



Shoreline Community College Phlebotomy Program Application for 2020

Print out all application forms, complete, and mail or bring
to:

Shoreline Community College
ATTN: Phlebotomy Program, 2300 Bldg.

For Spring and Fall Quarter Admission:

**Applications will be accepted in person or postmarked
January 27st– 31st, 2020**

See Phlebotomy webpage for information on application and acceptance process.

<http://www.shoreline.edu/phlebotomy/>

The Phlebotomy Program accepts 10 students for each Spring/Summer and Fall/Winter sessions.

Certificate of Completion in Phlebotomy

DIRECTIONS:

1. Submit **one complete** application with 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.*
2. 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.

Shoreline Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, age, marital status, or disability.

DIRECTIONS: COMPLETE THIS FORM AND SUBMIT ALL REQUESTED ITEMS IN A SINGLE PACKET.

✓	Include this checklist with your packet
	I attended a Phlebotomy Program information meeting on _____ / _____ / _____ (Required)
	Submit a non-refundable check or money order for <u>\$35.00</u> payable to <i>Shoreline Community College</i> (\$20.00 covers the cost of application processing and \$15.00 covers the cost of a Washington State Patrol background check.)
	Submit a completed Phlebotomy Program Application
	High School Diploma, GED, or college degree (copies)
	Provide transcripts (unofficial): <ul style="list-style-type: none"> • ENG 099, EAP 099 or • ACCUPLACER test results showing equivalent level of proficiency
	Sign and return the “Technical Standards/Essential Skills Requirements” form
	Complete and sign a Washington State Patrol Criminal History form
	Submit two (2) Recommendation forms under separate cover or in a <u>sealed and signed</u> envelope.
	<i>HIV/AIDS Education Certificate (7 hours) or transcript—NOTE: If you do not have HIV/AIDS training you will be enrolled in MLT 123 AIDS Education and required to complete the course.</i>
	PLEASE NOTE: Upon acceptance, you will be required to:
	<p style="text-align: center;"><i>Provide proof of vaccination for the following:</i></p> <ul style="list-style-type: none"> • <i>Hepatitis B Vaccination (3-shot series)</i> • <i>TDap (within past 10 years)</i> • <i>MMR (Measles, Mumps, Rubella) (2 shots)</i> • <i>PPD: Two tests at least 1 week apart OR documentation of annual testing</i> <ul style="list-style-type: none"> ○ <i>If student tests PPD-positive or had a BCG immunization, a chest x-ray report & Symptoms Checklist will be required.</i> • <i>Varicella and Influenza may be required by some facilities</i> <p style="text-align: center;"><i>Provide copy of valid American Heart Association Healthcare Provider CPR card</i></p> <p style="text-align: center;"><i>Provide proof of Health Insurance Coverage</i></p>

_____ I understand that failure to complete or not submit the requested items listed above will automatically
Initial disqualify my application for the Phlebotomy program.

_____ If accepted, I assume responsibility for providing all requested materials to the Phlebotomy Program and
Initial 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.

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



**APPLICATION for ADMISSSION
to the PHLEBOTOMY PROGRAM**

Mark Your Preference:
 Spring/Summer Fall/Winter

Student I.D. No.:

Name: _____
Last Name *First Name* *Initial*

Other Names(s) on Transcripts: _____

Home e-mail: _____ SCC e-mail: _____
@go.shoreline.edu

Address: _____
Street *Apt No.* *Daytime Phone*

City *State* *Zip Code*

- I have: attended a Phlebotomy Program information meeting (when) _____
 I have not attended a meeting
- 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
- Date of birth: _____ Age: _____ Gender: 1. Female 2. Male
- Residency status: 1. US Citizen or immigrant 2. Resident alien 3. Student visa

I have completed high school as follows:
(check one)
 1. High school graduate
 2. GED
 3. Alternative high school diploma

I have completed college as follows:
(check one)
 1. Have not completed college
 2. Short-term training, private vocational school or other
 3. One-year certificate from a community college
 4. Associate degree
 5. Bachelor's degree
 6. Master's degree
 7. Doctorate or professional degree

Please check one:

<input type="checkbox"/> 1. White, Non-Hispanic	<input type="checkbox"/> 5. Filipino Asian
<input type="checkbox"/> 2. African American, Non-Hispanic	<input type="checkbox"/> 6. Chinese, East Indian, Japanese, and Korean
<input type="checkbox"/> 3. American Indian/Alaskan	<input type="checkbox"/> 7. Other Asian
<input type="checkbox"/> 4. Samoan, Southeast Asian, and Pacific Islander	<input type="checkbox"/> 8. Hispanic
	<input type="checkbox"/> 9. Other Ethnicity

Is English your first (native) language? 1. Yes 2. No

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 fee which includes the cost of the Washington State Patrol Background Check.

Signature _____ Date: _____

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PHLEBOTOMY
Technical Standards/Essential Skills Requirements
 Shoreline Community College
 Shoreline, Washington

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, in order to participate in the program and graduate. The MLT department does not discriminate on the basis of race, religion, color, national origin, marital status, sex, sexual orientation, age, or disability.

Candidates for admission into the Phlebotomy Program must possess abilities and skills in these areas including: 1) observation, 2) communication, 3) motor function, 4) intellectual, conceptual, integrative and quantitative abilities, 5) behavioral and social skills, and 6) Computer skills. 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 able to 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 or 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 Recommendation Form
Shoreline Community College**

Applicant Name	
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The applicant named above is applying for admission to the Phlebotomy Program at Shoreline Community College. Each applicant is requested to submit two Recommendation Forms. **This Recommendation form must be received by January 31st for Spring and Fall admission.** Please complete this form and return it to:

**Phlebotomy Program Office
Shoreline Community College
16101 Greenwood Ave. N., Room 2301
Shoreline, WA 98133
Fax: (206) 533-5103**

Thank you for your assistance.

Please evaluate the student in each of the following categories	Excellent	Above Average	Average	Below Average	Poor	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						

1. How well do you know this applicant?	
2. If you are an instructor, in what classes did you instruct this applicant?	
3. Do you have any concerns in this applicant's performance as a Phlebotomist?	
4. Please provide any other information regarding this applicant that you feel is important to know:	

Signature	
Name	
Title/Relationship to Applicant	
School or Organization	
Telephone	



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Ability to receive constructive feedback						
Ability to work independently						
Works well with others						
Oral communication skills						
Written communication skills						
Intellectual ability						
Emotional maturity						

5. How well do you know this applicant?	
6. If you are an instructor, in what classes did you instruct this applicant?	
7. Do you have any concerns in this applicant's performance as a Phlebotomist?	
8. Please provide any other information regarding this applicant that you feel is important to know:	

Signature	
Name	
Title/Relationship to Applicant	
School or Organization	
Telephone	

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: _____ Sex: M F Race: _____
Month/Day/Year *M/F*

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 effected 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) 546-4743.