

Phoenix College Phlebotomy Program Summer 2021 Application Packet

We appreciate your interest in the Phoenix College Phlebotomy Program.

Summer 2021 Phlebotomy Program applications must be submitted online by **TUESDAY, April 30, 2021 by 4pm.**

Follow this checklist carefully to ensure that your application and documentation are complete and in order for the selection committee.

It is the applicant's responsibility to verify that the application is complete. An adviser may not be able to meet with every student and is NOT responsible for verifying the completeness of the application.

The following items must be submitted with this packet for the application to be processed and the applicant to be considered for admission to the program:

Completed Phlebotomy Program Information Page
Phoenix College Phlebotomy Program Online Application
Copy of your High School Diploma or GED (requires upload)
Unofficial college transcript showing completion of prerequisite coursework (HCC130 and HCC145AA) or written waiver from program director for HCC130, if applicable (requires upload)
Phlebotomy Program and Clinical Planning Form (this form is within this application)
Essay statements
Initialed "Essential Abilities Requirements for Promotion and Retention" statements (this form is within this application)
Additional Information and Requirements for Acceptance into the Phlebotomy Program
Information for If you are Accepted Conditionally into the Phlebotomy Program
Acknowledgement of Criminal Background Check Requirements form (this form is within this application)

- * I have reviewed the information above and have provided proof of all required documentation within this application. I understand that failure to submit the required documentation may adversely impact my application and admission to the program.

Applications will be accepted through TUESDAY, April 30, 2021 at 4pm.

NO PARTIAL PROGRAM APPLICATION WILL BE ACCEPTED. THE COLLEGE DOES NOT GUARANTEE ALL APPLICANTS TO BE ACCEPTED INTO THE PHLEBOTOMY PROGRAM DUE TO LIMITATIONS OF CLINICAL PLACEMENTS

The college reserves the right to change the date/times of the program or cancel the program due to the current public health crisis.

Phoenix College Phlebotomy Program Information

PROGRAM INFORMATION:

The Phlebotomy Certificate Program is designed to prepare students to obtain blood specimens by skin puncture or venipuncture using proper techniques on adults, children and infants. Students in the Phlebotomy Program will be in contact with potentially infectious blood, tissues, and body fluids. The program is 11 credits, including the prerequisite courses.

OCCUPATION INFORMATION:

Phlebotomists may find employment in reference laboratories, hospitals, insurance companies, outreach services, patient service centers, research facilities, donor centers and physicians' offices. The career opportunities are varied and many. The salaries range from \$12.00 to \$13.00 per hour.

COST ESTIMATE FOR THE PHLEBOTOMY PROGRAM:

The cost of the program is approximately \$1400, which includes tuition for all courses, lab/course fees and clinical externship experience. Textbooks for the program are an additional \$120. An additional cost for textbooks for the prerequisite courses may be required.

HEALTH DECLARATION:

All students must provide documentation of compliance with all health and safety requirements required to protect patient safety. Only students in compliance are permitted to enroll in Phlebotomy courses if accepted into the program. Students will meet these requirements by providing the required documentation described in the application packet during the application process.

Students must be able to fully participate in program activities whether in the classroom, laboratory, or clinical settings. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. This is inclusive of externships which may have additional requirements and or restrictions for participation. Should a student become unable to participate partially or fully in the programs' activities he/she may be withdrawn from the program.

Invasive procedures are innate in the Phlebotomy program and include but are not limited to venipuncture and skin punctures. The health care community expects a student who has completed the Phlebotomy Program to have performed successful venipuncture and skin punctures prior to clinical experience.

Therefore, students must practice on one another during laboratory sessions in this program, with hand and arm venipunctures as well as skin punctures. Students will perform approximately 40 venipunctures on each other throughout the duration of the program. Refusing to fully participate in the venipuncture and skin puncture learning process will result in failure of, or withdrawal from, the program.

The performance of exposure prone procedures presents a recognized risk of percutaneous injury, and—if such injury occurs—blood is likely to contact the patient's body cavity, subcutaneous tissues, and /or mucous membranes. This can pose a material risk to patients and students in the program should the student have a communicable chronic illness.

Please refer to the following website for the CDC's MMWR for recommendations for **Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure Prone Invasive Procedures.**

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm>

The Phlebotomy Program Director will review on a case by case basis the ability for a student to fully participate in and complete the program.

* I understand the above information and agree to fully participate in the program's activities.

Phoenix College Phlebotomy Program Application - Summer 2021

Summer 2021 Phlebotomy Program applications must be submitted online by **TUESDAY, April 30, 2021 by 4pm.**

Last Name *	First Name *	Middle Name	Former name(s) (Maiden) that may identify transcripts:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student ID Number (starts with a 3) *	Are you over the age of 18? *	Phone Number *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address *	City *	State *	Zip *
<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>
Email *	<input type="text"/>		

Please provide an email address that you check regularly. Correspondence regarding the program will be sent to the email address you provide above.

Health Care/Work/Educational Experience

What is your current occupation:

Have you attended any other Phlebotomy Courses or Programs?

Education

Please upload a copy of your high school diploma:

Check each level of education you have completed.

GED
 High School Diploma
 AA Degree
 Other

Prerequisite Course Work

HCC130 may be waived for students with 2 years of documented healthcare experience with prior written Program Director approval.

HCC145AA can not be waived due to experience.

HCC130 and HCC145AA may be waived for students who have completed an Associate of Applied Science degree or higher degree in a health science discipline from a regionally accredited institution of higher education recognized by the Maricopa Community College District with prior written Program Director approval.

Program Director permission is required in order to have the HCC prerequisite courses waived. Please upload a copy of an email or a permission statement from the Program Director, indicating waiver of prerequisite courses.

Waiver documentation:

- All prerequisite courses must be completed and grades posted prior to the application due date. **Unofficial transcripts must accompany the application showing completion of HCC130 and HCC145AA.** Unofficial transcripts can be obtained from your student account via my.maricopa.edu.
- Only those grades completed and posted by the application deadline date will be considered for evaluation. Students with courses in progress at the time of the application deadline may be given second preference, but courses must be completed prior to May 25, 2021.
- Students must have earned a grade of "C" or better in the required HCC prerequisite courses.

Unofficial Transcript:

Please indicate "I" in the Grade Box if your course is currently In-Progress.

	Course	Grade	College	Date Completed
HCC130	Fundamentals in Health Care Delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>

HCC145AA
or HCC145
or HCC146

Medical Terminology

SAMPLE

Health and Safety Documentation Proof

If you are conditionally accepted into the program, you have until May 18, 2021 to obtain the immunization and health status information listed below.

You will be provided information about registering for, and paying for, the Medical Document Manager called Complio American Databank upon acceptance into the program.

You must upload PROOF of your immunizations in the form of Immunization Records or Laboratory Titer Results within the medical document manager.

The Health and Safety Document is NOT considered PROOF.

- I understand that I **MUST** provide medical record proof of immunizations, TB status, doctor's clearance, background check and drug screen to Complio AmericanDataBank by May 18, 2021. I understand that the Health Declaration checklist form is **NOT** proof.

		Upload Files Containing Required Documentation: Immunization Records or Laboratory Titer Results
Measles, Mumps, Rubella	Proof of immunity through serologic testing (positive IgG titer) OR documentation of two (2) doses of MMR vaccination on separate dates at least 28 days apart. If a titer shows negative, equivocal, or non-reactive you will be required to repeat the MMR series with two (2) additional immunizations and provide appropriate documentation.	
Varicella	Proof of immunity through serologic testing (positive IgG titer) OR documentation of two (2) doses of Varicella vaccination 30 days apart. If a titer shows negative, equivocal, or non-reactive you will be required to repeat the Varicella series with two (2) additional immunizations and provide appropriate documentation. History of chickenpox is NOT sufficient proof of immunity.	
Tetanus – Td or Tdap	Documentation of a one-time Tdap vaccination and Td booster if 10 years or more since Tdap vaccination (or if received Tdap prior to turning 19 years old).	
Tuberculosis	Two-Step TB Skin Test consisting of an initial TB skin test and a boosted TB skin test 1-3 weeks following the first test within the last 6 months, including date given, date read, result, and name and signature of the healthcare provider. OR Negative Two-Step TB Skin Test and annual testing within the last 6 months. OR Negative chest X-ray and annual documentation of a TB disease-free status by completing a Tuberculosis Screening Questionnaire. OR Documentation of a negative result from an IGRA test (Quantiferon, T-Spot) within the last 6 months	
Hepatitis B	Proof of immunity through serologic testing (positive HbsAB titer) OR documentation of three (3) doses of Hepatitis B vaccination (an initial injection followed by a second injection given 1 or 2 months after the first dose and a third injection 4 to 6 months after the first) OR signed declination form which can be found at the Phoenix College Phlebotomy Program website.	
Health Declaration Statement	Completion of the Health and Safety Documentation Healthcare Provider Form signed by a physician (M.D. or D.O., Nurse Practitioner, or Physician's Assistant) within the last 6 months. The form can be found at the Phoenix College Phlebotomy Program website. Please upload a scanned version of the completed form.	
CPR card	Healthcare Provider/Basic Life Support (BLS) CPR card issued by the American Heart Association. All Health Science Programs require American Heart Association Healthcare Provider CPR certification. This certification includes training for adult/Child/Infant CPR, choking, AED, and one- and two-man rescuer. Please be sure to verify with the trainer that the course you take satisfies these requirements. Courses that do not have a demonstration component will not be accepted. Examples	

	would be cards received on the internet that do not have an in-person skills review. A fully online CPR course will NOT be accepted. Provide a photocopy of the front and back of the card. The card must be valid throughout the duration of the program.	
Level 1 Fingerprint Clearance Card	Issued by the Arizona Department of Public Safety. Provide a photocopy of the front and back of the card. The card must be valid throughout the duration of the program.	
Additional Documentation	If there is any additional documentation that you would like to upload, please do so here:	
Supplemental Background Check, Drug Screen, and Medical Document Manager	Completed through Complio American DataBank, cost approximately \$150 Information will be provided upon conditional acceptance into the program.	

SAMPLE

Phlebotomy Program Course and Clinical Planning Form

In order to successfully complete the Phlebotomy program, you must indicate that you understand the course and clinical schedule you will be required to participate in.

Clinical externship hours must be completed during the dates/times listed, evening/weekend hours are not available. However, the actual start times may vary and are determined by the individual clinical site.

*****If your availability for clinical externship does not fall into the below dates and times, you will not be able to be placed in a clinical externship, and will be removed from the Phlebotomy Program.*****

* I understand the above statement.

Summer 2021 Phlebotomy Program Schedule

Check the box next to the Program Dates and corresponding Clinical Externship Dates for the phlebotomy program, indicating you understand the dates of the program.

* **Classes (PLB109 and PLB111) run concurrently from May 25, 2021 through July 20, 2021, on Tuesdays.**

PLB109 and PLB111 are hybrid courses. The majority of your coursework will be completed online.

You will participate in a short focused lecture and lab in-person on Tuesdays from 10am-6pm in the Phoenix College HE building. The property address for the Phoenix College HE building is: 3144 North 7th Avenue, Phoenix, AZ 85013, located on the corner of 7th Avenue and Flower.

* **Clinical externship (PLB122):**

Every day, 40 hours per week (140 hours total), Mondays through Fridays between the hours of 7am and 5pm from July 26, 2021 through August 13, 2021. Each student schedule will vary depending upon the dayshift hours of the clinical site the student is placed in.

* Please note because of COVID, externship dates may be delayed or completely canceled.

Every effort will be made to place students in clinical externship but externship dates may be delayed indefinitely depending on the current public health situation.

In the event of clinical externship delay or cancelation, virtual clinical externships with completely online coursework, will be required to complete the program and obtain a certificate of completion.

Essay Questions

Please respond to each of the essay questions in 2-4 sentences each.

It is expected that every student will produce his/her original, independent responses. Any student plagiarizing any response may be reported for disciplinary action, which will adversely impact your application for the program. For your protection, please avoid even the appearance of academic dishonesty.

****Statements will be evaluated for spelling and grammar, in addition to content****

Essay Question 1 - Future Plans

Explain in at least 2-4 sentences, what role you intend the Phlebotomy Certificate of Completion to have in your future career plans. Why do you want to pursue a Phlebotomy Certificate of Completion?

*

Essay Question 2 - Critical Thinking

Describe in at least 2-4 sentences your understanding of the field of phlebotomy. Do you have any experience in the field of phlebotomy? Identify 3 skills important in the field of phlebotomy and how you possess these skills.

*

ESSENTIAL SKILLS AND FUNCTIONAL ABILITIES FOR PHLEBOTOMY STUDENTS:

It is essential that Phlebotomy students be able to perform a number of physical activities in the clinical portion of the program. **Students will be required to stand for several hours at a time and perform bending activities as well as possess manual dexterity.**

The clinical Phlebotomy experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. **Students must be able to demonstrate rational and appropriate behavior under stressful conditions.** Individuals should give careful consideration to the mental and physical demands of the program prior to submitting an application.

Individuals enrolled in the phlebotomy program must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the phlebotomy program director must determine, on an individual basis, whether a reasonable accommodation can be made.

Essential skills and abilities are performance requirements that refer to those physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of a Phlebotomy program curriculum, and the development of personal attributes required by the faculty of all students upon completion of the certificate program.

The essential abilities required by the curriculum are in the following areas: motor, sensory, communication, intellectual (conceptual, integrative, and quantitative abilities for problem solving and diagnosis) and the behavioral and social aspects of the performance of a phlebotomist.

These are attributes each phlebotomist must possess and the use of a third party for the fulfillment of these attributes is not adequate.

****By checking each box, you are indicating that you understand and will abide by each of these requirements****

Motor Skills

Students must possess physical dexterity to master technical and procedural aspects of patient care including, but not limited to: lifting, sitting, and bending for long periods of time; adequate physical stamina and energy to carry out taxing duties over long hours; providing care in confined spaces; and fine motor skills sufficient to handle small equipment safely.

Sensory Abilities

Students must be able to gather information with all senses, especially sight, hearing and manual dexterity, in order to perform the Phlebotomy process of care.

Communication Skills

Students must be able to communicate effectively in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language) and work cooperatively with supervisors, other students, and all other health care team members. Students must be able to accurately identify patients.

Students must be able to communicate effectively with patients, including gathering information appropriately, explaining medical information in a patient-centered manner, listening effectively, recognizing, acknowledging and responding to emotions, and exhibiting sensitivity to social and cultural differences

Intellectual Abilities

Students must be able to comprehend and learn factual knowledge from readings and didactic presentations, gather information independently, analyze and synthesize learned material and apply information to clinical situations.

Students must be able to develop sound clinical judgment and exhibit well-integrated knowledge about the phlebotomy process of care, to include: assessment, planning, implementation and evaluation of phlebotomy services. They must be comfortable with uncertainty and ambiguity in clinical situations, and seek the advice of others when appropriate.

Behavioral, Social and Professional Abilities

Students must possess the emotional maturity and stability to function effectively under stress that is inherent in healthcare professions and to adapt to circumstances which are unpredictable or that change rapidly. They must be able to interact productively, cooperatively and in a collegial manner with individuals of differing personalities and backgrounds, and be an active contributor to the process of providing health care by demonstrating the ability to engage in teamwork and team building. They must demonstrate the ability to identify and set priorities in patient management and in all aspects of their professional work. They must be punctual and perform work under strict time frames.

Students must be capable of empathetic response to individuals in many circumstances and be sensitive to social and cultural differences.

Students must exhibit an ethic of professionalism, including the ability to place others' needs ahead of their own. They must exhibit compassion, empathy, altruism, integrity, responsibility and tolerance, as well as demonstrate the ability to exercise the requisite judgment required in the practice of phlebotomy.

ESSENTIAL SKILLS AND FUNCTIONAL ABILITIES FOR PHLEBOTOMY STUDENTS:

- I have read and have had the opportunity to have all of my questions answered regarding the ESSENTIAL SKILLS AND FUNCTIONAL ABILITIES FOR PHLEBOTOMY STUDENTS in the Phoenix College Phlebotomy Program.**

*Checking this box represents that I understand and will abide by these requirements.

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Additional Information and Requirements for Acceptance into the Phlebotomy Program

You are responsible for understanding the following information about admission to the Phlebotomy Program at Phoenix College, as well as understanding the following information about participating in the Phlebotomy Program at Phoenix College, if you are accepted into the Program.

I certify that:

- * It is my responsibility to provide all requested information to complete my file. Failure to provide all requested information and requirements WILL adversely affect my admission into the program.
- * I understand that admission into the program is conditional until I have successfully completed all requirements and submit any outstanding documentation to the program director, no later than May 18, 2021. Failure to do so WILL result in removal from the program.
- * I understand that I will be required to submit to an additional background check AND a urine drug screen after acceptance into the program, and that I am responsible for this expense. Failure to do so, or failure to pass the additional background check or the urine drug screen, WILL result in removal from the program. Additional information will be provided during the program about this requirement.
- * I understand and agree to fully participate in classroom, laboratory, and clinical settings and program activities, including performing approximately 40 venipunctures on other students and having approximately 40 venipunctures performed on myself.
- * I understand that I will be required to submit all of my health and safety documentation to an Immunization Compliance Tracker after acceptance into the program, and that I am responsible for this expense. Failure to do so, or failure to pass the Immunization Compliance Tracker, WILL result in removal from the program. Additional information will be provided during the program about this requirement.
- * The information provided in this application is true, correct, and complete to the best of my knowledge. If any information changes (such as name, phone number, or address), it is my responsibility to notify the Phlebotomy Program so the changes can be made in my file.
- * I understand that the dates for the program courses, including clinical externship, may change without prior notice, depending upon the current public health situation in Phoenix. I further understand that I may be accepted into the Summer 2021 Phlebotomy Program, but may not complete the program with in-person clinical externships if there are extenuating public health circumstances beyond the control of the Phlebotomy Program.

Phoenix College, one of the Maricopa Community Colleges, does not discriminate on a basis of race, color, gender, national origin, religion, handicap or age in application, admission, participation, access and treatment of persons in instructional or employment programs and activities.

Application and materials will be reviewed and students notified of their conditional acceptance or nonacceptance via email for the **Summer 2021 Phlebotomy Program**.

If You Are Accepted Conditionally into the Phlebotomy Program:

In order for MCCCDCD students to be able to complete clinical experiences at local hospitals, students must meet the standards outlined below. Failure to complete all of the additional requirements by the deadline(s) WILL result in removal from the program.

1. **MCCCDCD Supplemental Background Check, Immunization Compliance Tracker, and Drug Screen (cost \$150)**
 - a. **Background Check**
 - i. In addition to the level 1 fingerprint clearance card, each student who is enrolled in the program must provide documentation that he or she has completed and "passed" a MCCCDCD-supplemental background check. Students are required to pay the cost of obtaining this supplemental background check through the specified vendor. Information regarding the background check will be handed out if you are conditionally accepted into the program.
 - b. **Immunization Compliance Tracker**
 - i. Each student will be required to keep track of their health and safety documentation electronically through an Immunization Compliance Tracker via a specific vendor. Students are required to pay the cost of the tracker. Information regarding the immunization compliance tracker will be handed out if you are conditionally accepted into the program.
 - iv. **MCCCDCD Drug Screen**
 - a. Each student who is enrolled in the program must provide documentation that he or she has completed and "passed" a MCCCDCD drug screen. Students are required to pay the cost of obtaining this drug screen. Information regarding the drug screen will be handed out if you are conditionally accepted into the program.
2. **Clinical Orientation Modules via myClinicalExchange (cost \$42)**
 - a. Each student will be required to complete online clinical orientation modules to prepare for clinical externship via myClinicalExchange. Students are required to pay the cost of the online clinical orientation. Information regarding the online clinical orientation will be handed out if you are conditionally accepted into the program.
3. **Flu Vaccination**
 - a. Each student will also be required to obtain a seasonal flu vaccination, prior to the start of clinical externship, depending on the time of year. **Students are required to pay the cost of their flu vaccination.**

This is for your information only – no action is necessary unless or UNTIL you have been conditionally accepted into the program.

- * I have reviewed the information above and understand the information required from me, if I am conditionally accepted into the Phlebotomy Program.

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS

Maricopa County Community College District

In applying for admission to a Nursing or Allied Health program ("Program") at the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDC authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCDC supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCDC authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally,

By signing this acknowledgement, you acknowledge the following:

1. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCDC supplemental criminal background check.
2. I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
3. I understand that I must submit to and pay any costs required to obtain an MCCCDC supplemental background check.
4. **I understand that failure to obtain a "pass" as a result of the MCCCDC supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.**
5. I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
6. I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCDC, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
7. I understand that the both the MCCCDC supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
8. By virtue of the MCCCDC supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:

Social Security Search-Social Security number does not belong to applicant
Any inclusion on any registered sex offender database
Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
Any conviction of Felony no matter what the age of the conviction
Any warrant any state
Any misdemeanor conviction for the following-No matter age of crime

- violent crimes
- sex crime of any kind including non consensual sexual crimes and sexual assault
- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

Any misdemeanor controlled substance conviction last 7 years
Any other misdemeanor convictions within last 3 years

- Exceptions:
 - Any misdemeanor traffic (DUI is not considered Traffic)

9. I understand that I must disclose on all background check data collection forms (DPS, MCCCDC background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of

relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.

10. I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCDC may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCDC has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program

* I have read and understand the above information.

This is the last part of the program application.

Your next step will be to electronically sign the application, which automatically submits the application.

Do not submit until you are ready and your application is complete. You can not edit the application once you submit your application. You can only submit your application once.

Summer 2021 Phlebotomy Program applications must be submitted online by **TUESDAY, April 30, 2021 by 4pm.**

Student Signature _____

Date: _____

Health and Safety Requirements Worksheet

Name: _____ Date: _____

Use this worksheet ONLY as a guide to ensure that you have documentation of each requirement. Supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement MUST be included. **THIS FORM DOES NOT CONSTITUTE PROOF.**

MMR (Measles/Rubeola, Mumps and Rubella) To meet requirement:

1. MMR vaccination: Dates: #1 _____ #2 _____

OR

2. Date & positive IgG titer results:

Measles: _____

Mumps: _____

Rubella: _____

Varicella (Chickenpox) To meet requirement: History of disease is not sufficient.

1. Varicella vaccination dates: #1 _____ #2 _____

OR

2. Date & positive results of varicella **IgG** titer: Date: _____ Result: _____

Tetanus/Diphtheria/Pertussis (Tdap) To meet requirement you must provide proof of a one-time Tdap vaccination and Td booster if 10 years or more since Tdap vaccination

Tdap vaccine: Date: _____

Td booster: Date: _____

Tuberculosis: Documentation is required for all tests. For individuals who have not received a TB test within the past year, will need to receive a 2-Step TB test. This consists of two separate TB test; an initial TB skin test and a second TB skin test 1-3 weeks apart. After completion of the 2-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a QuantiFERON test or negative chest X-ray and annual documentation of a TB disease-free status. Most recent skin testing or blood test must have been completed within the previous six (6) months.

To meet requirement:

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.

Initial Test (#1) Date: _____ Date Read: _____ Results: Negative or Positive

Boosted Test (#2) Date: _____ Date Read: _____ Results: Negative or Positive

2. Annual 1-step TBST (accepted only from continuing students who have submitted initial 2-step TBST)

Date: _____ Date Read: _____ Results: Negative or Positive

OR

3. Negative blood test (Either QuantiFERON or TSpot)

QuantiFERON Date: _____

T-Spot Date: _____

OR

4. Negative chest X-ray

OR

5. Documentation of a negative chest X-ray (x-ray report) or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire

Date: _____

Health and Safety Requirements Worksheet (con't)

Name: _____ Date: _____

Use this worksheet ONLY as a guide to ensure that you have documentation of each requirement. Supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement MUST be included. **THIS FORM DOES NOT CONSTITUTE PROOF.**

- Hepatitis B** To meet requirement:
1. Positive HbsAb titer Date: _____ Result: _____
OR
 1. Proof of 3 Hepatitis B vaccinations
Hepatitis B vaccine/dates: #1 _____ #2 _____ #3 _____
OR
 2. Hepatitis B declination- students who choose to decline Hepatitis B vaccine series must submit a HBV Vaccination Declination form.
- Flu Vaccine** To meet requirement:
Documentation of current seasonal flu vaccine Date: _____
- CPR (Healthcare Provider/BSL level or Equivalent) Certification** To meet requirement:
CPR card or certificate showing date card issued: _____ Expiration date: _____
- Level One Fingerprint Clearance Card (FCC)** To meet requirement:
Level One FCC including date card issued: _____ Expiration date: _____
- Health Care Provider Signature Form** To meet requirement:
Healthcare Provider Signature Form signed and dated by healthcare provider. Date of exam: _____

Allied Health Student Health and Safety Documentation Checklist

Clearance for Participation in Clinical Practice

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

I believe the applicant (print name): _____ Date: _____

_____ WILL OR _____ WILL NOT be able to function as an allied health student as described above.

If not, explain: _____

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____

Telephone: _____



**MARICOPA COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS
VACCINATION DECLINATION**

(PRINT) Student Name _____ Date _____

Hepatitis B Vaccination Declination

I understand that due to my exposure to blood or other potential infectious materials during the clinical portion of my allied program, I may be at risk of acquiring Hepatitis B virus (HBV) infection. The health requirements for the allied health program in which I am enrolled, as described in the Student Handbook, include the Hepatitis B vaccination series as part of the program's requirements. I have been encouraged by the faculty to be vaccinated with Hepatitis B vaccine; however, I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold the Maricopa Community College Allied Health Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the Hepatitis B virus.

Student Signature

Date