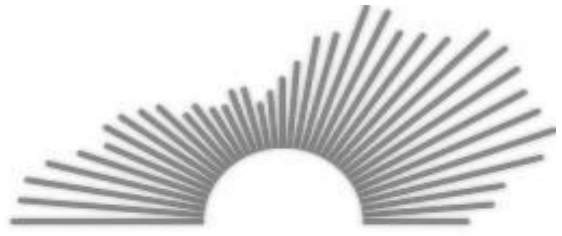


Gateway



Community & Technical College

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Phlebotomy Technician Certificate Program Application Packet



Fall 2014

Application Deadline August 1 @ 4pm

Definition of Phlebotomist

Job Description

A Phlebotomy Technician (Phlebotomist) is an integral member of the medical laboratory team whose primary function is the collection of blood samples from patients by venipuncture or micro-techniques. The Phlebotomy Technician facilitates the collection and transportation of laboratory specimens, and is often the patient's only contact with the medical laboratory. The need to assure quality and patient safety mandates strict professional behavior and standards of practice for Phlebotomists.

Specific Duties Include, but not limited to:

- Drawing blood from patients or donors in hospitals, blood banks, clinics, doctor offices, laboratories or similar facility for medical purposes
- Assembles equipment (such as needles, blood collection devices, gauze, tourniquet, and alcohol)
- Verifies or records identity of patient or donor
- Converses with patients to allay fear of procedure
- Applies tourniquet to arm, locates vein, swabs area with disinfectant, and inserts needle into vein to draw blood into collection tube. (May also prick finger instead of inserting needle.)
- Labels and stores blood container for processing
- May conduct interview, take vital signs and test blood samples to screen donors at a blood bank
- Be able to analyze information and make appropriate recommendations

Phlebotomy Technicians must like challenge and responsibility. They must be accurate, work well under pressure and communicate effectively. They must be able to deal with patients and be able to calm patients. Safety is key and all safety precautions must be taken to prevent the transmission of infectious diseases.

Workplace

Phlebotomists work under the supervision of a medical laboratory technician, medical technologist, physician, or other individual with an advanced degree in biomedical or related sciences. Employment tends to be in hospital laboratories, multi-physician clinics, doctors' offices, health department laboratories, reference laboratories, insurance companies, and specialized clinics.

National Certification

Certification means that a person has passed a national examination based on national standards for a profession; in this case, Phlebotomy Technicians. Certification is an indication to the employer that the candidates have mastered nationally approved skills.

All students completing the competencies for the phlebotomy program at Gateway Community and Technical College will sit for national certification via the Registered Phlebotomy Technician exam accredited by the American Medical Technologist. Other certificates do exist and may be more relevant in different geographical locations, such as PBT exam accredited by American Society of Clinical Pathologists (ASCP).

Applications for the RPT will be completed in class during the first few weeks. The test cost is \$100 dollars and testing will take place at the conclusion of the clinical rotation in either December or March depending on the student's clinical rotation section.

Certificate Program Overview

Program Description

The program consists of 300 contact hours: 180 hours of classroom work (lecture and lab) and 120 hours of practical experience at an approved site. *Lecture is on Tuesday and Thursdays from 4:00pm to 9:15pm from August 18 thru October 12 at the Urban Center, some classes may be held at the Edgewood Campus, TBD*

Program Competencies

The following competencies are defined as critical for students to master in order to successfully complete an approved Phlebotomy program. Students will be provided multiple opportunities in the classroom and externship to master these skills:

1. Practice medical ethics.
2. Demonstrate professionalism.
3. Follow established clinical laboratory safety guidelines.
4. Demonstrate effective written and oral communication with supervisors, peers, physicians and patients.
5. Demonstrate an awareness of ethical considerations in making value choices.
6. Demonstrate an awareness of quality assurance.
7. Perform routine capillary and venipuncture procedures.
8. Describe and identify body systems as related to the performance of phlebotomy.

Externships/Clinicals

This program requires students to complete a 120-hour unpaid externship in an accredited lab and under the supervision of a certified Phlebotomy Technician or Medical Technologist. Students must have successfully completed all program course work with a passing grade of A, B, or C and a 90% attendance in PHB 100. Students are required to provide documentation of their health history including immunization requirements and TB skin test, criminal background check, and liability insurance (paid through tuition), and completion of an approved CPR training in order to be eligible for the externship. Students must be available two days a week (Monday through Friday) from approximately 7am- 5pm for a total of 16-24 hours a week depending on office availability. Students will be placed within a 50 mile radius of the Edgewood Campus, including placement in Ohio or Indiana.

Eligibility for hospital clinicals through St. Elizabeth Healthcare is a different process and requires additional paperwork. Please speak with the Program Coordinator to determine if you are eligible.

Due to the limited number of clinical facilities, student rotations through our clinical affiliates may be divided into two semesters. If there are more students than clinical sites available at the end of the eight-week classroom experience, the group will be divided into two sections as listed below:

- Students assigned to Section A will complete their Phlebotomy clinical immediately following the eight-week classroom experience (October 16 – December 14, 2014).
- Students assigned to Section B will complete their Phlebotomy clinical during the spring's eight-week session (January 12 to March 8, 2015). Students will be issued an incomplete in the fall term and will not receive a letter grade until all hours and syllabus requirements have been completed. Spring completion will not require students to establish new financial aid, since the course was scheduled for fall 2014.
- If all students can be placed in a clinical facility for the first rotation, there will be only one Phlebotomy Externship for that semester.

Assignment to a Phlebotomy Externship section is based solely on program enrollment dates and your established seat number. Students will not be assigned a seat number until all required paperwork for admission to the Phlebotomy program and Gateway Community and Technical College has been completed and approved.

Print out all application forms, complete and bring in to:
Edgewood Campus – Student Service Center Room E204
790 Thomas More Parkway, Edgewood KY 41017

The Phlebotomy Program accepts 16 students each fall and spring semester. Applications are considered as they are received, providing all required forms have been submitted.

1. Submit ONE complete application packet (Consideration is first-come, first-serve)
 - a. Application and Emergency Contact Information
 - b. Questionnaire and Availability
 - c. Verification of Policies
 - i. Attendance
 - ii. Dress Code
 - iii. Statement of Understanding
 - d. Health History Examination (Documents must be less than one year old)
 - i. Proof of Hepatitis B and Tetanus vaccination and TB skin test
*Hepatitis B is a series of 3 shots so students must have at least one dose completed
2. Apply to Gateway Community and Technical College, visit www.gateway.kctcs.edu/admissions for admission details. (Reminder: Applying to Gateway is not the same application process)
 - a. Students who are re-entering a KCTCS college after being out for two or more semesters should contact our admissions office to confirm the process for readmission.
3. Applicants will be required to send an official copy of their high school transcript or GED test scores to the admissions office.
 - a. Attn: Admissions, 790 Thomas More Pkwy, Edgewood, KY 41017
4. Applicants entering with transfer credit must have an official transcript from each college attended forwarded to the Registrar's office.
 - a. Attn: Registrar's Office, 790 Thomas More Pkwy, Edgewood, KY 41017
5. Applicants should submit results of the ACT® or SAT®. Applicants who have not taken the entrance examination must complete the COMPASS administered by any KCTCS college.
 - a. Call (859) 442-4115 to schedule an appointment
6. Once all required documentation is submitted to the Program Coordinator, the applicant will be referred to complete the Criminal Background Check via email. The approximate cost is \$43 dollars paid directly to Verified Credentials. Upon review, the applicant will receive verification of the sit obtained for the semester. The Program Coordinator will then register the approved applicant for PHB 100 and PHB 155.
 - a. **Please note that registration for Phlebotomy Program can only be obtained directly from the Program Coordinator.**

Questionnaire

Name:

College/Career Information

1. Are you currently a student at Gateway, or another KCTCS college? Yes No
- If yes, Do you have at least a 2.0 GPA? Yes No
 - If yes, Have you completed all remedial courses OR Received the following scores on the COMPASS: Yes No

Reading	83+	Writing	74+	Pre-Algebra	42+	Algebra	31+
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- If no, Have you complete the Gateway Admission application? Yes No
 - ✓ Make sure to submit transcripts (High School, GED, College)
 - ✓ Make sure to schedule and complete the COMPASS, if applicable
- If no, Have you attended Gateway’s Orientation (SOAR)? Yes No
 - ✓ Make sure to discuss your scores of the COMPASS with an advisor to determine if remedial courses are need prior to admission to the phlebotomy program.

2. Highest Level of Education: (check one)

<input type="checkbox"/> High School Diploma	Date: _____	<input type="checkbox"/> Passed GED/Certificate of Equivalency	Date: _____
<input type="checkbox"/> Some College courses	Date: _____	<input type="checkbox"/> Associate degree	Date: _____
<input type="checkbox"/> Bachelor’s degree	Date: _____	<input type="checkbox"/> Other: _____	Date: _____

3. Explain why you are interested in the Phlebotomy Program. _____

4. What personal attributes or skills do you bring to this program? _____

5. What obstacles do you have in completing this program (financial, work schedule, transportation, etc.)? _____

6. What is the name of your primary physicians’ office (example St. Elizabeth Physicians’ on Union 42)? _____

Availability (Clinical requires two days per week availability between 7a-5p, to complete 16 hours per week)

	Monday	Tuesday	Wednesday	Thursday	Friday
FROM					
TO					

Verification of Policies

Attendance:

Just as attendance is a requirement when working in a medical office, attendance is a vital component to your participation and learning in this class. In this class, students are entitled to one excused or unexcused absence. Two tardies or early dismissal equals one absence. Students must be in class for 90% of the scheduled class period to be considered a tardy or early dismissal versus an absence. Points will be deducted for accumulated absences. When a student misses class, he/she will still be held responsible for completing all assignments due the next class period. The student must be present to do in-class activities or quizzes. Exams may not be made up unless they have an excused absence. (Full details found on faculty's syllabus)

Dress Code:

The uniform consists of a plain same color scrub top and bottoms, or you may wear white, black, brown or navy blue pants with any plain color scrub top. Uniforms are to be neat and clean at all times, ironed if needed. No stains or holes. Free of smoke odor. Long hair must be tied back with clip or tie, especially when in lab areas. No jewelry may be worn with the exception of a wedding band and watch that includes a second hand. Pierced ears are acceptable, only stud or post style earrings (no dangles or hoops) No body piercings or tattoos may be visible. Men must keep facial hair trimmed and neat. Women should keep all makeup at a professional appearance and no fake nails are allowed in the classroom. Fingernail must be maintained by keeping them clean, trimmed, and neat. Shoes must have a closed heel and no holes or mesh. Avoid any extra color or adornment on the shoes such as stripes, emblems, or etc. These are part of the total uniform so shoes must be clean or polished.

Statement of Understanding:

I, _____, have examined and understand the following:

- I understand that if I miss more than 10% of a class, I will not be able to make it up and I will not pass PHB 100. I also understand that if I am chronically tardy to class, points may be taken off my final grade and/or it may be added to the 10% of hours missed in class. The syllabus will explain the method the instructor will use to determine the grade.
- I understand that I must rearrange my personal schedule in order to be available to complete my externship. I also understand that typical extern sites are available from approximately 7am-5pm, 2 days a week, Monday thru Friday.
- I understand that I may be assigned to either section A or B for the clinical rotation based on my enrollment date and seat placement.
- I understand that prior to the fourth week of the phlebotomy lecture course; I will be required to provide proof of CPR for Health Professionals card.
- I understand that I may be placed within a fifty mile radius of the Edgewood campus; transportation issues must be presented to the instructor and Program Coordinator prior to clinical placements (Please include concerns in your barriers on the questionnaire form.)

Applicant Printed Name: _____

Applicant's Signature: _____

Date: _____

Phlebotomy

Student Laboratory & Clinical Procedures Permission Form
Statement of Understanding

I _____ will voluntarily submit to fingersticks, venous blood collection procedures, and bodily specimens and fluids to include: throat, nasal, skin, and mucus for the purpose of clinical exploration and evaluation. I will also volunteer as a student to participate in clinical skills to include: vital signs, clinical positioning, injections, electrocardiograms, and other procedures as directed by the instructor. I understand that I am personally liable for any accidental injury or blood and bodily fluid exposure while participating in classroom activities. I will allow the instructor to perform such procedures on me and will also allow students to perform the before mentioned procedures on me within the appropriate safety guidelines specified for each procedure.

In addition, I will perform the above test procedures, under direct supervision of my instructor, on my classmates, and volunteer under the guidance of the instructor. Upon request, I will submit urine, stool, body secretions, and blood specimens to be examined in the laboratory.

I have read and understand the Exposure Control Plan, and will adhere to the requirements for submission of the form if an exposure event occurs. I will document all safety violations in accordance with the Safety Quality Assurance and CLIA Compliance guidelines. Copies of the completed form will remain in my file with originals forwarded to the appropriate agencies.

I do understand that all tests performed are for the purpose of clinical training only, and are not subject to accurate test results; therefore, the results cannot be used for medical diagnostic purposes.

I will endeavor to perform all test procedures with accuracy and precision, and uphold all the safety guidelines for safe practice standards when operating any equipment in the laboratory setting. I will use appropriate equipment while applying Universal Precautions according to OSHA safety and CLIA mandated precautionary standards.

I do understand that NO laboratory equipment or supplies should be used without the direct supervision of the instructor, and that NO laboratory equipment or supplies to be removed from the laboratory area for personal use.

Student Signed: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____
(if student is under 18 years of age)

Gateway Community and Technical College
Student Health Record and Medical History

Applicant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Physical: _____

A primary care provider (physician, nurse practitioner, or physician assistant) must complete the health history and physical examination within one (1) year prior PHB 155 (Phlebotomy Clinical).

Family History

Has any blood relation ever been afflicted with:

Yes	No	Check each item	Yes	No	Check each item
		Tuberculosis			Mental/Nervous Disorder
		Diabetes			Other: _____
		Cancer			Other: _____
		Heart Trouble			Other: _____

Do you presently have or ever been treated for one of the following:

Yes	No	Check each item	Yes	No	Check each item
		Scarlet Fever			Hernia
		Tuberculosis			Appendicitis
		Diphtheria			Cancer
		Measles			Polio
		German Measles			Hx of Pneumonia
		Mumps			Eye trouble
		Chicken Pox			Thyroid trouble
		Rheumatic Fever			High blood pressure
		Frequent or Severe headaches			Irregular or pounding heart beat
		Urinary tract Problems			Back trouble
		Jaundice			Dislocated knee or shoulder
		Stomach trouble/indigestion			Dizziness or fainting spells
		Bled excessively after injury			Nervous Trouble
		Diabetes			Recurrent Diarrhea or constipation
		Arthritis			Chronic cough
		Emotional/depression problems			Hearing Aides
		Eye glasses			Other: _____

Clinical evaluation

BP: _____ Pulse: _____ Resp: _____ Temp: _____ Height: _____ Weight: _____

Vision: Uncorrected R20/ _____ L20/ _____ Corrected: R20/ _____ L20/ _____

Hearing: (Maximum distance conversational voice heard) R _____ ft L _____ ft

Able to lift 40 pounds? Yes No

Allergies: _____

Physician Evaluation

Physical exam must be made by any licensed, practicing physician, physician assistant, or nurse practitioner.

System	Normal	Abnormal
Head, face, Neck, thyroid and scalp		
Eyes		
Ears		
Nose and Sinuses		
Mouth, teeth, throat		
Chest, lungs		
Heart		
Abdomen		
Back and extremities		
Neurological		
Skin		
Endocrine		

Immunizations

Immunization	Titer	Indicate Date of Immunization(s) or Date of Disease
Rubella		
Rubeola		#1: ___/___/___ *#2: ___/___/___ <i>*Anyone vaccinated between 1956 and 1980 must have two (2) MMR immunizations. Does not apply to applicants born before 1957.</i>
Mumps		
Chicken Pox		
*Hepatitis B		#1: ___/___/___ #2: ___/___/___ #3: ___/___/___
*Tetanus		___/___/___ (must be within the last 10 years)

* Required for Clinical Placement

TB (PPD) Skin Testing

The results of the skin test. If the TB skin test is positive, the applicant must have proof that a chest x-ray was read as negative within one (1) year prior to admission to the school.

Date TB test given: _____

Date TB test read: _____

Given by: _____

Read by: _____

Results to be read 48 – 72 hours after administration.

Results of TB skin test _____ mm induration

Chest x-ray Result: _____

Chest x-ray Date: _____

Please attach lab report(s) and immunization(s) and/or titer documentation. Titers must be positive or applicant must show proof of immunization(s).

Comments: _____

Physician/PA/ARNP Signature _____

Date _____

Name of Office _____

Phone _____