

PHLEBOTOMY



The following items are required for your application to be considered complete:

- Copy of a valid driver's license
 - If you are a Co-Enrolled student and only have a Learner's Permit, please call (352) 671-7219 for more information
 - If you are a Co-Enrolled Student, you must speak to our guidance counselor and fill out a Co-Enrolled packet in Student Services
- Copy of vehicle registration and car insurance
- Copy of your signed Social Security card (name must match the name on driver's license)
- Copy of high school diploma or GED diploma
- Official, sealed high school transcripts
 - If you have your GED, official sealed high school transcripts are still required even if incomplete.
- Official college transcripts (if applicable)
- Copy of college diploma (if applicable)
- Essay telling why you are interested in the Phlebotomy program and what you know about the Phlebotomy profession
- Two (2) completed Professional Recommendation Letters (**Cannot be related to you; No family members, friends, boyfriends, girlfriends, etc.**)
 - Should be signed by applicant and person writing the recommendation
- Read, sign and date technical standards
- Must attend ONE (1) Information Session: August 21, September 18, October 9, November 13, 2017 for the January 2018 class. All Information Sessions are on Monday nights at 6:00 P.M.
- Complete the "My Career Shines" Assessment in Student Services

PHLEBOTOMY

The following will be required **IF YOU ARE ACCEPTED** into the Phlebotomy Program:

- **TABE Test** –This test is **NOT** required for admission, however, it must be completed if you are looking to complete Phlebotomy and move on to take the Medical Clinical Laboratory Technician program. To schedule a testing appointment, please contact Student Services at (352) 671-4134.
- **MUST** bring in proof of your background check (we will provide paperwork upon acceptance) due in **First Six Weeks** of class.
- Immunizations- Proof of the following: (**mandatory**)
 - Hepatitis B - 1, 2, 3
 - Tuberculosis (PPD)
 - The TB/PPD skin test, first series of Hepatitis B, and Chicken pox immunizations are due within the first two weeks of class.
 - If your TB Skin Test comes back positive, a copy of the results from the chest X-Ray will be required.
 - Measles Mumps Rubella (MMR)
 - Varicella Zoster (Chicken Pox) or evidence of immunizations or positive titers
 - Tetanus
- Complete physical, signed by medical professional on business letterhead.



TECHNICAL STANDARDS

HEALTH SCIENCE

Students who are accepted into the Health Science programs are required to be able to perform the following tasks:

- Walk the equivalent of five (5) miles a day.
- Grip, reach above shoulder level, bend at the knee, squat, stoop and crawl.
- Sit, stand for prolonged periods of time.
- Perform CPR/First Aid.
- Lift a minimum of 50 lbs.
- Manipulate small objects dexterously.
- Tolerate exposure to dust, fumes, chemicals, detergents, body fluids, and latex.
- Distinguish colors.
- See objects as small as 1mm.
- Hear subtle sounds, such as heart or lung sounds.
- Withstand varied environmental conditions such as heat, cold, and moisture.
- Cope with a high level of stress.
- Prioritize and make decisions fast under pressure.
- Cope with anger, fear, hostility and/or confrontation in a calm manner.
- Cope with death and dying.
- Concentrate.
- Be flexible and self-directed.
- Problem solve.
- Demonstrate a high degree of patience and confidentiality.
- Communicate in writing and verbally.

By signing below, I acknowledge that I can perform all the tasks mentioned above.

Applicant Signature: _____

Print _____ Date _____

Marion County Public Schools

1014 SW 7th Road, Ocala, Florida 34471

TELEPHONE: 352.671.7219 • FAX: 352.671.7221 • WEBSITE: www.mariontc.edu

Equal Opportunity Schools

Return To: Marion Technical College

PHLEBOTOMY PROGRAM

1014 S.W. 7th Road

Ocala, FL 34471

RECOMMENDATION FORM

Applicant: _____

Please Print

Signature*

(*By my signature, I authorize the person below to answer the following questions to the best of their ability and submit this form to MCSPPR).

**NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSIONAL REFERENCES PLEASE.
FORM MUST BE RETURNED DIRECTLY TO THE PHLEBOTOMY PROGRAM OFFICE BY THE PERSON COMPLETING IT.**

- 1) How do you know this individual? _____ # of years _____
- 2) Do you feel this individual would adapt and excel in a healthcare environment that is highly technological and highly patient ? ____ Yes ____ No ____ Not Sure Explain: _____

- 3) I have observed the following attributes in this individual (only check those that apply):

<input type="checkbox"/> Cheerfulness	<input type="checkbox"/> Self-Motivation	<input type="checkbox"/> Good Attendance	<input type="checkbox"/> Critical Thinking
<input type="checkbox"/> Maturity	<input type="checkbox"/> Self-Confidence	<input type="checkbox"/> Team Player	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Dependability	<input type="checkbox"/> Initiative	<input type="checkbox"/> Multi-Tasking	<input type="checkbox"/> Effective
<input type="checkbox"/> Honesty	<input type="checkbox"/> Punctual	<input type="checkbox"/> Time Management	<input type="checkbox"/> Communication
- 4) What do you feel is this individual's greatest strength? Why? _____

- 5) What do you feel is this individual's greatest weakness? Why? _____

- 5) Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish something important. _____

- 6) In what ways could this individual improve to be better prepared for a rigorous professional educational program and demanding healthcare career? _____

- 7) Additional comments: _____

Signature (person making recommendation): _____

Print Name _____ Title/Credential _____ Date _____

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Print Name _____ Title/Credential _____ Date _____