PLAB 1023 & 1060
Phlebotomy Training & Certification Prep Course

REGISTRATION CHECKLIST

To assure that all of your forms are turned into the Continuing Education office, utilize this checklist. <u>The CE Office will not accept incomplete packets.</u> You will not be registered into the Phlebotomy course until CBC receives a completed packet from you.

Name: _____

___ **This checklist**

___ **AV Enrollment form**

___ **Copy of HS Diploma/GED**

___ **Copy of immunizations against Hepatitis B**
(Must be completed before start of class)

___ **Copy of immunizations against Measles, Mumps, & Rubella (MMR)**

___ **Copy of immunizations against Tetanus/Diphtheria (Td)**
(Current within the past 10 years)

___ **Copy of immunizations against tuberculosis (TB)**
(Current within the previous year)

___ **Phlebotomy Consent Form**

___ **Background check authorization and release form (included in packet)**

___ **Copy of photo ID**

___ **Course fee ($551.90)**

___ **Text book(s) can be purchased online thru the CBC book store or your favorite retailer.**
ISBN-10: 0135134242 or **ISBN-13:** 978-0135134245

Bring completed forms (pages 1 – 6) in this packet, copies of immunizations, HS Diploma/GED, photo ID and tuition to the CE Office of your local CBC campus. Make checks payable to Coastal Bend College.

CBC CE will not retain copies of your immunization records or high school diploma after 90 days, therefore it is recommended that you keep copies for your own records. CBC CE will not provide copies after submission.

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Student should sign and return this page.

INFORMATION SHEET ON HEPATITIS B VACCINE

Rule 97.64 **Required Vaccinations for Students Enrolled in Health-related Courses in Institutions of Higher Education**

(a) This section applies to all students enrolled in health-related courses, which will involve direct patient contact in medical or dental care facilities. This includes all medical interns, residents, fellows, nursing students, and other who are being trained in medical schools, hospitals, and health science centers listed in the Texas Higher Education Coordinating Board's list of higher education in Texas; and students attending two-year and four-year colleges whose course work involves direct patient contact regardless of the number of courses taken, number of hours taken, and the classification of the student.

(b) Students may be provisionally enrolled for up to one semester or one quarter to allow students to attend classes while obtaining the required vaccines and acceptable evidence of vaccination.

(c) Students cannot be provisionally enrolled without at least one dose of measles, mumps, and rubella vaccine if direct patient contact will occur during the provisional enrollment period.

(d) Polio vaccine is not required. Students enrolled in health-related courses are encouraged to ascertain that they are immune to poliomyelitis.

(e) One dose of tetanus-diphtheria toxoid (Td) is required within the last ten years.

(f) Students who were born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968.

(g) Students must show, prior to patient contact, acceptable evidence of vaccination of one dose of rubella vaccine.

(h) Students born on or January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of one dose of mumps vaccine.

(i) Students shall receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus.

(j) Students shall receive two doses of varicella vaccine unless the first dose was received prior to thirteen years of age.

_____ _____
Student Signature Date

Official use only: Date received_____ by: _____

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Student should complete and return this page.

HEPATITIS B VACCINATION STATUS

Please print
STUDENT NAME: _____ SSN: _____
DATE: _____ CLASSIFICATION: _____

In order to comply with state law, Coastal Bend College must now require proof of immunization with the Hepatitis B immunization prior to the beginning of Phlebotomy or Certified Nurse Aide/Home Health Aide courses. This means you must show proof that you have completed all three of the required Hepatitis B immunizations. Please check the appropriate item below.

____ The complete Hepatitis B vaccination series was previously received.
(Attach a copy of supporting documentation).

____ The vaccine cannot be given for medical reasons.
(Attach a copy of the physician's statement).

I understand that CBC does not provide these injections and that obtaining these injections will be at my own expense.

I have read and understood all the above statements.

_____ _____
Student Signature Date

Date of Vaccinations

1st Injection: _____	2nd Injection:_____	3rd Injection:_____
Refused Date:_____	Refused Date:_____	Refused Date:_____

File in student's record and retain for duration of course.

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HEALTH OCCUPATIONS PROGRAM

STUDENT RECORD OF IMMUNIZATIONS

Name: _____ Social Security #: _____

Before being admitted into the clinical portion of a health occupation program at Coastal Bend College, a student will show proof of immunization against the diseases listed below. **Please have this form filled out or your shot record transferred on to this form. This form must be signed by your physician or appropriate health agency official. NOTE: If shot records are unable to be found for any reason, all shots required must be repeated and documentation supplied.** ***CBC CE will not retain copies of your immunization records or high school diploma after 90 days, therefore it is recommended that you keep copies for your own records. CBC CE will not provide copies after submission.***

You must have all immunizations listed:

1. Tetanus/Diphtheria (Td) – must have had one dose within the previous 10 years.

   Date of Immunization: _____

2. Measles – Those born since January 1, 1957 must have two doses since 12 months of age.

   Doses must be at least 30 days apart.

   Date of Immunization: _____

   (Or) Date of Disease: _____

1. Mumps – Those born since January 1, 1957 must have two doses since 12 months of age.

   Date of Immunization: _____

   (Or) Date of Disease: _____

4. Rubella – At least two doses since 12 months of age required.

   Date of Immunization: _____

   (Or) Date of Disease: _____

6. TB skin test – Current within the previous 12 months.

   Negative reading: _____

   (Or) chest X-ray: _____

_____ _____
Physician or Official's Signature Title

_____ _____
Agency Date

_____
RN / LVN Signature: interviewing/administering current immunization

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PHLEBOTOMY CONSENT FORM

The vacutainers that phlebotomy students are given 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's pricking herself/himself after drawing blood from a patient. In the case of such an accident, the student's supervisor must notify the course instructor and write an incident report for the hospital. Blood is tested from both the patient and student. The student bills his/her insurance company for the expense of the blood draw and the lab test. Then the student needs to be counseled by his/her personal physician or physician's assistant with possible follow-up in 3 months, 6 months, and 9 months with blood work. The hospital's occupational health nurse usually gets somewhat involved because of patient confidentiality, but the nurse cannot treat or recommend treatment, as CBC phlebotomy students are not employed by the hospital in which they are training.

I verify that I, the student, understand the hazards and possible inherent risk of exposure to blood and/or blood containing body fluids, thereby risking exposure to microbial infections, including but not limited to Hepatitis B and Human Immune deficiency Virus (HIV). I thereby consent to such laboratory practicum and agree to hold Coastal Bend College, its agent, employees, and students, free and harmless from any claims, demands or suits for damages from any injury or complications which may result.

In the event of an accidental exposure to blood and body fluids (including needle sticks), it is the responsibility of the student to seek medical care. Upon exposure, the clinical supervisor will notify the CBC phlebotomy instructor. The instructor will notify the Continuing Education representative at the respective CBC campus and Student Services at the main campus (361/354-2304) of the incident.

HEALTH CARE INSURANCE

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

I certify this form has been fully explained to me and that I have read it, or have had it read to me; that the blank spaces have been filled in, and that I understand the statements above and have not signed under duress. I also understand that any costs 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.

_____ ____/____/____
Student Signature Date

_____ ____/____/____
Coastal Bend Representative Date

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Student should complete and return this page.

Statement of Clearance for Clinical Participation

By execution of this document, I acknowledge that I have been informed by Coastal Bend College that a criminal background check will be performed on me. I have informed that Coastal Bend College of all names, (i.e. maiden, aliases) that I have used in the past. I also understand that my ability to perform clinical work in a medical facility setting is contingent upon results of this investigation.

I have not been convicted of the following crimes:

1. an offense under Chapter 19, Penal Code (criminal homicide);
2. an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
3. an offense under Section 22.11, Penal Code (indecency with a child);
4. an offense under Section 22.011, Penal Code (sexual assault);
5. an offense under Section 22.02, Penal Code (aggravated assault);
6. an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
7. an offense under Section 22.041, Penal Code (abandoning and endangering child);
8. an offense under Section 22.08, Penal Code (aiding suicide);
9. an offense under Section 25.031, Penal Code (agreement to abduct from custody);
10. an offense under Section 25.08, Penal Code (sale or purchase of a child);
11. an offense under Section 28.02, Penal Code (arson);
12. an offense under Section 29.02; Penal Code (robbery);
13. an offense Section 29.03; Penal Code (aggravated robbery);
14. 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 Subdivisions (1)-(13).
15. 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 elements of an offense under Section 30.02, Penal Code.

In addition, I have not been convicted of the following crimes within the last five (5) years:

1. an offense under Chapter 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
2. an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
3. 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
4. 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 acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my participation in clinical. I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete. I give Coastal Bend College permission to perform a criminal background check to verify this information.

_____ _____ _____ _____
Signature of Applicant Date Printed Name Other Name (if any)

Alias or Other Names Used by this Applicant: _____

_____ _____ _____
Social Security Number Other Name (if any) Date of Birth

_____ _____
Signature of Parent (of minor) Date

As Personnel Director of Coastal Bend College, I certify a criminal background check has been completed on the above named individual. The report showed that this person has **NOT been convicted** of any of the offenses listed above and therefore, is **cleared to enroll** in the course for which application has been made.

_____ _____
Personnel Director – CBC Date

As Personnel Director of Coastal Bend College, I certify a criminal background check has been completed on the above named individual. The report showed that this person **HAS been convicted** of one or more of the offenses listed above and therefore, **is NOT cleared to enroll** in the course for which application has been made.

_____ _____
Personnel Director – CBC Date

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The Phlebotomy course will be held on the campuses of Coastal Bend College, with clinical time at a local healthcare facility. In order to be held, the course must have a minimum 15 registered and paid students. The course maximum is 17 students.

Phlebotomist:
A phlebotomy technician works directly with patients. They have the important responsibility of collecting blood specimens from patients. They must be accurate and excellent communicators. The phlebotomy technician must set high standards for themselves and be deeply committed to quality healthcare delivery. In 2009, the average phlebotomist earned $11.89 an hour and 15% growth is expected over the next ten years. Salaries will vary in different geographic locations.

Phlebotomists must possess good organizational skills, be conscientious (have a good bedside manner), and be flexible.

Course Description:
Theory and practice of specimen collection for clinical laboratories. Topics include professionalism, ethics, medical terminology, related anatomy, physiology, and utilization of laboratory equipment.

Course Hours:
A total of 160 hours – 40 hours of classroom training
120 hours of clinical practice in a certified laboratory

PERSONS WISHING TO TAKE THE CLASS MUST MEET THE FOLLOWING CRITERIA:

1. Must show proof of high school diploma or GED.
2. Must show proof of current inoculation or immunization against:
   - Rubella
   - Tuberculosis
   - Hepatitis B - All three immunizations must be completed.

   You may obtain these from your own health professional, or your local Health Department. You may check with your local Health Department to see if they will give the immunization.
3. Must be able to type.
4. Computer literacy is a must.
5. Must be able to lift 50 pounds.
6. Students must complete fifteen (15) 8-hour days of clinicals in which time they must complete 120 successful venipunctures and 25 successful skin (finger) punctures. The course instructor will arrange the clinical dates/times/places.
7. Students must have white scrubs and a white lab coat.
8. Previous work in a clinical or medical environment preferred.
9. Students must wear CBC Student ID to all clinical experience.

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TO REGISTER FOR THE PHLEBOTOMY COURSE, YOU MUST FIRST OBTAIN THIS REGISTRATION PACKET.

THIS REGISTRATION PACKET IS AVAILABLE ON THE CBC WEBSITE: www.coastalbend.edu/ce, under medical/health careers.

Or Call 1.361.354.2633 (COED) to have a packet mailed to you.

Or Come to the CE office of your local CBC campus to pick up a packet.

Upon completing ALL forms (registration form, copy of diploma/GED, copy of immunizations against Measles, Mumps and Rubella, Tetanus, tuberculosis, hepatitis B); bring them, along with the required tuition, to the CE Office of your local CBC Campus.

The required textbook(s) are available for purchase at the CBC bookstore or your favorite retailer. **ISBN-10:** 0135134242 or **ISBN-13:** 978-0135134245

Register early to make sure that you have a place in the class. Course registration is on a first come, first served basis. **To avoid course cancellation, have payment and enrollment forms completed and in the CE office at least ten (10) days before the course start date.** Payment is accepted by check, money order, cash, Visa, or MasterCard. Classes that do not meet the minimum number of students will be cancelled.

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INFORMATION/FACT SHEET ON HEPATITIS B VACCINE

THE DISEASE

Hepatitis B is the major infectious occupational hazard to health care workers. Hepatitis B is a viral infection caused by hepatitis B virus (HBV), which lives predominantly in blood, semen, and vaginal fluids and causes inflammation of the liver. Most people with Hepatitis B recover completely, but approximately 5 to 10 % become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis, and liver cancer.

THE VACCINE

Hepatitis B vaccine (Recombinant) is a non-infectious sub-unit viral vaccine derived from Hepatitis B surface antigen produced in yeast cells. The HbsAg Protein is released from the yeast cells by cell disruption and purified by a series of physical and chemical methods. The production methods have shown to be comparable to the plasma-derived vaccine in terms of animal potency and protective efficacy. The vaccine against Hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood or blood products, and is tested for safety and sterility in mice and guinea pigs. The vaccine contains no detectable yeast DNA but may contain up to 4% yeast protein.

The Centers for Disease Control estimates the following:

- 18,000 Healthcare Workers (HCW's) become infected each year.
- 2,500-3,000 HCW's have evidence of acute infection.
- 500-600 HCW's are hospitalized each year.
- Over 200 HCW's die each year from Hepatitis B infection.
- Over 1,000 HCW's become carriers each year and may develop chronic problems related to Hepatitis B, such as: cirrhosis and liver cancer.
- Carriers can spread Hepatitis B to family member.

Hepatitis B is a very serious infection, and often causes several weeks to months of lost work even in those cases which do not require hospitalization.

Hepatitis B can result in:

- Infection with no symptoms.
- Mild illness.
- Acute (severe) illness.
- Long-term (chronic) infection.
- Liver damage (cirrhosis).
- Liver cancer.
- Death, due to liver failure.

Hepatitis B is transmitted in the workplace via several ways:

1. Direct inoculation on infectious blood – usually by a needle stick injury; or
2. Blood or body fluid splash to open skin lesions, cuts, and dermatitis; or
3. Blood splashes to nose or eyes (mucous membranes); and
4. Transfer of contaminated blood to employee via patient care equipment or environmental sources.

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RULE §97.62 Exclusions from Compliance

Exclusions from compliance are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Children and students in these categories must submit evidence for exclusion from compliance as specified in the Health and Safety Code, §161.004(d), Health and Safety Code, §161.0041, Education Code, Chapter 38, Education Code, Chapter 51, and the Human Resources Code, Chapter 42.

(1) To claim an exclusion for medical reasons, the child or student must present a statement signed by the child's physician (M.D. or D.O.), duly registered and licensed to practice medicine in the United States who has examined the child, in which it is stated that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

(2) To claim exclusion for reasons of conscience, including a religious belief, a signed affidavit must be presented by the child's parent or legal guardian, stating that the child's parent or legal guardian declines vaccinations for reasons of conscience, including because of the person's religious beliefs. The affidavit will be valid for a two-year period. The child, who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by the commissioner of public health.

(A) A person claiming exclusion for reasons of conscience, including a religious belief, from a required immunization may only obtain the affidavit form by submitting a written request to the department. The request must include the following:

(i) full name of child; and

(ii) child's date of birth (month/day/year).

(B) Requests for affidavit forms must be submitted to the department through one of the following methods:

(i) written request through the United States Postal Service (or other commercial carrier) to the department at: DSHS Immunization Branch, Mail code 1946, P.O. Box 149347, Austin, Texas 78714-9347;

(ii) by facsimile at (512) 458-7544;

(iii) by hand-delivery at the department's physical address at 1100 West 49th Street, Austin, Texas 78756; or

(iv) via the department's Immunization program Internet website (go to www.ImmunizeTexas.org).

(C) Upon request, one affidavit form for each child will be mailed unless otherwise specified (shall not exceed a maximum of five forms per child).

(D) The department shall not maintain a record of the names of individuals who request an affidavit and shall return the original request (where applicable) with the forms requested.

(3) To claim exclusion for armed forces, persons who can prove that they are serving on active duty with the armed forces of the United States are exempted from the requirements in these sections.

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