



Phlebotomy Program Application 202

Welcome to the Phlebotomy Program at Coastal Bend College! We look forward to guiding your success in this career.

Student Name: _____

Location: Alice Beeville Kingsville Pleasanton Online

Application Checklist

The following documents are required with your application:

- Completed Student Information Sheet
- Copy of High School Diploma or GED
- Completed Criminal Background Statement – Signed
- Copy of Criminal History Search From: www.dps.texas.gov
- Assumption of Risk and Consent Form – Signed
- Tuition \$750.00 (\$350.00 classroom \$400 Clinicals)
- Immunizations Including Signed Immunization form and Copies

Required Supplies

The following items are required on the first day of class;

- *Phlebotomy Handbook Blood Specimen Collection from Basic to Advanced* th edition
- Uniform: White Scrubs (preferable with 2 front pockets). Comfortable, mainly white, closed-toe shoes (Some shoes come with some color, for example on the logos, which is acceptable but shoes should be predominantly white in color.)

Financial Aid

Financial Aid may be available for those who qualify. Payment arrangements must be made prior to the first day of class. All balances must be paid in full prior to the start of class or the student will be unable to attend.

Students with health issues and disabilities that will affect clinical rotations must notify the department prior to start of PLAB 1023.



What is a Phlebotomy Technician?

A phlebotomy technician (commonly referred to as phlebotomist) collects blood samples for hospitals, doctors' offices and labs according to the doctor's orders. They also perform blood draws when donors give blood. Medical professionals use blood tests to diagnose illness, evaluate medication effectiveness and determine whether a patient is low in nutrients. The Phlebotomy Technician plays a crucial role in patient care!

Program Structure

Coastal Bend College offers both Phlebotomy classroom training (48 hours) and clinical training (80 hours). Student may choose to take only the classroom training or both classroom and clinical training. In order to qualify for clinicals, you must have already completed and passed the classroom portion of the program.

Registration Process

In order to register for the program, you must complete this application packet and provide all of the required documentation. Incomplete applications will be returned to you.

Once your application is received and reviewed, you will be notified as to whether or not it has been approved. If approved, you will be added to our enrollment list and contacted for registration of available courses. If your application has not been approved, it will be returned to you with an explanation.

Students with health issues and disabilities that will affect clinical rotations must notify the department prior to start of PLAB 1023.

Course Description

PLAB 1023: Phlebotomy (Classroom 48 hours)

Skill development in the performance of a variety of blood collection methods using proper techniques and universal precautions. Includes vacuum collection devices, syringes, capillary skin puncture, butterfly needles and blood culture, and specimen collection on adults, children, and infants. Emphasis on infection prevention, proper patient identification, labeling of specimens and quality assurance, specimen handling, processing, and accessioning. Topics include professionalism, ethics, and medical terminology. **Students will be required to perform venipunctures on other students during the course.**

PLAB 1060: Phlebotomy – Clinical (48 hours)

A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional. Students will be required to complete 48 clock hours of clinical training with a goal of 80 successful, unaided blood collections including venipunctures and skin punctures. **Clinical rotations will be assigned during the course and can include various times of the day or evening including overnight, early morning or late afternoon hours.** Flexible schedules while enrolled in the clinical are necessary as these hours are required for successful program completion. Students are responsible for their own transportation to the clinical sites and travel outside the area may be assigned. Prerequisite: credit in course PLAB 1023. Clinical rotations and assignments will ultimately be decided by the department coordinator in conjunction with the availability of the clinical site. It is our goal to assist students in completing clinical rotations as quickly as possible; however, there can be no guarantee on the length of clinical rotations. Clinical rotations may be as little as 2-3 weeks or as much as 20-24 weeks.



Attendance

Attendance for this program is mandatory. Students must work with the instructor to make up any hours missed in order to receive the certificate of completion.

Dress Code and Electronics Usage

- Students are expected to attend classroom and clinical sessions clean and neatly dressed in required scrubs that present a professional appearance. Students not conforming to the dress code may be sent home at the instructor's or clinical site's discretion. Repeat violations will result in dismissal from the program at the discretion of the Director.
- Your Photo ID is an integral part of the uniform. Placement is on the left upper chest with photo visible. Hair must be clean, neat and pulled back away from the face. Male students must either shave regularly or keep a clean and well-groomed mustache and/or beard.
- Students should bathe every day and are expected to refrain from excessive use of perfume, cologne or after shave lotion due to the close proximity in the lab/clinical working environment with other students and patients. Fragrances or essential oils could cause bronchospasms in the patient.
- Fingernails must be kept clean and short (1/8" above the fingertips). Artificial nails are NOT permitted due to infection control issues. Only clear nail polish will be allowed on fingernails.
- Jewelry should be conservative and limited to only a wedding ring, wrist watch, necklace kept close to the skin and not dangling, and one pair of earlobe earrings not extending ½ inch below the earlobe. No visible tattoos, body or face piercing or gauges are allowed. Other articles of clothing such as hats, hair accessories, etc. that may present a safety issue or be disruptive to the learning process will not be allowed.
- An undershirt discreetly hidden underneath the scrub top may have to be worn to avoid revealing undergarments or skin exposure. Scrub pants should be the right length and hems should not be dragging or touching the floor.
- Please ensure scrub top and pants fit comfortably and provide appropriate cover during any type of physical movement such as bending down, bending over, kneeling, lifting, reaching, etc.
- All electronic devices, including cell phones must be turned off or muted. Absolutely no use of cell phones, including text messaging, during class room or clinical time is allowed.

Notice to Students Regarding Licensing

Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. Note: Criminal history checks are required for clinical experience purposes.

Should you wish to request a review of the impact of criminal history on your potential licensure prior to or during your quest for a degree, you can visit this link and request a "Criminal History Evaluation": <https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/>

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether or not the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.



Student Information Sheet

Student Name: _____ Date: _____

Date of Birth: _____

Social Security Number: _____

Address:

Email Address: _____

Phone number: _____

Alternative Number: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

Preferred Site (circle one): Beeville Alice Kingsville Pleasanton

(Optional) Please use the space provided to share any additional information that you would like us to be aware of related to your personal or professional needs:



Criminal Background Statement

Applicant/Student (Print Name): _____

Social Security Number: _____ DOB: _____

Campus Site/High School: _____

I understand if I am guilty of any of the below crimes I will not be allowed to participate in the clinical component of the Nursing Aide Training Program.

I have not been convicted of the following crimes:

- An offense under Chapter 19, Penal Code (criminal homicide),
- An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint); An offense under Section 22.11, Penal Code (indecent with a Child);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02., Penal Code (aggravated assault);
- An offense under Section 22.04, Penal Code, (injury to a child, elderly individual, or disabled individual), An offense under Section 22.041, Penal Code (abandoning and endangering Child);
- An offense under Section 22.08, Penal Code (aiding suicide);
- An offense under Section 25.031, Penal Code (agreement to abduct from custody);
- An offense under Section 25.08, Penal Code (sale or purchase of a child);
- An offense under Section 28.02, Penal Code (arson);
- An offense under Section 29.02, Penal Code (robbery);
- An offense under Section 29.03, Penal Code (aggravated robbery);
- A conviction under the laws of another state, federal law, or the Uniform code of Military Justice for an offense containing elements that are substantially similar the elements of an offense listed under Subdivision (1) (13).
 - A conviction of an offense under Section 30.02, Penal Code (burglary) or
 - A conviction under the laws of another state, federal law, or the Uniform code of Military Justice for an offense containing elements that are substantially similar the element of an offense under Section 30.03, Penal Code.

In addition, I have not been convicted of the following crimes within the last five years:

- An offense under Chapter 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a Felony;
- an offense under Chapter 31, Penal Code (theft), that is punishable as a felony an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution). that is punishable as a Class A misdemeanor or as a felony' or
- An offense under Section 32.46, Penal Code (securing execution of a document by deception). That is punishable as a Class
- A misdemeanor or as a Felony.

Signature: _____ Date: _____

Signature of Parent or guardian (if minor): _____

By signing the parent or guardian is consenting to a background check of the minor listed above.

Proof of Criminal Background Must be obtained by the student.



Criminal History Search Form

Criminal History Search Report

A criminal history check from the Texas Department of Public Safety is required to be presented by the student to be considered for this program. To obtain this criminal history document, please follow these steps:

1. Visit the Texas Department Public Safety Website: www.dps.texas.gov
2. At the top, click on "Services --- Crime Records --- Criminal History Search"
3. If you are a new user, you must create an account by clicking on "New User Sign Up."
4. Once completed and you are signed in, click on "Search Database"
5. Check the box to agree and click "continue."
6. Enter your information on the search form and click "continue"
7. Process Payment. There is a fee of approximately \$4.00 to obtain the report.
8. Access and print the report.

Coastal Bend College must receive a copy clearing the student of criminal offenses in the event that the student is not cleared he or she will not be eligible to participate in the clinical rotation.

For office use only

As Director/Administrative Authority of Coastal Bend College, I certify a criminal background check has been completed on the above named individual (copy attached).

The report showed that this person has not been convicted of any of the offenses listed on page 4 and therefore, is cleared to enroll in the course for which application has been made.

The report showed that the person has been convicted of one or more of the offenses on page 4 and; therefore, is not cleared to enroll in the course for which application has been made.

Director Signature

Date



Coastal Bend College Nurse Aide Program
Student Record of Immunization

NAME: _____ DOB: _____

Before being admitted to an allied health program at Coastal Bend College, a student MUST show proof of immunizations against the diseases listed below. This form must be signed by an appropriate health care provider or member of the Coastal Bend College Nurse Aide faculty.

NOTE: If shot records are unable to be found for any reason, all shots required must be repeated.

Tetanus/Diphtheria/Pertussis (Td/Tdap): One dose of Tdap and Td every ten years.
DATE OF IMMUNIZATION: _____

Measles: Those born since January 1, 1957 must have two doses since 12 month of age.
DATE OF IMMUNIZATION/or DISEASE: _____

Mumps: Those born since January 1, 1957 must have two doses since 12 month of age.
DATE OF IMMUNIZATION/or DISEASE: _____

Rubella: At least two doses since 12 months of age required.
DATE OF IMMUNIZATION/or DISEASE: _____

Varicella (Chicken Pox): Unless the first dose was received prior to thirteen years of age.
DATE OF IMMUNIZATION/or DISEASE: _____

TB/PPD: MUST be current during entire program. If result positive, chest x-ray required.
DATE OF NEGATIVE RESULTS: _____

Meningococcal vaccine: required for students that are age 21 and under and attend classes at one of the CBC sites.

Hepatitis B Series: All students have occupational exposure UNLESS the student is exempted from receiving the Hepatitis B series for the following reasons. 1) Series previously completed. 2) Medical Reasons. 3) Refusal of vaccination (affidavit required, see Rule 97.62).

Table with 3 columns: 1st Injection, 2nd Injection, 3rd Injection. Each column has a 'Date:' label below the header.

Information Verified by: _____

Printed Name: _____ Date: _____

Assumption of Risk and Consent to Procedure

General Statement

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 believe that realistic practice is essential for optimum learning.

Blood Borne 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 blood borne pathogens, the student must agree to follow Standard Precautions guidelines as well as comply with regulations outlined in the OSHA Blood borne Pathogen Standard.

Risk/Discomforts

Participation may create some anxiety or physical discomfort for you. Some procedures may create minor physical or psychological discomfort. Specific risks are listed below.

Your Rights

You have the right to withhold consent and to withdraw consent after it has been given. You may ask questions and expect explanation of any point that is unclear.

| Learning Activity | Specific Benefit | Risks/Discomfort |
|--|---|---|
| Venipuncture using both evacuated tube system (ETS) and syringe system | 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 |
| Finger puncture | Same as above | Slight, temporary pain upon puncture; minimal possibility of infection (provided area is kept clean) |



Incident Procedure

The vacutainers that phlebotomy students utilize for drawing blood during clinicals are disposable and there should never be a reason to remove a needle from them. Any attempt to remove a needle from a vacutainer may result in the student pricking/sticking herself/himself after drawing blood from a patient.

In the event of an accidental exposure to blood and/or body fluids (including needles) it is the responsibility of the student to seek medical care immediately. The student shall immediately notify the instructor (if in class) or the clinical site supervisor. The clinical supervisor will notify the appropriate CBC staff. An incident report must be completed for the College as well as the clinical site. Blood should be tested from both the patient and the student. The student shall process payment through his/her own insurance company for costs associated to this testing or pay out of pocket. The student should then see her primary care physician for follow up and recommended treatment. Please note that the college nor clinical site staff can provide direction on treatment.

It is the student's responsibility to maintain health insurance while enrolled in the CBC Phlebotomy program. Coastal Bend College will not be responsible for cost incurred by the student due to exposure to blood and/or body fluids, accident, or injury while engaged in program activities.

Certification

I, _____ (student name), verify that I understand the hazards and the possible inherent risk of exposure to blood and or blood containing body fluids thereby risking exposure to infections including, but not limited to Hepatitis B and HIV and thereby consent to such a laboratory practicum and agreed to hold Coastal Bend College its agents, employees, and students free and harmless of any claims demands or suits for damages from any injury or complication which may result.

I certify that I have read this form and all of my questions have been answered. I understand the statements above pertaining to exposure, risk, accident, injury and liability. I am not signing under duress. I also understand that any cost incurred as a result of accident or injury at the college or clinical site will be the sole responsibility of my health insurance and/or me.

Applicant/Student Signature

Date