes listed above, within the past 10 years have you been convicted of or released from jail/prison for any crimes (including misdemeanors and felonies), excluding parking tickets/traffic citations?
☐Yes ☐ No If Yes, indicate all conviction dates, jail/prison release date(s), and the nature of the offense(s). (Use back of page)

Signature
Under penalty of perjury, I certify that the above-stated information is true, correct, and complete. I understand that I can be required to support the information with background checks and that I can be discharged from the Program for any misrepresentation or omission in the above-stated information.

Signature________________________________________Date_________________