

# 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.

Students enroll in Health 220 after all prerequisites are met. 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 \$26,000 - 27,040 per year. <http://stats.bls.gov/oco/ocos096.htm> (Feb 2011)

**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

1. Complete Student Information form for Phlebotomy Technician Training Program.
2. Attach supporting documents.

Submit materials to:

EvCC, Health Sciences Dept., 2000 Tower St., Everett, WA 98201.

If you have attended college before and wish to determine if previous courses will apply toward EvCC's Phlebotomy Coursework, you must request an official transfer credit evaluation from Enrollment Services.

## PREREQUISITES FOR HEALTH 220

The following criteria must be met prior to admission to Health 220:

- Completion of high school or GED.
- Completion of ENGL 98 or &101, HLTH 100, and HLTH 102.
- Adequate manual dexterity and physical ability, including but not limited to adequate vision, hearing, and physical stamina.
- All immunization and required documentation found on the Health Sciences Required Documentation form submitted to the Health Sciences Department in Index 140.

**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 Phlebotomy Technician information session, held frequently during the year. For the dates and times of information sessions, go to: [www.everettcc.edu](http://www.everettcc.edu) or call 425-388-9461. Program advising is available during quarterly advising days known as "Advisapalooza" or by scheduling an appointment with:

Beth Adolphsen, CMA (AAMA), Index 141, 425-388-9467,  
[eadolphsen@everettcc.edu](mailto:eadolphsen@everettcc.edu)

Karla Pouillon, RN, Index 141, 425-388-9571, [kpouillon@everettcc.edu](mailto:kpouillon@everettcc.edu)

Christine Malone, MHA, CMPE, Index 139, 425-259-8294,  
[cmalone@everettcc.edu](mailto:cmalone@everettcc.edu)

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!

# PHLEBOTOMY CHECKLIST

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: \_\_\_\_\_

- |   |                 |                |
|---|-----------------|----------------|
| <input type="checkbox"/> HIV Certificate (HEALTH 80)  | _____           | _____          |
|   | Where Completed | Date Completed |
| <input type="checkbox"/> Transcript Evaluation (if applicable) completed through Enrollment Services.               |                 |                |
| <input type="checkbox"/> Declared program code "382" with Enrollment Services                                       |                 |                |
| <input type="checkbox"/> Certified Background Check (Must complete no earlier than one quarter prior to externship) |                 |                |

<u>Course Number</u>	<u>Course Title</u>	<u>Credits</u>	<u>Quarter Completed</u>	<u>Grade</u>
	<i>Intro to College Writing</i>			
	<i>Or</i>			
<i>Prerequisite: ENGL 98 or ENGL&amp; 101</i>	<i>English Composition I</i>	5	_____	_____
<i>Prerequisite: HEALTH 100</i>	<i>Medical Terminology</i>	5	_____	_____
<i>Prerequisite: HEALTH 102</i>	<i>Applied A&amp;P</i>	5	_____	_____
Required: HEALTH 220	Phlebotomy	7	_____	_____

MINIMUM REQUIRED CREDITS      22      (*minimum 2.0 GPA required in each course*)

Everett Community College does not discriminate on the basis of race, religion, creed, color, national origin, age, sex, sexual orientation, marital status, the presence of any physical, sensory or mental disability, genetic information or status as a disabled or Vietnam era veteran in its program and activities, or employment. The Vice President of Instruction and Student Services has been designated to handle inquiries regarding student-related non-discrimination policies and can be reached at 2000 Tower Street, Everett, WA 98201, or by phone at (425)388-9216. The Vice President of Administrative Services/Human Resources has been designated to handle employment-related inquiries regarding the non-discrimination policies and can be reached at 2000 Tower Street, Everett, WA 98201, or by phone at (425)388-9232. This publication is effective **FEBRUARY 2011**. The College reserves the right to change courses, programs, degrees and requirements. It is the student's responsibility to be aware of correct information by routinely checking with Enrollment Services and/or the advisors listed in this publication. Requirements applicable to all certificates and degrees are published in the College Catalog. Nothing contained herein shall be construed to create any offer to contract or any contractual rights.

For more information, call 425-388-9219, Everett Community College, 2000 Tower Street, Everett, WA 98201, [www.everettcc.edu](http://www.everettcc.edu)



**Instructions:** Using this checklist, provide appropriate documentation of each requirement. Incomplete immunization records may result in a student being ineligible for externship placement. A full description of the College's requirements for earning a certificate or degree is contained in the College catalog. For more information, go to [www.everettcc.edu](http://www.everettcc.edu).

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	Requirement	Guideline
<input type="checkbox"/>	<b>Advisapaloza or Information session</b>	Faculty review of Everett Community College transcripts and degree plan
<input type="checkbox"/>	<b>7 Hour HIV Certificate</b>	Must be completed prior to Externship
<input type="checkbox"/>	<b>Transcript evaluation</b>	If applicable, all official transcripts must be evaluated for credit by Enrollment Services.
<input type="checkbox"/>	<b>Declared Program Code</b>	Must declare program code with Enrollment Services: Medical Assisting: 381      Healthcare Risk Management: 315 Phlebotomy Technician: 382      Medical Spanish Interpreter: 438
<input type="checkbox"/>	<b>Certified Background Check</b>	Completed through <a href="http://www.CertifiedBackground.com">www.CertifiedBackground.com</a> . Must be completed no earlier than one quarter prior to externship.
<input type="checkbox"/>	<b>CPR for the Healthcare Provider</b>	Must be updated every 12 months
<input type="checkbox"/>	<b>Medical Insurance</b>	Documentation of injury coverage during clinical/externship quarter(s)
<input type="checkbox"/>	<b>Influenza</b>	Documentation of annual injection. Available October through March only. <i>Immune status is required</i>
<input type="checkbox"/>	<b>PPD (Tuberculosis test)</b>	Tuberculin skin test must be repeated every 12 months with a negative result report from MD or clinic.  If your PPD is due to expire during your externship, it must be updated prior to the start of your externship.  If your 1 <sup>st</sup> PPD occurred more than 24 months ago, you will need 2 step testing and 2 negative test to be considered negative.  If any of your PPDs are positive, a chest xray with written results, and physician's statement of no symptoms of TB is required.
<input type="checkbox"/>	<b>Diphtheria/Tetanus OR Tdap</b>	A booster every 10 years is required. If tetanus is more than 2 years old, a Tdap is required
<input type="checkbox"/>	<b>Hepatitis B Immunization Series and Titer</b>	1 <sup>st</sup> Hepatitis B dose must be completed prior to beginning program 2 <sup>nd</sup> Hepatitis B dose is administered at least 30 days after the 1 <sup>st</sup> dose 3 <sup>rd</sup> Hepatitis B dose is administered 5 months after 1 <sup>st</sup> dose and at least 2 months after 2 <sup>nd</sup> dose  Final evidence of immunity must be provided with titer results and interpretation from physician or clinic. ** MA students: All 3 Hepatitis B immunizations and titer must be completed prior to Clinical or needle invasive courses ** Phlebotomy Technician students: All 3 Hepatitis B immunizations and titer must be completed prior to enrollment in externship. <i>Immune status is required</i>
<input type="checkbox"/>	<b>Varicella Immunization Series OR Titer</b>	Varicella injections or titer is required prior to the start of externship <i>Immune status is required</i>
<input type="checkbox"/>	<b>MMR Immunization Series OR Titer for each Measels, Mumps and Rubella</b>	Injection and booster or positive titer are required prior to the start of your externship. <i>Immune status is required</i>

\*\*If you have a medical condition that prevents you from completing one or more of the immunizations above, please attach a separate letter of explanation for review.

**Anti-Discrimination Policy** Everett Community College does not discriminate on the basis of race, religion, creed, color, national origin, age, sex, sexual orientation, marital status, the presence of any physical, sensory or mental disability, genetic information or status as a disabled or Vietnam era veteran in its program and activities, or employment.

**Everett Community College Health Science  
Criminal History/ Conviction Information**

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.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arson, (1 <sup>st</sup> degree)  | <input type="checkbox"/> Custodial Interference (1 <sup>st</sup> /2 <sup>nd</sup> Degree)       | <input type="checkbox"/> Promoting Prostitution (1 <sup>st</sup> Degree)                            |
| <input type="checkbox"/> Assault, Custodial   | <input type="checkbox"/> Extortion (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> * Degree) | <input type="checkbox"/> Prostitution   |
| <input type="checkbox"/> Assault, Simple (or 4 <sup>th</sup> degree)                                    | <input type="checkbox"/> Forgery*   | <input type="checkbox"/> Robbery (1 <sup>st</sup> /2 <sup>nd</sup> Degree)                          |
| <input type="checkbox"/> Assault (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> degree)             | <input type="checkbox"/> Incest   | <input type="checkbox"/> Rape (1 <sup>st</sup> / 2 <sup>nd</sup> /3 <sup>rd</sup> Degree)           |
| <input type="checkbox"/> Assault of a child (1 <sup>st</sup> /2 <sup>nd</sup> / 3 <sup>rd</sup> degree) | <input type="checkbox"/> Indecent Exposure-Felony   | <input type="checkbox"/> Rape of a Child (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> Degree) |
| <input type="checkbox"/> Burglary (1 <sup>st</sup> degree)  | <input type="checkbox"/> Kidnapping (1 <sup>st</sup> /2 <sup>nd</sup> Degree)                   | <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor                            |
| <input type="checkbox"/> Child Abandonment  | <input type="checkbox"/> Malicious Harassment   | <input type="checkbox"/> Sexual Exploitation of a Minor   |
| <input type="checkbox"/> Child Abuse or Neglect<br>(RCW 26.44.0200)                                     | <input type="checkbox"/> Manslaughter (1 <sup>st</sup> /2 <sup>nd</sup> Degree)                 | <input type="checkbox"/> Sexual Misconduct with a Minor (1 <sup>st</sup> /2 <sup>nd</sup> Degree)   |
| <input type="checkbox"/> Child Buying or Selling  | <input type="checkbox"/> Murder, Aggravated   | <input type="checkbox"/> Theft (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> * Degree)       |
| <input type="checkbox"/> Child Molestation (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree) | <input type="checkbox"/> Murder (1 <sup>st</sup> /2 <sup>nd</sup> Degree)                       | <input type="checkbox"/> Unlawful Imprisonment  |
| <input type="checkbox"/> Communication with a Minor   | <input type="checkbox"/> Patronizing a Juvenile Prostitute                                      | <input type="checkbox"/> Vehicular Homicide   |
| <input type="checkbox"/> Criminal Abandonment   | <input type="checkbox"/> Promoting Pornography  | <input type="checkbox"/> Violation of Child Abuse Restraining Order                                 |
| <input type="checkbox"/> Criminal Mistreatment (1 <sup>st</sup> , 2 <sup>nd</sup> Degree)               |   |   |

**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** \_\_\_\_\_