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

Student Name: ___________________________  CBC Location: ____________

**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 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.

**Program Cost**
Phlebotomy Classroom: $300.00
Phlebotomy Clinicals: $350.00 (must complete phlebotomy classroom training in order to register for clinicals).

**Required Supplies**
The following items are required by the first day of class;

- *Phlebotomy Handbook Blood Specimen Collection from Basic to Advanced 9th 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.
**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.

**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](http://www.dps.texas.gov)
- ___ Assumption of Risk and Consent Form – Signed
- ___ Immunization Records completed through PreCheck – Must complete packet at the end of this document and complete immunization submission online.

**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 (80 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 80 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.

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

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

Student Name: ________________________________

Social Security Number: _____________________________ DOB: ______________________

I understand if I am guilty of any of the crimes listed below I will not be allowed to participate in the clinical component of the Phlebotomy 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 (indecency 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 I 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. A conviction of an offense under Section 30.02, Penal Code (burglary) or
  b. 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.o1, Penal Code (assault), that is punishable as a Class A misdemeanor or as a Felony: an offenses 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.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete.

____________________________________  __________________________________
Applicant/Student signature Date
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](http://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.

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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; therefor, is not cleared to enroll in the course for which application has been made.

____________________________________  __________________
Director Signature  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.

<table>
<thead>
<tr>
<th>Learning Activity</th>
<th>Specific Benefit</th>
<th>Risks/Discomfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venipuncture using both evacuated tube system (ETS)</td>
<td>Student gains experience needed prior to performing procedures on actual patients</td>
<td>Possibility of hematoma or bruising; slight, temporary pain with procedure; slight risk of temporary nerve inflammation</td>
</tr>
<tr>
<td>and syringe system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finger puncture</td>
<td>Same as above</td>
<td>Slight, temporary pain upon puncture; minimal possibility of infection (provided area is kept clean)</td>
</tr>
</tbody>
</table>
**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
Dear Coastal Bend College Student:

Welcome to the Coastal Bend College (CBC) document tracking service. CBC has contracted with PreCheck/Sentry MD to store and maintain your student health forms for clinical rotations. We are a confidential student health record service. **Students are required to provide proof of the listed health requirements in this packet in order to participate in the CBC programs.** In this packet are the instructions on how to successfully complete the immunization and health requirements.

**Step 1:** Verify you have registered for the Coastal Bend College Student Check Package (Immunization Tracking):

a. Register for the **Immunization Tracking** now by going to [www.mystudentcheck.com](http://www.mystudentcheck.com) and type ‘Coastal Bend College’ in the program field, then select your program from the ‘Program’ dropdown menu. **Immunization Tracking** then click ‘Start Application’.

b. Please enter all fields when prompted, and then complete your order. You will be emailed a receipt to the email address you provide.

**Step 2:** Completion of Required Health Documents:

- Begin by reading each immunization, titer and additional document requirements listed on the following pages of this Health Requirement Packet (**Part I through Part IV**). It is important that you review this material carefully.

**Step 3:** Submit all requirements to Sentry MD:

- Submit as a PDF attachment via email to [CBC@SentryMD.com](mailto:CBC@SentryMD.com) or upload to the Secure Student Uploader at [https://mysentrymd.com/sentrymd.html#/upload/77](https://mysentrymd.com/sentrymd.html#/upload/77).

If you have any questions regarding this packet, please email us at [CBC@SentryMD.com](mailto:CBC@SentryMD.com).
Coastal Bend College
Health Document Requirements

PART I STUDENT INFORMATION | This must be completed by Student and submitted to Sentry MD.

<table>
<thead>
<tr>
<th>Name: (Please Print)</th>
<th>CBC ID Number:</th>
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<tr>
<td>____________________</td>
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<table>
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<tr>
<th>Date of Birth:</th>
<th>Cell Phone:</th>
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<th>Email Address: @ ____________________</th>
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<td>____________________</td>
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PART II RELEASE OF INFORMATION AUTHORIZATION | This must be signed by the Student and submitted to Sentry MD.

I have reviewed this immunization history for completeness and agree to release the information listed in the student health requirement packet to authorized members of the Coastal Bend College, Sentry MD staff and authorized staff of cooperating clinical agencies, as directed by CBC throughout the duration I am enrolled.

___________________________  Today’s Date
Student Signature

___________________________  Date of Birth
Print Name

Submit this form as a PDF attachment via email to CBC@SentryMD.com or upload to the Secure Student Uploader at https://mysentrymd.com/sentrymd.html#/upload/77.
Coastal Bend College
Health Document Requirements

PART III HEALTH REQUIREMENTS | *Submit documentation for each requirement listed in the below chart on a doctor, clinic or hospital form.*

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Option 1)</th>
<th>Option 2)</th>
<th>Option 3)</th>
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</thead>
<tbody>
<tr>
<td>Measles, Mumps and Rubella (MMR):</td>
<td>MMR Dose #1 given at age 12-15 months and MMR Dose #2 given approx. 1 month after first dose</td>
<td>Positive surface antibody titers for Measles mumps and Rubella (<em>Titers must include a numerical result or numerical reference ranges</em>).</td>
<td>*If Non-Immune Titer Result- Repeat two dose series</td>
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<tr>
<td>Hepatitis B:</td>
<td>3 Dose HepB Vaccine series</td>
<td><strong>All vaccine doses must be completed prior to start of program.</strong></td>
<td>*If Non-Immune Titer Result- Repeat full vaccine series</td>
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<tr>
<td>Varicella (Chicken Pox):</td>
<td>Varicella 2 dose vaccine series at least 30 days apart</td>
<td>Documented date you had the chicken pox by parent/guardian/physician</td>
<td>Date of positive surface Varicella antibody titer. (<em>Titers must include a numerical result or numerical reference ranges</em>).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*If Non-Immune Titer Result- Repeat two dose series</td>
</tr>
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<tr>
<td>Tetanus Diphtheria, Pertussis (Tdap):</td>
<td>Tdap vaccine within ten years and must not expire before program completion. <em>TD booster NOT accepted.</em></td>
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<tr>
<td>Meningococcal Vaccine (Meningitis):</td>
<td>Required for anyone 22 or younger and the vaccine must be within five years.</td>
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<tr>
<td>Tuberculosis Skin Test (PPD) or TB Blood Draw:</td>
<td>Negative TB skin test within 12 months and must not expire prior to program completion</td>
<td>TB blood draw (QuantiFERON Gold or T-Spot) within 12 months and must not expire prior to program completion. <strong>ANNUAL RENWEAL REQUIRED.</strong></td>
<td>If PPD is positive: a Chest X-ray is required and must be within 2 years.</td>
</tr>
</tbody>
</table>

Submit this form as a PDF attachment via email to **CBC@sentryMD.com** or upload to the Secure Student Uploader at [https://mysentrymd.com/sentrymd.html#/upload/77](https://mysentrymd.com/sentrymd.html#/upload/77).
STUDENT CHECKLIST: Please allow yourself plenty of time for your requirements to be reviewed in case you need additional, vaccines, tests or certifications. **Once received, your documents can take 24 to 48 business hours to be processed.**

- Student Information is complete (Part I)
- Submit signed Release of Information (Part III)
- Submit MMR Documents (Part IV)
- Submit HepB Documents (Part IV)
- Submit Varicella Documents (Part IV)
- Submit Tdap Document (Part IV)
- Submit Meningococcal Document (Part IV)
- Submit TB test (Part IV)
- Return your completed forms by scanning as one PDF file and uploading them to [https://mysentrymd.com/sentrymd.html#/upload/77](https://mysentrymd.com/sentrymd.html#/upload/77) or emailing as a PDF attachment to CBC@SentryMD.com

Please email any questions you may have to CBC@SentryMD.com!

PART IV ACCOUNT ACCESS

Please note your account will only be available after you have registered and sent Part I of this packet into Sentry MD. Your account allows you to see your status and download/print documents that have been processed by Sentry MD. Please make sure to submit document requirements to the Upload link [https://mysentrymd.com/sentrymd.html#/upload/77](https://mysentrymd.com/sentrymd.html#/upload/77) as you are not able to upload directly to your account, all documents are reviewed and processed prior to showing in your account (processing can take 24 to 48 business hours).

**Link to Sentry MD system:** [https://mysentrymd.com/sentrymd.html#/home](https://mysentrymd.com/sentrymd.html#/home)

1. Enter your User ID: (email address in all lowercase)
2. Click on Set Password
3. Enter your email address (your User ID will be the email address you registered with in all lowercase)
4. You will be sent a token to your email address
5. Enter Token from email onto site
6. Create a Password
7. Click link to go to login screen

Once you are logged into your account, you will note on the landing page how easy it is to see if you are compliant or not with the requirements for your program. A blue checkmark next to each of the requirements means you are compliant. Requirements without the blue checkmark indicate you are missing documentation and these items need your attention.

In addition to viewing your status at any time, you can download and print your landing page checklist and any or all the documents you have submitted by clicking the Documents Button. Only documents that have completed processing will appear in your account; please note processing can take 48 business hours. We hope these tools help you stay on top of your status and keep you compliant with your program requirements.