PHLEBOTOMY TECHNICIAN PROGRAM

Student Handbook

Revised 10-24-13

PHLEBOTOMY TECHNICIAN PROGRAM

INTRODUCTION

The major goal of all health care professionals is to assist the physician in the prevention, diagnosis and treatment of disease. The health care system has developed professional specialties which interact in order to provide optimum health care to the patient. The practice of phlebotomy has evolved into a profession in which the technician not only collects blood for laboratory analysis but is integrally involved in specimen processing, public relations, & infection control.

In order to meet the demand for quality healthcare, the Phlebotomy Technician (PBT) program was established in 1996 at Central Texas College in Killeen.

Upon completion of the program, it is hoped that the Phlebotomy Technician will give to the field not only the technical competence required, but also the concern for the patient as a whole individual.

PBT PROGRAM OFFICIALS

PBT Program Director: Ann Kelly, MT (ASCP), CLSp(MB)

Primary Faculty: Molly Byrd, MT (AMT)

Department Chair – Science/Agriculture/MLT: Steven Salvato, Ed.D.

PROGRAM CURRICULUM

This **sixteen** week program consists of the following courses:

	Phases of Instruction	Course #	Schedule	Class Days and Times
*I.	Basic Phlebotomy	PLAB 1023	Weeks 1-10	M, W (morning)
	Phlebotomy Lab	PLAB 1023	Weeks 1-16	Th. (1:00-4:00)
II.	Clinical Practice	PLAB 1060	Weeks 11-16	M-F (varies with site)

* Phase I (PLAB 1023) consists of lecture and lab and must be completed satisfactorily in order to enter Phase II (PLAB 1060).

Central Texas College District does not discriminate in admissions, access to, treatment of, or employment in the programs and activities on the basis of race, color, religion, national origin, gender, disability or age.

COURSE DESCRIPTIONS

I. Basic Phlebotomy (PLAB 1023)

PLAB 1023 consists of didactic (lecture) instruction encompassing the following areas of study:

1. Health Care Systems and Organizational structure
2. Infection Control & Safety
3. Anatomy & Physiology
    a. General overview of all major body systems
    b. Circulatory System
4. Specimen Collection
5. Blood Collection Equipment & Supplies
6. Blood Collection Procedures
7. Specimen Processing
8. Quality Assurance in Health Care
9. Communication Skills and Professional Behavior

Phlebotomy Lab

Phlebotomy Lab provides practical (hands on) instruction in phlebotomy techniques in a student laboratory setting. This includes the following techniques:

1. Hand washing
2. Gowning, Gloving, & Masking
3. Quality Control
4. Venipuncture Techniques (multisampling, syringe, butterfly)
5. Skin Puncture Techniques
6. Blood Smear Preparation
7. Blood Culture Collection
8. Glucose Tolerance Testing
9. Arterial Puncture Techniques
10. Blood Donor Phlebotomy Techniques
11. Bleeding Time Techniques
12. Specimen Processing

II. Phlebotomy Clinical (PLAB 1060)

PLAB 1060 provides clinical training and practical instruction within the clinical (patient) setting. The course consists of 6-one week clinical rotations at the facilities listed below:

1. Bennett Clinic, Fort Hood
2. Carl. M Darnall Army Medical Center
3. Charles Thomas Moore Clinic
4. Metroplex Hospital
5. Scott and White Hospital
6. Veteran's Affairs Hospital

Upon successful completion of the program, the student is eligible to take a national credentialing examination.

To assist the student, an application packet for the ASCP BOR will be provided and completed during PLAB 1060, requiring a fee of $125.00 (submitted with the application).

PBT PROGRAM TUITION AND FEES

(All fees are an approximation and are subject to change)

*	1.	PLAB 1023 Tuition	$ 310
**	2.	Required Textbooks	$ 171.25
	3.	Lab Coat for PLAB 1023	$ 10
	4.	Background and Drug Screen	$ 55
***	5.	PLAB 1060 (Clinical) Tuition	$ 189
***	6.	Liability Insurance Program	$ 15
****	7.	Board of Registry Application – ASCP Application	$ 135

* 1. Payment is required prior to admission into the PBT program.

** 2. List of textbooks and current pricing can be found at www.ctcbookstore.com

*** 5. Payment is required prior to admission into PLAB 1023.

**** 6. Payment is required prior to admission into PLAB 1060.

***** 7. Fee is not included or required for CTC Phlebotomy Program.

PHLEBOTOMY TECHNICIAN PROGRAM
DEPARTMENTAL ADMISSION REQUIREMENTS

Applicants desiring admission to the Phlebotomy Program must have completed the following for admission to the program.

1. Application to the PBT program.

2. Transcripts of high school graduation or GED completion with a score of 40 or better. (Records department do not send over copies of your transcripts.)(Foreign Transcripts and Certificates must be evaluated by Guidance and Counseling, bldg 119.)

3. Two completed reference forms.

4. Copy of current immunizations. Must have the following immunizations current:

   a. PPD: no older than 1 yr.

   b. Tetanus: no older than 10 yrs. Tetanus/Diphtheria (TD) Booster (Tdap)

   c. Hep B series: 3 shots over a period of 4-6 months

   d. MMR (Mumps, Measles, Rubella): If given before 1957 must show 2 doses Mumps, 1 dose Measles, Rubella

   e. Influenza Vaccine: required
   f. Polio

   g. Varicella: 2 doses if given after the age of 13, 1 dose if given before the 13, or documentation of the disease

   h. Bacterial Meningitis Vaccination

5. Proof of physical exam completed within the last year signed by a M.D. or D.O.

6. Proof of current CPR course completion – per American Heart Association - -BLS-Health Care Provider. An online CPR course is not acceptable.

7. **Students are admitted to the PBT course on a first come basis after admission criteria have been meet. Even if some requirements have been met, only COMPLETE packets will count towards the "first come, first served" rule.**

Additional Program Requirements

1. CTC Parking Permit, CTC Police Bldg 137, no fee.

2. CTC student picture ID required, Bldg. 119, no fee.

3. Due to OSHA guidelines, CDC recommendations and for your personal protection, the following Dress Code is required for the PBT student laboratory Room 1052 and Room 1045:

   Scrubs must be worn to each lecture and laboratory session. Close-toed shoes, no canvas. No exceptions to this policy will be made. If you do not come dressed appropriately for each lecture and laboratory session, you will be dismissed from class. The dismissal will be counted as an absence and you will not be allowed to return to class.

4. A Criminal Background Check and Urine Drug Screen prior to entrance to the clinical portion of the program (within 6 weeks and prior to registration to PLAB 1060).
5. A US birth certificate (or US VISA) and picture ID (or US passport) is required to in process clinical sites.

6. Name tag required for PLAB 1060 (white with black lettering: Full Name, Central Texas College, Phlebotomy Technician Program.

7. Minimum of 2 sets of solid color scrubs for lecture, lab and clinicals.

8. Pair of close-toed shoes, no canvas, for lecture, lab and clinicals.

9. No other daytime continuing education classes may be taken consecutively with the PBT program, as they conflict with the 6-week clinical rotation schedules.

SERVICE WORK

The Phlebotomy program does not have a Service Work Program. Therefore, students may not perform service work in conjunction with the CTC PBT program.

ACADEMIC STANDING

1. A student is required to achieve a minimum of a 70 percent grade point average in each and all courses. Failure to maintain this academic standard will result in dismissal from the PBT program.
2. Eligibility for registration is predicated on having met the course requirements.
3. No student will be eligible for the Board of Registry unless he, or she has completed all the clinical hours, and the academic requirements with a grade of 70 percent or above.

APPEALS PROCEDURES

Academic

Individual course instructors retain primary responsibility for assigning grades. The instructor's judgment is final unless compelling evidence shows discrimination, differential treatment, or procedural irregularities. A student who feels that he/she has been treated unfairly or unjustly by a faculty member (full-time or part-time) with regard to an academic process such as grading, testing, or assignments should:

1. Discuss the issue first with the faculty member involved. This conference should be requested by the student within 15 working day from the time the student knew or reasonably should have known about the unfair or unjust treatment.

2. If, within ten working days of the request for a conference with the faculty member, the problem is not resolved or the faculty member has been unable to meet the student, the student may file a written complaint with the Phlebotomy Program Director. This written complaint must specifically identify the grievance at issue and be filed within ten working days following the previous deadline. (The written complaint will be made available to the faculty member).

3. If the grievance is not resolved within ten working days, the written grievance should be taken to the Science Department Chairman.

4. If results are not satisfactory at this level, the student should forward, to the Office of the Dean of Central Texas College, a copy of the written complaint with an explanation regarding action taken at each prior level. This level will be the final step in any grievance regarding grades.

Non-Academic

If the grievance is pertaining to matters other than grades, the appeals procedure is the same as the one outlined for academic appeals with the exception:

If the grievance is not resolved by the Dean or Associate Dean of the Central Campus, it may be forwarded in writing by the student to the Deputy Chancellor of Campus Operations for final resolution. The Deputy Chancellor will expedite a timely examination of the issues and will issue a final written determination in the grievance process.

ATTENDANCE REQUIREMENTS

1. It is the student's responsibility to consult posted schedules, and report to designated areas at assigned times.

2. Excessive absence will result in student's progress being reviewed.

3. Tardiness of over 15 minutes will be considered absent. Tardiness and absenteeism place an undue hardship on others and therefore must be kept to a minimum. Illness should be reported promptly by phone in the morning. Absences must be made up before course completion (PLAB 1060).

4. If you will be late or absent for any reason, you are required to phone the clinical instructor and/or the PBT program facility (254-526-1883/1759) before you are expected to be present (PLAB 1060).

5. Unexcused or unexplained absences constitute a serious offense requiring disciplinary action, and will be dealt with individually.

6. If, for any reason, you leave the area to which you are assigned it is your responsibility to make certain the clinical instructor to whom you are assigned is informed of your whereabouts.

7. If you will be late for, or absent from an exam, the instructor should be notified before the exam is to be given if you expect a make-up exam. Make-up tests will be at the discretion of the instructor, based upon the severity of the emergency. If given, make-up exam may be essay.

WITHDRAWAL PROCEDURES

Withdrawal from the course: It is the student's responsibility to officially withdraw from the program if circumstances prevent attendance. Any student who desires to, or must, officially withdraw from a continuing education course after the first scheduled class meeting must file an Application for Withdrawal or an Application for Refund. The withdrawal form must be signed by student. Application for Refund will only be accepted prior to the **second** class meeting.

An Administrative Withdrawal: An administrative withdrawal may be initiated when the student fails to meet College attendance requirements. The instructor will assign the appropriate grade on the Administrative Withdrawal Form for submission to the registrar.

DISMISSAL POLICY

A student is subject to immediate dismissal for any of the following reasons:

1. Any behavior which would put a student's right to registration in question.
2. Failure to maintain academic standards.
3. Insubordination.
4. Unprofessional, unethical, or dishonest behavior.
5. Excessive, unexcused absences or tardiness.
6. Using drugs or intoxicating liquors to an extent which affects his professional competence.
7. Conviction for a felony, or a crime involving moral turpitude.
8. Conviction for violating any municipal, state, or federal narcotic law.
9. Gross negligence in the practice of Phlebotomy or acting as a Phlebotomist (A majority vote from a committee consisting of members directly responsible for the Phlebotomy program will decide all questions of dismissal.)
10. It is understood that the student has the right to appeal any dismissal decisions.

I have read and understood the above stated rules and regulations regarding Clinical Practicum's.

Student's Copy (You will be signing a copy of this Dismissal policy on the first day of class.)

SAFETY AGREEMENT FORM

Although there are certain hazards present in the medical laboratory, it is possible to make the laboratory a safe working environment. Each laboratory worker must agree to observe all safety rules posted or not posted which are required by the instructor or supervisor. No set of rules can cover all of the hazards that may be present. However, several general rules are listed below:

1. Refrain from horseplay.
2. No eating, drinking, smoking, gum chewing or applying makeup in the work area.
3. Wear scrubs and leather closed-toe shoes for all lecture and laboratory sessions.
4. Wear a laboratory coat during all laboratory procedures.
5. Pin long hair away from face and neck to avoid contact with chemicals, equipment, or flames.
6. Avoid wearing chains, bracelets, rings, or other loose hanging jewelry.
7. Use gloves when handling blood, biological specimens, and hazardous chemicals or reagents.
8. Use universal precautions in handling patients and biological specimens, including human blood and diagnostic products made from human blood (reagents).
9. Disinfect work area before and after laboratory procedures and at any other time necessary.
10. Wash hands before and after laboratory procedures, before putting on and after removing gloves, and any other times necessary.
11. Discard all contaminated materials into an appropriate, labeled biohazard container. (A rigid, puncture-proof container must be used for disposal of sharp objects such as needles and lancets.)
12. Wear safety goggles when working with strong chemicals and when splashes are likely to occur.
13. Wipe up spills promptly and appropriately for the type of spill.
14. Avoid tasting, smelling, or breathing the dust or fumes of any chemicals.
15. Follow the manufacturer's instructions for operating equipment.
16. Handle equipment with care and store it properly.
17. Report any broken or frayed electrical cords, exposed electrical wires, or damaged equipment.
18. Discard any broken glassware into safe container.
19. Visitors are not allowed in the laboratory.
20. Report any accident to the instructor immediately.

Please initial items listed below:

Initial

_____ I agree to follow all set rules and regulations as required by the instructor or supervisor including those listed above.

_____ I have been informed that biological specimens and blood products may possess the potential of transmitting diseases such as hepatitis and acquired immunodeficiency syndrome (AIDS).

_____ I understand that even though diagnostic products are tested for HIV antibodies and Hepatitis B surface antigen (HbsAg), no known test can offer 100% assurance that products derived from human blood will not transmit disease.

Student's Copy You will be signing a copy of the Lab Safety Agreement on the first day of class.

PLAB 1060 PHLEBOTOMY CLINICAL COURSE
DRESS CODE

In order to afford a wide variety of clinical phlebotomy experiences, the CTC PBT clinical rotations are scheduled at various clinical sites. This places the PBT students in an environment with direct contact with a diversity of patient populations. With a commitment to meet the objectives of our clinical sites as well as to provide student training in professional appearance and conduct, the PBT program has developed student dress requirements (Dress Code). The Dress Code reflects standards which provide the safest possible work environment for the student and/or the patients. The following requirements are mandatory for all clinical students:

I. GROOMING

A. Hair
1. Short hair – clean and neatly combed
2. Long hair – clean and worn off the face and pulled back
3. Normal hair color – no purple, orange, etc.

B. Makeup
1. No excessive makeup
2. No excessive perfume
3. Antiperspirant is suggested

C. Nails
1. No nail polish
2. No artificial nails or nail tips
3. Nails must be clean, well groomed and must not extend past the tip of the finger

D. Skin
1. No visible tattoos
2. Broken skin – must be properly bandaged
3. **No body piercing**

II. JEWELRY

A. Earrings
1. Only one earring per ear, allowed on females only
2. Post only (no hoops or dangling earrings)
3. No body piercing jewelry/ring

B. Necklaces & Bracelets
1. No dangling bracelets/necklaces

2. Should be worn inside of the lab coat

III. CLOTHING – Student Laboratory Room 1045 & 1052 and Clinical Sites

A. Scrubs
   1. Must be clean and pressed
   2. Shirt and pants must be a matched set (same color)
   3. No prints
   4. No neon colors

B. Shoes
   1. Comfortable shoes with socks, no canvas or fabric
   2. No heels
   3. No opened toe shoes or sandals
   4. Leather sneakers or running shoes may be worn if:
      a. Clean and neat laces
      b. No fabric or canvas

C. Lab Coat
   1. Clean
   2. Must be worn over scrubs
   3. Completely buttoned

I, _____, understand the student laboratory and clinical rotation dress code as outlined above. I acknowledge that any failure to adhere to the requirements above may result in expulsion from the PBT program.

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Student's Copy You will be signing a copy of the Dress Code on the first day of class

Central Texas College

Phlebotomy Technician Program

PLAB 1060

In order to participate in the clinical portion (last 6 weeks) of the CTC PBT program, the following requirements must be understood and adhered to:

A. Travel is required to 6 clinical facilities (an integral part of the PBT program).

B. Clinical facilities include:
   1. Bennett Clinic, Fort Hood, TX
   2. Carl R. Darnall Army Medical Center, Fort Hood, TX
   3. Charles Thomas Moore Health Clinic, Fort Hood, TX
   4. Metroplex Hospital, Killeen, TX
   5. Scott and White Hospital, Temple, TX
   6. Veteran's Affairs Hospital, Temple, TX

C. Students are randomly assigned to rotate through clinical facilities during their clinical experience. The list of clinical facilities may change during the course of the program.

D. Students must provide their own transportation and arrive on time.

E. The six week clinical rotation encompasses Monday through Friday. Clinical hours vary by site between 5:50 AM – 5:00 PM.

F. Students do **NOT** rotate through clinical facilities as a group.

G. A three hour lab is scheduled each Thursday during PLAB 1060, on CTC campus, Room 1052, attendance is mandatory.

H. Neither the college nor hospitals provide medical coverage or workmen's compensation for emergency illness or injury. Medical coverage is the responsibility of the student.

I have read and understand the preceding requirements for the clinical portion of the PBT program.

Student's Copy You will be signing a copy of this policy on the first day of class.

PBT ABSENTEE POLICY

_____ (_____)_____

Last Name, First Contact Number

As stated in the CTC Catalog 2009-2010 "Students who have not attended class by the 12th class day will be dropped by the instructor with a grade of "W". Students may be administratively withdrawn from any class when their absences exceed a total of **three class** meetings for a Fall or Spring 10 week course, and in the opinion of the instructor, they cannot satisfactorily complete the course. The final decision rests with the instructor." Note that both lecture and lab class absences are totaled together.

Clinical Absence Policy

- Students should notify the instructor and the clinical site of any absence as soon as they are aware they will be absent.
- The Absence Form is to be filled out by the student and signed by the clinical site supervisor for every absence. The supervisor will deliver this to the instructor.
- Students who are absent are NOT eligible to earn grade points for that day. (10 points)
- A student is considered absent if they are more than 15 minutes late or leave more than 15 minutes early.
- Absences that do not exceed 3 may be made up if the student contacts the instructor. The instructor will contact the clinical site. If the clinical site can accommodate the makeup time and the absence is excused i.e. death or sickness with a doctor's note the time can be made up for time and puncture NOT for grade points.
- A tardy is being later than the scheduled arrival time but not later than 15 minutes. Or leaving less than 15 minutes earlier than the scheduled end of the shift. Students will be deducted grade points.

CELLULAR PHONES/BEEPERS

Cellular phones/beepers will not be tolerated in class. These devices must be turned off prior to the beginning of each class meeting. You need to make arrangements to be paged through the Student Life Office, 526-1258. The Student Life Office will contact the appropriate department to deliver the message.

TAPE RECORDERS

Tape Recorders may be used in class as long as they do not distract the instructor or other students. Please do not ask the instructor to operate the recorder for you.

_____ _____

Signature Date

Student's Copy You will be signing a copy of this policy on the first day of class.

Notification of Phlebotomy Training

The MLT/PBT program provides hands on lab experiences that include performing phlebotomy procedures. These phlebotomy procedures include venipuncture, sticking a needle just beneath the skin into a vein and drawing a tube(s) of blood, and dermal puncture, sticking a small needle into the skin of a finger. The venipuncture procedures are taught and mastered using artificial phlebotomy arms. These arms are designed to give the student the most realistic training so mastery can be accomplished before sticking an individual.

However, after a successful evaluation has been performed in front of the instructor using the artificial arm, each student will perform venipunctures and dermal punctures on their classmates as part of the hands-on training. In return your classmates will perform venipunctures and dermal punctures on you. The venipuncture will be performed under the supervision of an instructor.

Are there risks?

The needle stick may hurt. There may be a small risk of bruising, and a rare risk of infection.

Any student who has a documented medical reason or feels they cannot participate in the hands-on venipuncture training for any reason should discuss this with the instructor immediately.

My signature shows that I am aware that I will perform venipunctures and dermal punctures. I am also aware that venipunctures and dermal punctures will be performed on me and I agree to hold Central Texas College and instructors and students of CTC harmless for any pain or injury resulting from the venipuncture and dermal punctures.

Student signature _____Date_____
Printed student name _____

Or:
I agree to perform live venipunctures and dermal punctures in class and in the clinical sites but will not allow them to be performed on me due to a documented medical reason.

Student signature _____Date_____
Printed student name _____

Student's Copy You will be signing a copy of this policy on the first day of class.

STUDENT CHECKLIST

****

The following is a list of requirements needed before entry into the Phlebotomy Technician Program

****

Check off as obtained:

- ☐ Application (Completed)
- ☐ Health History
- ☐ High School Diplomas, GED, Transcripts
- ☐ Physical
- ☐ Immunization Record (Completed)
  - a. PPD no older than 1 yr.
  - b. Tetanus no older than 10 yrs. Tetanus/ Diphtheria TD. Booster (Tdap)
  - c. Hep B series (3 shots over a period of 4-6 months)
  - d. MMR (Mumps, Measles, Rubella): if before 1957 must show 2 doses Mumps, 1 dose Measles, Rubella
  - e. Influenza Vaccine
  - f. Polio
  - g. Varicella: 2 doses if before age 13, 1 dose if before age 13, or documentation of the disease
  - h. Bacterial Meningitis Vaccination
- ☐ CPR : BLS for Healthcare Provider CPR Certification (American Heart Association)
- ☐ 2 Reference Letters

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Once accepted in the Phlebotomy Technician Program the following are required.

- ☐ Student ID and Parking sticker (Student Life Center, Bldg. 119)
- ☐ Nametag or badge *(Should read)* Full Name, Central Texas College, Phlebotomy Technician Program (Monarch Uniform, 1200 Lowes Blvd, #113, Killeen, TX 76542)
- ☐ Lab coat (may be purchased in Room 1028)
- ☐ Scrubs (2 Pair)
- ☐ Shoes, close-toed not canvas or fabric
- ☐ Textbooks
- ☐ Q&A Review for Phlebotomy (CTC Bookstore)

****

Once PLAB 1023 has been completed the following are required

- ☐ Background Check
- ☐ Drug Screening
- ☐ Liability Insurance
- ☐ US Birth Certificate (or VISA)
- ☐ Picture ID (Passport, Driver's License, Military ID)

Phlebotomy Program Application Forms

The forms on the following pages should be completed and returned to Room 1028.

APPLICATION FOR PHLEBOTOMY TECHNICIAN PROGRAM
OF CENTRAL TEXAS COLLEGE

Date_____

Please print or type:

Name_____ Maiden (if applicable) _____

SSN: _____ Date of Birth: _____

Present Address: _____

Phone: _____ Cell Phone: _____

E-mail address: _____

Permanent Address: _____

Person to notify in case of an emergency:

Name: _____

Phone: _____

Relationship: _____

Schools attended:

High school: _____

College: _____

List honors and activities: _____

Employment Information:

_____
Present/Most Recent Employer Job Title Start/Finish

_____
Address City/State Zip Code

_____

Supervisor Telephone Number

STUDENT HEALTH HISTORY

TO THE STUDENT: A health history is required for all CTC Phlebotomy Technician Program students. This health information is confidential. Please read the form carefully; answer **ALL** questions on the form.

Name: _____

Last First Middle Initial

Home Address: _____

Street # or Rural Route City State Zip Code

_____ Fall Spring _____

Social Security# Date of Birth Expected Entrance Semester Year

Person to notify in care of emergency:

Name: _____Relationship:_____

Address: _____Telephone #_____

Name of Physician: _____Telephone #_____

Physician's Office Address: _____

Are you covered by hospitalization insurance? NO YES If yes, complete this form:

Name of Insurance Company or Covering Agency: _____

_____

Address of Insurance Company/Agency: _____

If Blue Cross or Blue Shield gives Certificate N. /Group No.:_____

If other policies, or other types of coverage, give policy ID numbers: _____

_____

Name of Policy Holder: _____

Address of Policy Holder: _____

Relationship to student: _____

INSTRUCTIONS:

1. Mark X in the Yes column if you have a history of any of the items listed in a given question; otherwise, mark X in the No column.
2. For any Yes answer:
   a. Circle the appropriate item within the question.
   b. In the remarks section, indicate the number of the question and give a brief statement of the problem or condition.
3. Sign and date

NO	Have you a history of any of the following:	YES
_____	1. Have you had a tetanus toxoid? (or tetanus diphtheria) injection within the last 10 years?	_____
_____	2. Hospitalization, fractures, surgery, or serious illness.	_____
_____	3. Continuing use of prescribed medications.	_____
_____	4. Drug allergies or other allergies, please specify.	_____
_____	5. Rheumatic fever, heart murmur, cyanosis, abnormal or irregular heart rate or rhythm, or recurrent chest pain.	_____
_____	6. Shortness of breath at rest or after mild exertion, heart failure, swelling of hands or feet.	_____
_____	7. Excessive or prolonged cough or sputum production, coughing up blood, or chest pain on breathing deeply.	_____
_____	8. Pneumonia, bronchitis, tuberculosis, sinusitis, asthma, or frequent sore throats or ear infection.	_____
_____	9. Vomiting of blood, blood with a bowel movement, black stools, jaundice, or recurrent episodes of nausea, vomiting diarrhea or persistent abdominal pain.	_____
_____	10. Disorder of liver, gall bladder, colon, or stomach; peptic ulcer	_____
_____	11. Diabetes mellitus, sugar in the urine, under active or overactive thyroid gland; goiter (thyroid lump); disease of any endocrine gland.	_____
_____	12. Double vision, fainting spells, epilepsy or seizure disorder, recurrent severe headache, color blindness.	_____
_____	13. Numbness, paralysis, tremor, persistent of progressive	_____

Weakness.

_____ 14. Urinary tract infection (bladder or kidney infection). _____

_____ 15. (Males only) Prostate infection. (Females mark no). _____

NO Have you a history of any of the following: YES

_____ 16. Blood, pus, protein, sugar, or stone in the urine. _____

_____ 17. (Females only) Abnormal or irregular menstrual period, disorder of the ovary, recurrent vaginal infection. (Males mark NO). _____

_____ 18. Counseling or treatment for emotional problems in the last five years. _____

_____ 19. Advised to seek further counseling for emotional problems. _____

_____ 20. Any physical handicap which may cause difficulty in performance of normal activities? E.g. Blindness, hearing loss, difficulty in walking, speech defects, missing limbs, _____

_____ 21. Abnormal chest x-ray (if yes, give date and place of x-ray, details of abnormalities, if known). _____

_____ 22. Positive skin test for tuberculosis, cancer, diabetes mellitus, high blood pressure, and inherited disease or unusual illness. _____

_____ 23. Family history – tuberculosis, cancer, diabetes mellitus, high blood pressure, any inherited disease or unusual illness. _____

_____ 24. Would you like to see a counselor or other staff person to discuss any of the items above or others? _____

Not mentioned: _____

Remarks: _____

_____

Add additional page if necessary.

Signature: _____Date:_____

CENTRAL TEXAS COLLEGE PHLEBOTOMY TECHNICIAN PROGRAM
PHYSICAL EXAMINATION FORM
(TO BE FILLED OUT BY APPLICANT
AND SHOWN TO PHYSICIAN AT TIME OF PHYSICAL))

IDENTIFYING INFORMATION:

Name: _____ Enrollment Date: _____
Home Address: _____ Telephone: _____

PERSONAL & FAMILY HISTORY: (To be filled out by the student)
Mark **yes** or **no** under the 1st or 2nd column and indicate the relative under the 3rd column.

	SELF	FAMILY	RELATIVE
Back Pain	___	_____	
Tuberculosis	___	_____	
Diabetes	___	_____	
Heart Trouble	___	_____	
Stomach Trouble	___	_____	
Asthma, Hay fever, Hives	___	_____	
Epilepsy, Seizure, Fainting	___	_____	
Mental Illness	___	_____	

Have you any chronic illness: No Yes: Nature_____
_____

Attending Physician: _____ Date last seen: _____

List any medications that you are presently taking prescribed by a physician:

_____

What operations/or diseases have you had? Give dates where possible: _____

_____

For female students – Does menstruation interfere with your normal activities? _____If yes explain

_____

Any known reaction to "shots" or medicines? _____ If yes, explain: _____

_____

Family Physician: _____
Name Address Telephone

First Aid Treatment consent for student under 21 years of age:

_____

Parent or Guardian's Signature Relationship Date

PHYSICAL EXAMINATION

(To be filled out by your physician)

NAME: _____SEX: M ___ F ___ DOB ___ WEIGHT ___ HEIGHT_____

Last First MI

VISION:	Uncorrected	R20/	L20/
	Corrected	R20/	L20/
	Color Vision	Normal	Abnormal

Check under the appropriate column. If abnormal, explain

	NORMAL	ABNORMAL
HEARING:	_____	_____
SKIN:	_____	_____
THROAT:	_____	_____
TEETH:	_____	_____
LUNGS:	_____	_____
HEART:	_____	_____
ABDOMEN:	_____	_____
KIDNEYS & BLADDER:	_____	_____
THYROID:	_____	_____
GLANDS:	_____	_____
SPINE:	_____	_____
EXTREMITIES:	_____	_____
REFLEXES:	_____	_____

REQUIRED FOR ADMISSION: All students born on or after 1-1-57 must show proof of: (1) 2 doses of measles vaccine administered on or after their 1st birthday and at least 30 days apart, (2) 1 dose of mumps vaccine administered after 1st birthday (3) 1 dose of rubella vaccine after 1st birthday or immunity to measles, mumps and rubella. All students are required to show proof of Hepatitis B series immunizations.

HEPATITIS B 1st _____2nd _____ 3rd _____

MEASLES 1st dose _____ 2nd dose _____or positive titer_____

MUMPS _____ or positive titer _____

RUBELLA _____ or positive titer_____

DIPHTHERIA/TETANUS _____**(must be within last 10 years)**

PPD (Tuberculin) (12 months) or Date given: _____

TbTine(Tuberculosis Tine) (12 months) Date read: _____ Result_____

Or CHEST X-RAY if skin test is POSITIVE

Varicella (Chickenpox) or Waiver (Chickenpox) _____ or positive titer_____

Polio_____

Bacterial Meningitis Vaccine_____

Influenza_____

CLASSIFICATION FOR PHYSICAL ACTIVITIES: A. Unlimited B. Limited

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MEDICATIONS OR INJECTIONS TO BE AVOIDED: _____

_____

In your opinion, is this individual in suitable physical and emotional condition for training in Phlebotomy Technician Program? YES NO If not, why _____

_____

_____ _____

Signature of Physician Date of Physical

_____

_____

_____

_____

(Typed Name & address of physician)

PHLEBOTOMY TECHNICIAN

REFERENCE FORM

_____has applied for admission to the Phlebotomy Technician Program and has given your name as a reference. Please fill out the form as completely as possible. Thank you for your assistance in the evaluation of this student.

How long have you known the applicant?

_____Less than a year _____ 1-5 year's _____5-10 year's _____Longer

In what capacity have you known the applicant?

_____Personal only_____Personal and Professional

_____Professional only

Areas of concern: Please check appropriate column	Insufficient Information	Needs Improvement	Average	Above Average	Excellent
(Maximum number of total points: 36	0	1	2	3	4
1. Ability to learn					
2. Initiative					
3. Persistence					
4. Priorities					
5. Judgment					
6. Quality of work					
7. Ability to work					
8. Ability to relate to others					
9. Communication ability					

Name: _____Position: _____

Date: _____Signature:_____

PHLEBOTOMY TECHNICIAN
REFERENCE FORM

_____has applied for admission to the Phlebotomy Technician Program and has given your name as a reference. Please fill out the form as completely as possible. Thank you for your assistance in the evaluation of this student.

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Areas of concern: Please check appropriate column	Insufficient Information	Needs Improvement	Average	Above Average	Excellent
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6. Quality of work					
7. Ability to work					
8. Ability to relate to others					
9. Communication ability					

Name: _____Position: _____

Date: _____Signature:_____

PBT FEE MEMORANDUM OF UNDERSTANDING

I understand that there are fees that are required for the completion of the Phlebotomy Program.
The following fee schedule is a close approximation of those fees. Fee amounts should be verified by the student. Any questions or concerns should be addressed **prior** to enrolling in this program.

PBT PROGRAM TUITION AND FEES

(All fees are an approximation and are subject to change)

*	1.	PLAB 1023 Tuition	$ 310
**	2.	Required Textbooks	$ 171.25
	3.	Lab Coat for PLAB 1023	$ 10
	4.	Background and Drug Screen	$ 55
***	5.	PLAB 1060 (Clinical) Tuition	$ 189
***	6.	Liability Insurance Program	$ 15
****	7.	Board of Registry Application – ASCP Application	$ 125

* 1. Payment is required prior to admission into the PBT program.
** 2. List of textbooks and current pricing can be found at www.ctcbookstore.com
*** 5. Payment is required prior to admission into PLAB 1023.
**** 6. Payment is required prior to admission into the PLAB 1060.
***** 7. Fee is not included or required for CTC Phlebotomy Program.

I, _____, understand that the above mentioned fees are necessary for completion of this program and I understand that if I have any questions or concerns about them I will seek that information before entering the PBT program.

Documenting History of Varicella (Chickenpox) Illness

Amendment to §87.67

"All histories of varicella illness must be supported by a written statement from a physician or the child's/student's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.", or by serologic confirmation of varicella immunity. School nurses may also write this statement to document cases of chickenpox that they observe. The school shall accurately record the existence of any serologic tests supplied as proof of immunity. The original should be returned to the child/student or the child's/student's parent, or guardian. If a child or student is unable to submit such a statement or serologic evidence, varicella vaccine is required."

Varicella requirement has taken effect August 1, 2000.

For further information:

Contact the Texas Department of Health at 1-800-252-9152, or visit the Texas Department of Health Immunization Division's Website:
www.tdh.state.tx.us/immunize/immpage1.htm

Verification of Varicella (Chickenpox) Illness or Serologic Confirmation

"This is to verify that _____ had varicella
(Name of Student)

disease (chickenpox) on or about_____ and does not need varicella
(Date)
vaccination.

_____ _____
Signature Relationship to student

_____
Date

Central Texas College
Criminal Background Check and Drug Screen

I understand a Criminal Background Check and Drug Screen must be performed prior to entering PBT 1060. I understand a criminal felony or a positive drug screen will prevent me from participating in the PBT 1060.

Release of Information
I agree to allow the CTC MLT/PBT program director to release the negative results of the Criminal Background Check and Drug Screen to the clinical facilities to which I will be assigned during enrollment in PBT 1060.

I agree to inform the program director and/or clinical facility if criminal activity or substance abuse occurs after the initial Criminal Background Check and Drug Screen is completed.

I agree to a "for cause" Drug Screen at a site identified by the college should a faculty member, clinical instructor or the program director deem it necessary.

_____ _____

Signature Date

Notification of Phlebotomy Training

The MLT/PBT program provides hands on lab experiences that include performing phlebotomy procedures. These phlebotomy procedures include venipuncture, sticking a needle just beneath the skin into a vein and drawing a tube(s) of blood, and dermal puncture, sticking a small needle into the skin of a finger. The venipuncture procedures are taught and mastered using artificial phlebotomy arms. These arms are designed to give the student the most realistic training so mastery can be accomplished before sticking an individual.

However, after a successful evaluation has been performed in front of the instructor using the artificial arm, each student will perform venipunctures and dermal punctures on their classmates as part of the hands-on training. In return your classmates will perform venipunctures and dermal punctures on you. The venipuncture will be performed under the supervision of an instructor.

Are there risks?

The needle stick may hurt. There may be a small risk of bruising, and a rare risk of infection.

Any student who has a documented medical reason or feels they cannot participate in the hands-on venipuncture training for any reason should discuss this with the instructor immediately.

My signature shows that I am aware that I will perform venipunctures and dermal punctures. I am also aware that venipunctures and dermal punctures will be performed on me and I agree to hold Central Texas College and instructors and students of CTC harmless for any pain or injury resulting from the venipuncture and dermal punctures.

Student signature _____Date_____
Printed student name _____

Or:
I agree to perform live venipunctures and dermal punctures in class and in the clinical sites but will not allow them to be performed on me due to a documented medical reason.

Student signature _____Date_____
Printed student name _____