

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 technologists 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. Washington state average is currently \$39,410 per year. [Bureau of Labor Statistics, U.S. Department of Labor](#), *Occupational Outlook Handbook, 2017-18 Edition*.

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 blood borne 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 & 253; Phone: 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
- Completion of ENGL 98 or placement into ENGL& 101 by Accuplacer Test
- Adequate manual dexterity and physical ability, including but not limited to adequate vision, hearing, and physical stamina.
- Create a Compio 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 prior to enrolling in HLTH 221 through your Compio account.

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 or call 425-388-9461. Program advising is available during quarterly Advising and Late Advising days.

Our Advising Team:

Beth Adolphsen M.Ed., CMA (AAMA), CCMA (NHA), MA-C (WA)

Prathyusha Balluru, BDS, MHA

Rhonda Hamburg, CMA (AAMA), PBT (ASCP)

Christine Malone Ed.D, MBA, MHA, CMPE, CPHRM, FACHE

Amber Samaniego, BAS, CMA (AAMA)

Approved October 2017 by EvCC Instructional Council and WA SBCTC.

Everett Community College offers a variety of health-related programs and courses:

- 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:** _____

- Declared Program Code "382" with Enrollment Services
- Transcript Evaluation (if applicable) completed through Enrollment Services.
- Completion of ENGL 98 or placement into ENGL & 101
- Certificate of Completion HIV/AIDS Education—7 contact hours HLTH 080 or equivalent
- Complio immunization account created and compliant in all categories*
- American Heart Association Basic Life Support (BLS) for Providers CPR card
- National Background Check completed prior to HLTH 221*

<u>Course Number</u>	<u>Course Title</u>	<u>Credits</u>	<u>Quarter Completed</u>	<u>Grade</u>
HLTH 100	Medical Terminology	5	_____	_____
HLTH 102	Applied A & P	5	_____	_____
HLTH 220	Phlebotomy Technician Training	5	_____	_____
HLTH 221	Phlebotomy Practicum	4	_____	_____
		19	<i>Minimum 2.0 PGA required in each course</i>	

*The Health Sciences programs have implemented an online background check and immunization records system. Your immunization must be complete and uploaded prior to taking HLTH 220. You will be instructed when to complete your National Background Check while enrolled in HLTH 220. Instructions are available at www.everettpassport.com

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information in its programs, activities, or employment. The Title IX Coordinator has been designated to handle inquiries regarding nondiscrimination policies and can be reached at 2000 Tower Street, Everett, WA 98201, TitleIXCoordinator@everettcc.edu, or 425-388-9271. This publication is effective **April 2019**. 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

**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 st degree) | <input type="checkbox"/> Custodial Interference (1 st /2 nd Degree) | <input type="checkbox"/> Promoting Prostitution (1 st Degree) |
| <input type="checkbox"/> Assault, Custodial | <input type="checkbox"/> Extortion (1 st /2 nd /3 rd * Degree) | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Assault, Simple (or 4 th degree) | <input type="checkbox"/> Forgery* | <input type="checkbox"/> Robbery (1 st /2 nd Degree) |
| <input type="checkbox"/> Assault (1 st /2 nd /3 rd degree) | <input type="checkbox"/> Incest | <input type="checkbox"/> Rape (1 st / 2 nd /3 rd Degree) |
| <input type="checkbox"/> Assault of a child (1 st /2 nd / 3 rd degree) | <input type="checkbox"/> Indecent Exposure-Felony | <input type="checkbox"/> Rape of a Child (1 st /2 nd /3 rd Degree) |
| <input type="checkbox"/> Burglary (1 st degree) | <input type="checkbox"/> Kidnapping (1 st /2 nd 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
(RCW
26.44.0200) | <input type="checkbox"/> Manslaughter (1 st /2 nd Degree) | <input type="checkbox"/> Sexual Misconduct with a Minor (1 st /2 nd Degree) |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Murder, Aggravated | <input type="checkbox"/> Theft (1 st , 2 nd , 3 rd Degree) |
| <input type="checkbox"/> Child Molestation (1 st , 2 nd , 3 rd Degree) | <input type="checkbox"/> Murder (1 st /2 nd 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 st , 2 nd 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** _____