

**Phlebotomy Program (PBT)**  
**APPLICATION FOR ADMISSIONS**  
**2023-2024**

Application DUE:	6 weeks prior to start of Quarter
Acceptance letters emailed no later than:	4 weeks prior to start of Quarter

**DIRECTIONS FOR COMPLETING THE PBT APPLICATION FOR ADMISSIONS**

1. Print out the application form. Complete it entirely.
2. See Phlebotomy webpage (<https://www.shoreline.edu/programs/phlebotomy/phlebotomy-certificate.aspx>) for information on application and acceptance process
3. The Phlebotomy Program accepts 10 students each quarter.
4. Submit one complete application with an application fee or receipt from the SCC Cashier by the deadline.
  - a. Once submitted, no additional application materials or documentation will be accepted. Incomplete applications will not be considered.
5. Include copies of
  - a. High school diploma, GED certificate
  - b. College transcript (unofficial) showing ENGL 099/EAP 099 or higher with a grade of 2.0 or higher.
  - c. If you have no documentation of ENGL 099, submit COMPASS or ACCUPLACER test evaluation results. ACCUPLACER test evaluation can be set up by calling our Testing Center at (206) 546-4608.
6. Complete application packet by the above deadline and submit via postage mail to:

**Phlebotomy Program**  
**Lyubov Braga, Coordinator, MLT & HIIM**  
**Shoreline Community College**  
**16101 Greenwood Ave. N., Shoreline, WA 98133**  
**Fax: (206) 533-5103**



# | Phlebotomy Program

## PHLEBOTOMY (PBT) PROGRAM APPLICATION- ADMISSIONS

STUDENT ID: \_\_\_\_\_

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

Last First Initial Other name(s)

GENDER: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say DATE OF BIRTH: \_\_\_\_\_  
AGE: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
(Personal)

EMAIL: \_\_\_\_\_  
(Shoreline)

ADDRESS: \_\_\_\_\_  
Street Apt No. Daytime Phone Number  
City State Zip Code

- I have: ☐ attended a Phlebotomy Program Information Session ☐ I have not attended Date Attended \_\_\_\_\_
- Have you applied to Shoreline's Phlebotomy Program within the past two years? ☐ Yes ☐ No
- Are you currently in the Worker Retraining Program at Shoreline Community College? ☐ Yes ☐ No
- Is English your first (Native) language? ☐ Yes ☐ No

<b>I am applying to start in: (Check one)</b>	<b>I completed high school as follows: (Check one)</b>
<input checked="" type="checkbox"/> Fall 23	<input type="checkbox"/> High School
<input checked="" type="checkbox"/> Winter 24	<input type="checkbox"/> GED
<input type="checkbox"/> Spring 24	<input type="checkbox"/> Alternative high school diploma
<input type="checkbox"/> Summer 24	<b>I completed college as follows: (Check one)</b>
<b>Please check one: (Optional)</b>	<input type="checkbox"/> Have not completed college
<input type="checkbox"/> 1. White, non-Hispanic	<input type="checkbox"/> Short-term training, vocational school or other
<input type="checkbox"/> 2. African American, Non-Hispanic	<input type="checkbox"/> One-year certificate from a community college
<input type="checkbox"/> 3. American Indian/Alaskan	<input type="checkbox"/> Associate's degree
<input type="checkbox"/> 4. Samoan, Southeast Asian, or Pacific Islander	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> 5. Filipino Asian	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> 6. Chinese, East Indian, Japanese, and Korean	<input type="checkbox"/> Doctorate or professional Degree
<input type="checkbox"/> 7. Other Asian	<b>Residency Status:</b>
<input type="checkbox"/> 8. Hispanic	<input type="checkbox"/> US Citizen
<input type="checkbox"/> 9. Other Ethnicity	<input type="checkbox"/> Resident alien/ immigrant
	<input type="checkbox"/> Student Visa

I certify that all statements on this application are complete and true. I also understand that If I am admitted and do not enroll for the term to which I am admitted, I will need to reapply for admission. No submitted materials will be returned and/or duplicated. I have enclosed the \$35.00 non-refundable application check fee which includes the cost of the Washington State Patrol Background Check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PBT PROGRAM ADMISSIONS- TECHNICAL STANDARDS/ESSENTIALS SKILLS REQUIREMENTS

**Applicant Name:**

*(Please Print)*

**Certificate of Completion in Phlebotomy prepares the person to work as a team member in a clinical laboratory.**

The faculty in the MLT department has a responsibility for the welfare of students enrolled in the program, for patients affected or treated by students in the program and for staff working in the program. The MLT department has established minimum essential requirements that must be met, with or without reasonable accommodation, to participate in the program and graduate.

Candidates for admission into the Phlebotomy Program must possess abilities and skills in the areas listed below. Reasonable accommodation can be made for some disabilities in these areas, but a candidate must be able to perform in a reasonably independent manner. Each applicant to the program must attest that they can meet the abilities and skills listed below before entry into the program.

1. **Observation** - An applicant must have the ability to participate actively in classroom demonstrations, lectures, student laboratory, and clinical practicum sessions. He/she must have the ability to see projected images and discriminate color variations in slide and computer format, as well as under a microscope.
2. **Communication** - The applicant must be able to communicate in English with instructors, fellow students, patients, and other members of the health care team. He/she must be able to write and transmit information clearly, accurately, and efficiently.
3. **Motor Function** - The applicant must have sufficient motor function to perform a variety of basic laboratory procedures. These may include manipulation of a variety of pipettes, phlebotomy equipment, laboratory equipment, and supplies. Work may involve standing for period of time and bending forward to perform phlebotomy specimen collection.
4. **Intellectual, Conceptual, Integrative and Quantitative Abilities** - The applicant must be able to master basic science and clinical laboratory information presented in lecture and laboratory curriculum. The applicant must be able to decide when to seek supervisory help in a clinical setting.
5. **Behavioral and Social Skills** - The applicant must be able to exercise good judgment in the lecture, laboratory, and clinical settings. He/she must be able to complete tasks on time in a mature, sensitive, and effective manner with instructors, co-workers, patients, and other members of the health care team. He/she must be able to work under both relaxed and stressful emergency situations, prioritize tasks, and be able to make correct judgments with regards to patient specimens. Applicants must be flexible with scheduling and be able to adapt to changing environments in the laboratory. Other professional attributes may include dependability, self-motivation and initiative, maturity, confidentiality and concern for others.
6. **Computer Skills** – The applicant should possess basic computer and keyboarding skills. Canvas is utilized in this program and students may be required to type and submit assignments.

These technical standards identify the requirements for admission and retention of applicants and students in the program. I certify that I have read and understand the Shoreline Community College Phlebotomy Program's Essential Skills Requirements for admission and that I meet each of them, with or without reasonable accommodation. \*

**Signature:**

**Date:**

**Printed/Typed Name:**

*\* If accommodation is needed, the applicant must meet with the Coordinator for Services for Students with Disabilities on campus and identify the reasonable accommodation needed.*



# | Phlebotomy Program

## PBT PROGRAM ADMISSIONS- RECOMMENDATION FORM

**Applicant Name:**

*(Please Print)*

The applicant named above is applying for admission to the Phlebotomy Program at Shoreline Community College. Please submit **this Recommendation Form within 2 weeks of your receipt or by the 2<sup>nd</sup> Friday of March, May, August, or December, whichever comes first.** Return form to the applicant in sealed envelope or to SCC:

**Lyubov Braga, Coordinator, MLT & HIIM**  
**Shoreline Community College**  
**16101 Greenwood Ave. N., Shoreline, WA 98133**  
**Fax: (206) 533-5103**

Thank you very much for your assistance.

Please evaluate the applicant in each of the following categories	Excellent	Above Average	Average	Below Average	Not able to evaluate
Attention to detail					
Follow through					
Organization skills					
Ability to handle stressful situations					
Ability to receive constructive feedback					
Ability to work independently					
Works well with others					
Oral communication skills					
Written communication skills					
Intellectual ability					
Emotional maturity					

How well do you know this applicant?

If you are an instructor, in what classes did you instruct this applicant?

Do you have any concerns in this applicant's performance as a phlebotomist?

Please provide any other information regarding this applicant that you feel is important to know:

**SIGNATURE:**

**NAME (Print):**

**TITLE/RELATIONSHIP to APPLICANT:**

**SCHOOL or ORGANIZATION:**

**EMAIL/PHONE:**



# | Phlebotomy Program

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NAME (Print):

TITLE/RELATIONSHIP to APPLICANT:

SCHOOL or ORGANIZATION:

EMAIL/PHONE:



# | Phlebotomy Program

## PBT PROGRAM ADMISSIONS – CRIMINAL HISTORY FORM

# WASHINGTON STATE PATROL

## Request for Conviction Criminal History Record (RCW 10.97)

### INSTRUCTIONS

Please type or print clearly in ink.

### SUBJECT INFORMATION:

**Applicant's Name:**

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

**Alias (other name(s) used) /**

**Maiden Name:** \_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_  
Month/Day/Year

**Sex:** ☐ Male

☐ Female

**Race:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

Note: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of the inquiry. Positive identification or non-identification can only be affected upon receipt of fingerprints.

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

WSP fee is included in your application fee.

If you have any questions, call us at (206) 546-6947.

## PBT PROGRAM ADMISSIONS- APPLICATION CHECKLIST

**Applicant Name:**

(Please Print)

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INCLUDE THIS CHECKLIST WITH YOUR PACKET	
<input type="checkbox"/>	Attended an PBT Program Information Meeting/Session (Date required.): _____
<input type="checkbox"/>	Submit a non-refundable check or money order for \$35.00 payable to Shoreline Community College (\$20.00 covers the cost of application processing and \$15.00 covers the cost of a Washington State Patrol background check.)
<input type="checkbox"/>	Submit a completed Phlebotomy Program Application
<input type="checkbox"/>	High School Diploma, GED, or college degree (copies)
<input type="checkbox"/>	Provide transcripts (unofficial): <ul style="list-style-type: none"> <li>• Previous college/training programs</li> <li>• COMPASS or ACCUPLACER test evaluation results</li> </ul>
<input type="checkbox"/>	Sign and return the “Technical Standards/Essential Skills Requirements” form
<input type="checkbox"/>	Complete and sign a Washington State Patrol Criminal History form
<input type="checkbox"/>	Submit two (2) Recommendation forms under separate cover or in a sealed and signed envelope.
<input type="checkbox"/>	Upon acceptance, you will be required to: <ol style="list-style-type: none"> <li>1. Provide proof of vaccination for the following: <ul style="list-style-type: none"> <li>• Hepatitis B Vaccination (3-shot series)</li> <li>• TDap (within past 10 years)</li> <li>• MMR (Measles, Mumps, Rubella) (2 shots)</li> <li>• PPD: Two tests at least 1 week apart OR documentation of annual testing <ul style="list-style-type: none"> <li>○ If student tests PPD-positive or had a BCG immunization, a chest x-ray report &amp; Symptoms Checklist will be required.</li> </ul> </li> <li>• COVID-19 series and boosters</li> <li>• Varicella and Influenza may be required by some facilities.</li> </ul> </li> <li>2. Provide copy of valid American Heart Association Healthcare Provider CPR card</li> <li>3. Provide proof of Health Insurance Coverage</li> </ol>

### I understand that:

\_\_\_\_\_  
Initial If the application is not completed or requested items are not submitted, it will automatically disqualify my application for the Phlebotomy program.

\_\_\_\_\_  
Initial If accepted, I assume responsibility for providing all requested materials to the Phlebotomy Program and will provide verification of completion of all prerequisite course work. I understand if I fail to do so, I will forfeit my place in the Phlebotomy program.

\_\_\_\_\_  
Initial I understand that the \$35.00 application fee is non-refundable and covers the cost of application processing and a Washington State background check.