

Program Information Packet
Phlebotomy Technician

- x READ ALL INFORMATION LISTED BELOW THOROUGHLY BEFORE SIGNING FORMS
- x DO NOT BEGIN ANY PROCESS PRIOR TO MEETING WITH THE PROGRAM DIRECTOR
- x ALL ITEMS WILL BE DISCUS1 1 Tf .289 0 Td [(M)2.g>DIS<0L /P c4GRAoNBaEReGc EReGc 3-D94(P)5.3 (RI)14.1 (G)-42

5. Stand and walk for extensive periods of time.

6.

PHLEBOTOMY TECHNICIAN RESPONSIBILITY AGREEMENT

READ CAREFULLY AND SIGN BELOW

As an incoming or current student in this program, I acknowledge that I have read and understand the student responsibilities and essential qualifications. I acknowledge that I am capable of meeting the responsibilities and performing the abilities and skills outlined in this document with or without reasonable accommodation and understand that my status as a student in this program depends on my continued ability to successfully meet these responsibilities and demonstrate these abilities and skills. I understand that if I am no longer able to meet these responsibilities and essential qualifications I will immediately notify the program director .

READ CAREFULLY, CIRCLE/MARK YES OR NO AND SIGN BELOW

Eligibility for Clinical Placement Information

STUDENT INFORMATION FORM
PHLEBOTOMY TECHNICIAN

Office use only	Date received _____	Initials _____	GPA _____
ACCUPLACER Result	Date: _____	ENGL: _____	MATH: _____
Work Keys	_____	_____	_____
HESI	_____	ACT or TEAS _____	Photo ID _____

- x TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK ONLY .
- x All correspondence will be sent via the email address(es) indicated below. Notify the MAST/ALTH Department of any changes after submission.
- x It is your responsibility to ensure that all requested documents are received before the deadline date.
- x Bring your Photo ID and your SSCC Student ID, if applicable, to your meeting with the program director

Name: Mr. _____
Ms. Last First Middle