



Phlebotomy

CAREER STUDIES CERTIFICATE

School of Nursing and Allied Health

INFORMATION PACKAGE





School of Nursing and Allied Health

Phlebotomy Program

General Information

Thank you for your interest in our Phlebotomy Program. The curriculum consists of two courses, **MDL-105 – Phlebotomy (3 credits)**, and **MDL-190 – Coordinated Practice (4 credits)**, which can be completed within two semesters. Normally, the student will complete MDL-105 within 10 weeks, followed by MDL-190 in the following semester, which is a 2-3 week clinical practicum. Both courses may be offered during the summer session as well.

Each course should be registered for during separate semesters, and will cost approximately \$868.80 for the two, excluding books and uniforms. Satisfactory completion of both courses will facilitate admission to a national Board of Registry certification examination in Phlebotomy Technology, administered locally by the American Society of Clinical Pathologists. Details concerning this examination will be explained to the student during the first course, MDL-105. There is an additional cost for this examination. (See website: www.ascp.org for Phlebotomy certification information)

Courses begin in the fall semester (late August) and spring semester (early January). They may or may not be offered as a summer course. It is every perspective student's responsibility to consult the JSRCC school calendar for details.

Course Descriptions

MDL-105 - Phlebotomy – 3 credits- teaches the fundamentals of phlebotomy and is typically held on two evenings for 10 weeks from 5:00 to 8:40 PM on our downtown campus. A second course during the day may or may not be offered as well. Attendance is absolutely mandatory. Explanation of Book requirements and other details regarding the courses will be explained by the instructor during the first meeting of MDL-105.

MDL-190 – 4 credits- Coordinated Practice- is a clinical training practicum whereby the student is placed in an area hospital or clinic setting the entire day, Monday-Friday for 2-3 consecutive weeks for intensive phlebotomy training and practice. This training takes place during the daytime hours only, and the student must be able to attend every training session. Absenteeism can result in immediate dismissal.

Students must take MDL 105 **from JSRCC prior** to placement in the MDL 190 course. Students attending classes at other institutions cannot be placed in clinicals without first completing our classroom/ laboratory training course MDL 105 due to liability insurance requirements of the college.

Students may need to purchase scrubs for the clinical portion, however, students are not required to complete the clinicals. Many students take the MDL 105 course for enrichment purposes only, and do not require the national certification to become gainfully employed. You may make more money once you attain the national certification, and thus, it is a reason to complete the second course.

There is no actual certificate for completion of this program. However, a copy of your transcript will be proof to any employer that you successfully completed the course(s). The Medical Laboratory Technology Program at JSRCC is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), and thus, participants in this Phlebotomy program are eligible to take the national certification examinations offered by various agencies.

What to do before Registration

All new students must first complete a College application and take an English placement examination before the semester begins, which can be arranged by calling the testing center at 523-5470 DTC or 523-5411 PRC. The student may be excused from this requirement if (a) such an examination has already been taken within the last year, and/or (b) the student has successfully completed at least one college English course.

All students are required to arrange for a medical examination prior to beginning the clinical course (MDL-190). Students failing to produce a completed physical form (attached) may be denied placement in a clinical setting for MDL-190. It is highly suggested that students receive Hepatitis B vaccinations (3 in a series) before or during their phlebotomy course in order to protect themselves, although they may sign a waiver denying this vaccine.

How to Register

Registration is open immediately before both spring and fall semesters (and summer if offered). The student should consult the JSRCC calendar for details. The student must complete the English placement examination prior to the start of the MDL 105 course, but not prior to registration for the course. Completed physical examination forms should be dropped off to the instructor prior to the Clinical Practicum MDL-190. Full payment is expected at the time of registration. **There is no need to meet with an advisor prior to classes in the Phlebotomy program.**

School of Nursing & Allied Health Student Health Form

Congratulations! Your seat in the School of Nursing and Allied Health will be confirmed when all medical requirements are fulfilled.

To be completed by the Student

Program enrolled/admitted into:

- | | |
|---|---|
| <p>Associate Degree Nursing</p> <p>Full-time ADNP <input type="checkbox"/></p> <p>Part-time ADNP <input type="checkbox"/></p> <p>LPN to RN Transition <input type="checkbox"/></p>
<p>Practical Nursing (PN) <input type="checkbox"/></p>
<p>NUR 27 (CNA) <input type="checkbox"/></p> | <p>Dental Assisting Program <input type="checkbox"/></p>
<p>Medical Laboratory (MDL) <input type="checkbox"/></p>
<p>Phlebotomy Only <input type="checkbox"/></p>
<p>Respiratory Therapy (RTH) <input type="checkbox"/></p>
<p>Sleep Technology for Polysomography <input type="checkbox"/></p>
<p>Emergency Medical Services <input type="checkbox"/></p> |
|---|---|

First Name: _____ **Middle** _____ **Last Name:** _____

Date of Birth : _____ **STUDENT ID** _____

Emergency Contact: Name _____ Relationship: _____

Phone: _____

Mailing Address:

STREET CITY ZIP

Home Phone: _____ **Work Phone:** _____

E-mail: _____ **Cell Phone:** _____

To be completed by the Physician or Nurse Practitioner

THE FOLLOWING INFORMATION IS CONFIDENTIAL
ALL SECTIONS MUST BE COMPLETED AND SIGNED BY A PHYSICIAN OR NURSE PRACTITIONER

Medical History: Have you ever had?

	Yes	No		Yes	No		Yes	No		Yes	No
Seizures			Hepatitis			Immuno suppression			Latex Allergy		

If yes, please provide explanation:

Surgeries:

Medications currently taking:

Physical Examination Date: _____

Height: _____ Weight: _____ Pulse: _____ BP _____

Urinalysis ____ + / - (Macro/Micro)

Hemoglobin: _____ (MDL students)

Eyes: () Vision corrected Pupillary reactions	Ears: ()	Nose: ()	Mouth: ()
Throat: ()	Thyroid: ()	Lymph Nodes: ()	Cardiovascular: ()
Breasts: ()	Lungs: ()	Abdomen: ()	Spine: ()
Extremities: ()	Endocrine: ()	Immune: ()	Neurologic: ()
Musculoskeletal: ()	Integumentary: ()	Gastrointestinal: ()	Other:

Has this client been under treatment for physical or emotional problems? Yes: ___No___

If yes, please comment:

Listed below are some of the basic functional abilities a student in the School of Nursing and Allied Health needs to be capable of physically performing in order to meet the Program Outcomes. Please consider the following in your assessment:

- Pushing, or lifting up to 70 pounds.....
- Bending repeatedly
- Ability to communicate verbally in English
- Hearing.....
- Ability to distinguish basic colors and color shades
- Bilateral finger dexterity
- Ability for rapid simultaneous mental and muscular coordination.....
- Walking/standing (8 – 12 hours).....

Hepatitis B Vaccine

1 st Date: _____	2 nd Date: _____ (1 MONTH FROM 1 ST)	3 rd Date: _____ (5 MONTHS FROM 2 ND)
— OR —		
Evidence of immune status through		
Titer: Date: _____	Results: _____	
Titer must be drawn – a history of disease is not sufficient.		
Titer must be drawn - if Hepatitis B immunization is greater than 10 years		
<u>LAB DOCUMENTATION REQUIRED</u>		
<i><u>IF STUDENT DOES NOT COMPLETE THIS SECTION,</u></i>		
<i><u>THE STUDENT MUST COMPLETE THE ATTACHED HEP DECLINATION FORM</u></i>		

For the student

If selecting not to have the Hepatitis B Vaccine, please review and sign the attached Hepatitis B Vaccine Declination Form

Physician Summary Information

Based on your knowledge of this client is he/she capable of meeting the physical and emotional expectations of a student in an Allied Health Program? Yes No

Physician/Nurse Practitioner Name: _____
(PLEASE PRINT)

Address: _____
(PLEASE PRINT)

Telephone: _____

Signature: _____

PLEASE RETURN THIS FORM TO THE STUDENT

HEPATITIS B VACCINE DECLINATION

If selecting not to have the Hepatitis B Vaccine, please review and sign

I understand the effect of Hepatitis B and have been told about the availability of the Hepatitis B Vaccine.

_____ I recognize the danger of not having the Hepatitis B Vaccine but I voluntarily choose not to have the vaccine.

Student's Signature

Program Head's Signature

Date

Date