



*Opportunity starts here*

**PHLEBOTOMY Application Packet**

Pinellas Technical College’s (PTC) Phlebotomy class is designed to prepare students to perform as a professional phlebotomist, primarily drawing blood. The class is 165 hours. The cost is about \$900.00 in fees due on the first day of class. The class is delivered in a blended format: Online (90 hours). In-class Monday and Wednesday 5:00-8:00 p.m. (30 hours) and Clinicals Monday-Friday with shifts between 4:00-6:30 a.m. and 8:00-10:30 a.m. (45 hours). After completion of the class a student may sit for the American Med Tech certification.

The Application Packet for PTC Phlebotomy class is now available. An admission into the Phlebotomy class is a 2 step process: (1) Complete Phlebotomy’s Application Packet (Packets Accepted beginning Wednesday, 08-16-2017 thru Wednesday, 09-06-2017) and (2) Pay all fees and complete PTC registration forms and processes by deadline date.

Complete the following Checklist Form and include it as the cover sheet. Your application packet is not complete unless all required items listed on the Checklist Form are included. The packet acceptance dates are 08/16/17-09/06/17. Applicants turning in a completed packet will have priority seat status in the Phlebotomy class. Incomplete packets *may* be considered once completed packet candidates are assigned a seat. Lastly, all fees must be paid and PTC registration processes must be completed by Wednesday, 09-06-2017. Fees should be paid on 09/06/2017 (3:00 – 4:00 PM).

Do NOT mail, fax or email any paperwork from this packet to Pinellas Technical College. **Please hand deliver completed packets to Industry Services during regular office hours:**

Pinellas Technical College – Clearwater  
Building #1, Industry Services  
6100 – 154<sup>th</sup> Avenue North  
Clearwater, Florida 33760

Monday or Wednesday 8:00 a.m. to 6:00 p.m.  
Friday 8:00 a.m. to Noon

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**APPLICATION NOTES/TIPS:**

- Be sure you a have working computer with consistent access. All Phlebotomy students are expected to have computer access away from school throughout their enrollment.
- Applicants turning in a completed packet have priority to obtain a seat in the Phlebotomy class on a first-come, first-serve basis. Incomplete packets will be considered after candidates with completed packets are assigned a seat.
- **Applicants should have financing in place or be working on getting the program paid for at the time the application packet is submitted.**
- **Do not submit originals. Please make copies of all packet materials.**

## Checklist Form

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Required Items in Order</b>	
	Checklist Form
	Signed and dated Essential Job Functions for Phlebotomy
	(\$45.00) Completed EZ Finger Prints Background Check; must use this vendor only; submit a copy of your receipt. <b>Obtain Background Check ONLY between 8/16/2017-9/06/2017. Results before this date will need to be redone.</b>
	(\$45.00) Completed EZ Finger Prints Drug Screen; must use this vendor only; submit a copy of your receipt. <b>Obtain Drug Screen ONLY between 8/16/2017-9/06/2017. Results before this date will need to be redone.</b>
	Signed and dated Criminal Background Check & Drug Screen Disclaimer
	Copy of standard high school diploma/transcript or GED or evaluation
	(Cost involved) Completed Health Screening for Health Sciences Education with documentation of test results and immunization updates
	Signed and dated Influenza Vaccination Notice form
	Completed Verification of Accident and Medical Insurance form with copy of proof of insurance
	Signed and dated Notification of Exposure form
	Signed and dated Confidentiality Statement
<b>Optional Items</b>	
	Postsecondary transcripts if applicable
	Copies of current health related certifications (i.e. current CPR and First Aid–AHA Health Care Provider BLS, Health CORE, etc.)
<b>Additional Requirement</b>	
	Complete PTC registration and other accompanying forms
	Prove in-state or out-of-state residency for tuition purposes
	<b>All fees must be paid on the first day of class – September 6th, 2017 (3 – 5 PM).</b>

If you have any questions, please contact:  
 Dennis Johnston, Industry Services Coordinator  
 727-538-7167, extension 2125  
[johnstonden@pcsb.org](mailto:johnstonden@pcsb.org)



## Phlebotomy Program Application Packet

<b>Step One:</b>	Print out all pages and carefully read through the packet, making note of any questions you have. For questions contact Dennis Johnston Industry Services Coordinator: P: 727-538-7167 x2125 or E: johnstonden@pcsb.org
<b>Step Two:</b>	Carefully review the Essential Functions form. You must be able to perform all of the essential functions either with or without reasonable accommodations. Please inform the Phlebotomy admissions counselor if you will be requesting accommodations. Sign and Date.
<b>Step Three:</b>	<p>Arrange items below in your packet:</p> <ol style="list-style-type: none"> <li>1 Checklist Form</li> <li>2 Signed and dated Essential Job Functions form for Phlebotomy</li> <li>3 EZ Finger Prints Receipt for Background Check</li> <li>4 Signed copy of the Background Check and Drug Screening Disclaimer Form</li> <li>5 Copy of Laboratory's Drug Screen Receipt through EZ Fingerprints Only.</li> <li>6 Copy of standard high school diploma or high school transcript or GED. Non-U.S. citizens should use an equivalency to meet the high school diploma requirement.</li> <li>7 Health screening of Health Science Education Form including any supporting documentation as described in the Health Screening form Questions and Answers</li> <li>8 Signed and dated Influenza Vaccination Notice form</li> <li>9 Completed Verification of Accident and Medical Insurance form with copy of proof of insurance. Copy Front and Back of insurance card.</li> <li>10 Signed and dated Notification of Exposure form</li> <li>11 Signed and dated Confidentiality Statement form</li> <li>12 Signed and dated Assumption of Risk and Consent to Procedures form</li> </ol>
<b>Step Four:</b>	<b>Turn in complete packets beginning 8/16/17-9/06/17. Candidates will be placed on the class roster, first-come, first-served until the first 15 seats and 2 alternate seats are filled. Incomplete packets may be considered following the candidates with completed packets.</b>

**ESSENTIAL JOB FUNCTIONS Phlebotomy**

**Basic Skills**

In addition to the academic requirements of the program, students who are successful in the program and profession must be able to meet the following requirements, with or without reasonable accommodations.

**Vision**

- ✦ The student must be able to:
- ✦ • Read a patient's identification on an ID bracelet
- ✦ • Read information found on a laboratory requisition
- ✦ • Differentiate colors of conventional blood collection tubes
- ✦ • Read information on a computer screen
- ✦ • Read procedures and other necessary information in laboratory manuals and package inserts

**Hearing**

- ✦ The student must be able to hear the following:
- ✦ • Patient's speaking
- ✦ • Equipment and alarms
- ✦ • Telephone
- ✦ • Co-workers

**Tactile ability and manipulative skill**

- ✦ The student must be able to:
- ✦ • Discriminate veins from other structures that are not veins
- ✦ • Identify the location and character of veins
- ✦ • Perform venipunctures and capillary puncture smoothly enough so as not to injure the patient with coordinated manipulative dexterity

**Communication**

- ✦ The student must be able to:
- ✦ • Speak and understand standard English
- ✦ • Provide clear verbal directions to patients and coworkers in standard English
- ✦ • Follow verbal and written directions in standard English

**Motor Function**

- ✦ The student must be able to:
- ✦ • Move freely in the laboratory, patient care areas, elevator, and stairway
- ✦ • Use both hands simultaneously
- ✦ • Lift at least 25 pounds
- ✦ • Demonstrate fine motor skills
- ✦ • Reach and bend wherever necessary, up or down, to perform job tasks

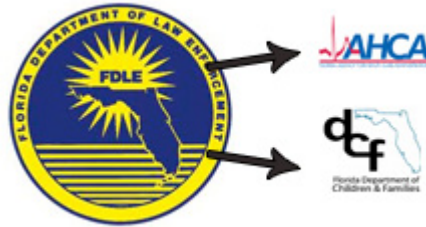
**Mental and Emotional**

- ✦ The student must be able to:
- ✦ • Be flexible
- ✦ • Work in stressful situations while maintaining composure
- ✦ • Be adaptable to unpleasant situations common in a clinical setting
- ✦ • Prioritize tasks to ensure completion of assigned work
- ✦ • Provide service to and interact with patients of diverse age, gender, sexual orientation, race, religion, nationality, physical or mental condition.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



To begin the fingerprinting process, you will need to supply EZ Finger Prints with a valid driver's license and social security card. Identify yourself as a Pinellas Technical College (PTC) student. You do not need to know the ORI or OCA code numbers.



*Prints are taken using the Live Scan, which scans the fingerprints electronically. No need for messy black ink.*

*Once the fingerprints are scanned, we send them to the FDLE, which then sends them to the appropriate governing agency, i.e. AHCA or DCF. No need for mailing.*

*The fingerprinting process results take approximately 7-14 days, depending on the agency.*

You may walk in or schedule an appointment with EZ Finger Prints at [www.ezfingerprints.com](http://www.ezfingerprints.com) or call 727 479-0805.

EZ Finger Prints is located at 1715 Eastbay Drive, Suite B (Inside the Lakeside Professional Building), Largo, Florida, 33771.

The cost is \$45.00. Cash, personal checks, and credit cards are accepted. (VISA, MC); call to learn about the voucher payment process. Ask about the new service...Drug Screening!

We cannot determine if previous offences will or will not clear the background check. The results will be sent directly to the School Board's Administration Building and you will be contacted only if there is a problem.

Bring the following:

1. Your Driver's License
2. Your Social Security Card



**Criminal Background Check and Drug Screening**  
**Disclaimer**

Background screenings are required for employment in the Health Care industry and to take licensing exams in the medical professions. Disqualifying offences may be a history of felony and/or misdemeanor convictions or substance abuse. It is your responsibility as a program applicant/participant to understand all disqualifying offenses that may impact your ability to become employed in the health care field or enroll/remain in a health care program at an educational institution.

You can find additional information at the Florida Department of Health website. For Nursing/CNA inquiries go to, <http://www.doh.state.fl.us/mqa/nursing> or for Pharmacy student inquiries please check: <http://www.doh.state.fl.us/mqa/pharmacy/info-ptfaq-pdf>.

As a prospective student applying to a Health Science program at PTC, **I fully understand that if my background check reveals any disqualifying offences or the drug screening indicates a positive result, I will not be allowed to enter the program in which I am applying and I may be withdrawn if I have already started.** If the withdrawal occurs within the first 50 hours, the student will receive a refund as allowed according to school policy. If the dismissal occurs after the first 50 hours, the student will not be entitled to a refund.

Passing the background check and drug screening does not guarantee certification or registration in the field you have chosen.

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Student Signature

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Print your name

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Date

PINELLAS COUNTY SCHOOLS  
**HEALTH SCREENING FOR HEALTH SCIENCE EDUCATION**

Student Name (Print) \_\_\_\_\_

Students enrolling in a Health Science Education Program with a clinical component must have the items identified for their health program completed **prior** to the class start date except TB screening requirement as stated below. Students recognized to be non-immune to any of the diseases must seek appropriate medical attention before entering the class.

**ATTACH THIS COMPLETED FORM TO OFFICIAL DOCUMENTATION, INCLUDING LAB REPORTS, BEFORE PAYING TUITION, STARTING CLASS, AND/OR CLINICAL EXPERIENCE.**

Your Health Program (one from list below) \_\_\_\_\_

HEALTH PROGRAM REQUIREMENTS *	TB	Rubella	Rubeola	Varicella	Tetanus	Diphtheria	Hep B	Neg Drug	Hep C
Allied Health Assistant (Phlebotomy)	X	X	X	X	X	X	X	X	
Dental Aide	X					X	X		
Dental Assistant	X				X	X	X	X	
Health Career II	X	X	X	X	X	X	X		
Health Unit Coordinator *	X	X	X	X	X	X	X		
Home Health Aide	X								
Medical Assistant	X	X	X	X	X	X	X	X	X
Nursing Assistant	X	X	X	X	X	X	X	X	
Patient Care Technician	X	X	X	X	X	X	X	X	
Pharmacy Technician	X	X	X	X	X		X	X	
Practical Nursing	X	X	X	X	X	X	X	X	
Surgical Technician	X	X	X	X	X	X	X	X	X

\*Depending on requirements of clinical site.

**I. TUBERCULOSIS**

- A. 2 TB skin tests (Mantoux), 1 within past year and 1 within 30 days prior to clinical experience, **OR**
- B. 2 TB skin tests (Mantoux), 1 week apart 30 days prior to clinical experience, **OR**
- C. negative chest x-ray within 30 days of clinical experience, **OR**
- D. taking or have completed a prescribed medication **OR**
- E. documentation of negative IGRA blood test

**II. RUBELLA (German measles)**

**If under 40 years of age:**

- A. positive Rubella serology, **OR**
- B. immunization with live vaccine since January 1, 1980, **OR**
- C. 2 immunizations with live vaccine after 12 months of age

**If over 40 years of age:**

- D. positive Rubella serology, **OR**
- E. Measles, Mumps, Rubella (MMR) vaccine after 1970

**III. RUBEOLA (10 day measles)**

- A. born prior to 1957, **OR**
- B. positive Rubeola serology, **OR**
- C. immunization with live vaccine since January 1, 1980, **OR**
- D. 2 immunizations with live vaccine after 12 months of age

**IV. VARICELLA (Chickenpox)**

- A. 1 vaccine, if administered under age 13, **OR**
- B. 2 vaccines, 4-8 weeks apart, if administered 13 years of age or older, **OR**
- C. positive Varicella serology (allow 2 months for blood testing process)

**V. TETANUS**

within last 10 years

**VI. DIPHTHERIA**

recommended in last 10 years

**VII. HEPATITIS B VACCINE** (Dental Assisting applicants are required to complete Injection #1 by class start date and Injections #2 and #3 by external clinical component.)

Some clinical facilities for the other health programs will require the Hepatitis B Vaccine series before your externship. Therefore, you will not be able to complete your program without completing the HBV series.

- A. injections #1, #2, #3, **OR**
- B. titer, **OR**
- C. completion of DECLINATION OF HEPATITIS VACCINE (below)

**VIII. NEGATIVE DRUG TEST**

within 30 days prior to class start date

**IX. HEPATITIS C**

negative lab report

\* Varicella titer is a blood test for antibodies to Chickenpox. We are finding that even if a student had Chickenpox, he may not have the antibodies to protect him from the disease as an adult. The blood test is necessary if students cannot document the 2 vaccines. If the test comes back negative then the student must have the 2 vaccinations prior to entering a clinical area. You may obtain further information from the web site: CDC.GOV. Click on V-Varicella. Please allow two months prior to clinicals to begin the blood testing process.

**DECLINATION OF HEPATITIS VACCINE**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised to be vaccinated with HBV at my own expense. However, I decline the Hepatitis B Vaccine at this time or have not completed the vaccination series. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination at my own expense.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by a Pinellas County Schools Representative \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_ hereby grant my licensed physician and/or the physician/laboratory/facility performing the procedures to release this information to the Pinellas County Schools.

Student Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent Signature for Student Under Age 18



## Health Screening Form Questions and Answers

***YOUR HEALTHCARE PROVIDER MUST SIGN THE HEALTH SCIENCE EDUCATION FORM, although there is no designated place to sign.***

### ***What tests or immunizations are required for practical nursing students?***

The following are required:

- Tuberculosis
- Rubella (German Measles)
- Rubeola (10-day measles)
- Varicella (Chicken Pox)
- Tetanus
- Diphtheria
- Hepatitis B

A negative drug test and Hepatitis C immunization are **not required** for practical nursing students. These are being considered and may be a requirement starting in the fall of 2009.

### ***When do I need to submit the completed Health Screening form and official documentation?***

All documentation, except for the second TB skin test must be included in the application packet submitted by the stated deadline. The second TB skin test or x-ray will need to be done after you have been in class for approximately three weeks. If you are declining the Hepatitis B Vaccine, you need to sign the form and have it witnessed by a Pinellas County Schools Representative. **It can take up to two weeks for some test results to come back or you may need to wait several week between injections so it is strongly recommended that you start this process as soon as possible so that you can meet the stated deadline. You will not be admitted to class unless all required documentation has been received.**

Please note that a copy of a bill from a healthcare provider is **not acceptable** proof of immunizations.

### ***What documentation do I need to include?***

- **Tuberculosis**

You need to provide a copy of the negative results of the Mantoux (dated within 12 months prior to the start of class), or if you have had the disease, a Doctor's statement regarding the prescribed medication you are taking or have completed.

**Everyone will need either a chest x-ray or negative Mantoux within 30 days of starting clinical experience.** Your instructor will inform you of the acceptable dates.

- **Rubella**

If you have had the disease, you need to provide documentation of a positive titer (blood test) showing the presence of antibodies in your system. A Doctor's statement that you have had the disease is **NOT** sufficient. If the titer is negative (meaning the antibodies are not present in your system), you will need to provide documentation that you have received the appropriate immunizations.

You may also provide documentation of having the appropriate immunizations based on your age. Refer to the Health Screening for Health Science Education form to determine the immunizations you need.

- **Rubeola**

If you were born prior to 1957 you do not need to provide documentation.

If you have had the disease, you need to provide documentation of a positive titer (blood test) showing the presence of antibodies in your system. A Doctor's statement that you have had the disease is **NOT** sufficient. If the titer is negative (meaning the antibodies are not present in your system), you will need to provide documentation that you have received the appropriate immunizations.

You may also provide documentation of having the appropriate immunizations based on your age. Refer to the Health Screening for Health Science Education form to determine the immunizations you need.

- **Varicella**

If you have had the disease, you need to provide documentation of a positive titer (blood test) showing the presence of antibodies in your system. A Doctor's statement that you have had the disease is **NOT** sufficient. If the titer is negative (meaning the antibodies are not present in your system), you will need to provide documentation that you have received the appropriate immunizations.

You may also provide documentation of having the appropriate immunizations based on your age when you received the immunizations. Refer to the Health Screening for Health Science Education form to determine the immunizations you need.

- **Tetanus and Diphtheria**

You need documentation that you have had the injections within the last ten years.

- **Hepatitis B**

You need documentation of having had the three required injections, or a copy of a blood test showing the presence of antibodies. You may also choose to decline the Hepatitis B vaccine by signing page 2 of the Health Screening for Health Science Education form and having it witnessed by a Pinellas County Schools representative.

***Where should I go to get the immunizations and blood tests?***

You can go to your primary care physician or to any county health department.

- Pinellas County: [www.pinellashealth.com](http://www.pinellashealth.com)
- Pasco County: <http://www.doh.state.fl.us/chdpasco/default.html>
- Hillsborough County: <http://www.hillscountyhealth.org/>



**Medical Programs**

**Influenza Vaccination Notice**

I understand that as a student in a Health Occupations Education Program, and being in contact with patients during the flu season, I will need to follow the hospital requirements.

Students need to provide proof of receiving a flu vaccination to their instructor, so it can be submitted to the hospital prior to November 30.

Those who decline to receive a flu vaccination will be required to wear a surgical mask while at clinical from December 1 to March 31.

I accept full responsibility for:

- All costs incurred for any immunizations.
- Time missed from school as result of immunization or exposure.

*I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND HAD AN OPPORTUNITY TO ASK QUESTIONS.*

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Printed Student Name \_\_\_\_\_

**School Board of Pinellas County, Florida**  
**Pinellas Technical College Health Science Programs**  
**Verification of Medical Insurance**

I, \_\_\_\_\_ verify that I am enrolled in a Health Science Program through Pinellas Technical College. Clinical sites and facilities require students to have their own medical insurance to participate in the clinical assignment. **Clinical hours are required for Health Science program completion.** You cannot complete the program without clinical hours.

Should the need arise for medical care due to an accident or other injury or loss while participating in my regularly scheduled theory or clinical learning activity, my medical expenses will be covered by: (check the appropriate section below)

1. \_\_\_\_\_ **Medical insurance policy**
  - Insurance company \_\_\_\_\_
  - Policy number: \_\_\_\_\_
  - Effective Date: \_\_\_\_\_ Expiration Date\*: \_\_\_\_\_
2. \_\_\_\_\_ **Medicaid, Medicare, or Department of Veterans Affairs, etc.**
  - Insurance company \_\_\_\_\_
  - Policy number: \_\_\_\_\_
  - Effective Date: \_\_\_\_\_ Expiration Date\*: \_\_\_\_\_

**\*I am aware that if I am in the program beyond the policy expiration date I must purchase another policy.**

I understand that, in the event my insurance policy does not cover my complete loss or damages, I agree to be personally responsible for such uncovered injury, loss, or damages I sustain while participating in my regularly scheduled theory or clinical learning activity.

I further understand that I am not entitled to any benefits or workers compensation in the event of any injury occurring on the premises of the class/clinical learning experience.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS ENTIRE FORM, AND HAVE SELECTED THE APPROPRIATE INSURANCE OPTION ABOVE FOR MY SITUATION.**

**Student's Printed Name:** \_\_\_\_\_ **Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STAPLE PROOF OF INSURANCE TO THIS FORM. Return with your application packet.**

**The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color sex, religion, national origin, marital status, age, sexual orientation or disability in any of its programs, services or activities.**



## NOTIFICATION OF EXPOSURE NOTICE

I understand that as a student in the Health Occupation Education Program, I may come in contact with toxic chemicals, infectious organisms and communicable diseases.

In addition, I understand I am to be tested, treated or vaccinated against any condition warranted according to the clinical experience facility and Pinellas County Schools Immunization requirements policy.

I accept full responsibility for:

- All costs incurred for any testing / immunizations.
- Time missed from school as result of testing, immunizations or exposure.

*I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND HAD AN OPPORTUNITY TO ASK QUESTIONS.*

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if a minor) \_\_\_\_\_ Date: \_\_\_\_\_



## Pinellas Technical College Confidentiality Statement

The Phlebotomy program at Pinellas Technical College expects its students to represent the school in a manner that reflects high standards of personal integrity, education and service to patients.

As a student in the Phlebotomy program, you will conduct yourself according to the highest ethical standards. Underlying principles are based on common courtesy and ethical/moral behavior. These are essential for you to grow professionally and to receive the desired trust and respect of all members of the health care profession.

I agree to the following items:

- Will not discuss patients or any identifying data in public settings such as cafeterias, elevators, hallways, over the phone, with family or friends, with other patients, or where patients might overhear you.
- Discussion of your patient should only occur in approved settings such as giving or taking reports or in clinical conference.
- Use patient initials in all discussions and on written documents.
- Destroy all notes and computer generated papers after completing your daily assignment.
- Protect the integrity of the medical record and do not photocopy material from the medical record.
- If there are concerns about patient confidentiality, check with your instructor to obtain guidance.

I acknowledge that I have read and understand the above confidentiality procedures.

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Student Signature

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Print your name

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Date

## ASSUMPTION OF RISK AND CONSENT TO PROCEDURES

### General Information:

During this course you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training. As a part of these learning activities you will be asked to perform specific skills as well as be the subject of specific skills practiced by students. These learning activities will be conducted under the supervision of the course instructor.

### Benefits:

The activities listed have been selected because they are skills essential to the learning process and the faculty believes that realistic practice is essential for optimum learning.

### Bloodborne Pathogen Exposure

It is important that you be aware that blood and other body fluids have been implicated in the transmission of certain pathogens, particularly Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), the virus responsible for Acquired Immune Deficiency Syndrome (AIDS). In order to minimize risk of exposure to bloodborne pathogens, the student must agree to follow Standard Precautions guidelines as well as comply with regulations outlined in the OSHA Bloodborne Pathogen Standard.

### Risks/Discomforts

<u>Learning Activity</u>	<u>Specific Benefit</u>	<u>Risks/Discomfort</u>
Venipuncture using both evacuated tube system (ETS)	Student gains experience needed prior to performing procedures on actual patients	Possibility of hematoma or bruising; slight, temporary pain with procedure; slight risk of temporary nerve inflammation
Skin puncture of the finger tip	Same as above	Slight, temporary pain upon puncture; minimal possibility of infection (provided area is kept clean)

I understand that as a student in the Phlebotomy Program, I will be the "patient" for fellow students to practice both venipuncture and capillary sticks.

**I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND HAD AN OPPORTUNITY TO ASK QUESTIONS. I AGREE TO PARTICIPATE AS A SUBJECT IN THE LEARNING ACTIVITIES LISTED ABOVE.**

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

## September 6, 2017 Phlebotomy Timelines and Deadlines

	Deadline
<p>Applicants may begin to submit a fully completed application packet, including immunizations, to the Clearwater campus:</p> <p style="padding-left: 40px;">Dennis Johnston, Industry Services Coordinator PTC – Clearwater Campus, Building 1 6100 – 154<sup>th</sup> Avenue North Clearwater, FL 33760</p> <p style="padding-left: 80px;">Monday or Wednesday 8:00 a.m. to 6:00 p.m. Friday 8:00 a.m. to Noon</p> <p><b>Complete PTC registration form at this time.</b></p>	08-16-2017 thru 09-06-2017
Accepted students will pay fees	09-6-2017, Wednesday (3 – 5 PM)
Incomplete packets may be considered	08-30-2017, Wednesday
Orientation for Accepted Students, review Student Handbook	09-06-2017, Wednesday (5 – 7:30 PM)
Fee Payment Deadline	09-06-2017, Wednesday
1 <sup>st</sup> Day of Online Class	09-06-2017 (5 – 7:30 PM)