



# Carteret Community College Phlebotomy Program Application



Semester Requested (Check One): ☐ Fall ☐ Sum ☐ Spring Year: \_\_\_\_\_

Please Type or Print Clearly

1. Name: \_\_\_\_\_  
First Name MI Last Name

2. Mailing Address \_\_\_\_\_

City, State, County \_\_\_\_\_

3. Telephone: Cell \_\_\_\_\_ Home \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Birthdate \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Sex: ☐ Female ☐ Male

7. Ethnicity: ☐ Hispanic Latino ☐ Non-Hispanic Latino ☐ Non-Resident Alien ☐ Mexican ☐ Puerto Rican

8. Race: ☐ White ☐ Black ☐ Indian ☐ Hispanic ☐ Asian ☐ Other

9. Highest Grade Completed: ☐ GED ☐ Adult/High School Diploma ☐ 1 Year Vocational Diploma  
☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree +

10. Employment: ☐ Unemployed ☐ Retired ☐ Full Time ☐ Part Time (Employer): \_\_\_\_\_

11. Military Status: ☐ Active (Branch) \_\_\_\_\_ ☐ Retired ☐ Active Duty Dependent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Internal Use Only-Please Do Not Write Below This Line

- |  |  |
|--|--|
| <input type="checkbox"/> Skin Test (PPD)   | <input type="checkbox"/> Informed Consent            |
| <input type="checkbox"/> Measles, Mumps, Rubella (MMR) <input type="checkbox"/> S1 <input type="checkbox"/> S2                       | <input type="checkbox"/> GED or High School Diploma  |
| <input type="checkbox"/> Tetanus (Td, Tdap, DTap)  | <input type="checkbox"/> TABE Score _____            |
| <input type="checkbox"/> Hepatitis B (HBV, HepB) <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 | <input type="checkbox"/> CPR/BLS Valid Through _____ |
| <input type="checkbox"/> Chicken Pox (Varicella, Varivax, VZV, ZOS)  | <input type="checkbox"/> Drug Screening/Bkgrd Check  |
| <input type="checkbox"/> Flu Shot (Influenza)  | <input type="checkbox"/> Fees Paid                   |
| <input type="checkbox"/> COVID- 19 Vaccine <input type="checkbox"/> S1 <input type="checkbox"/> S2 Manufacturer: _____               |  |



## Carteret Community College Phlebotomy Program Application

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### Class Schedule

Begin Date: 01/09/2024

End Date: 05/07/2024

Days: Tuesday & Thursday

Time: 5:30-9:00 PM

Location: Wayne West

### Clinical Rotation Schedule

Clinical Rotation Begins on TBD (Subject to Change)

Days: Monday-Friday

Time-7:00 AM-6:00 pm (Will vary from Clinic to Clinic)

### CPR Class

Date: 2/21/24

Time: 5:00-9:00 PM

### Book Information

The Phlebotomy Handbook (10 <sup>th</sup> Edition)	<b>ISBN</b>	9780134709321
Basic Life Support Provider	<b>ISBN</b>	9781616694074

**REMEMBER TO SUBMIT ANY DOCUMENTS WHEN YOU HAVE ALL IMMUNIZATIONS COMPLETED.**

**DO NOT COMPLETE BACKGROUND CHECK OR DRUG SCREENING UNTIL YOU HAVE BEEN CLEARED**

Carteret Community College  
Phlebotomy Technician Program



**I. Course Details:**

**Class size:** Limited to the first 10 students that submit required documents and payment via appointment.

**Instruction:** You will meet Tuesday and Thursday nights from 5:30-9 pm until clinical rotations begin\*. You will be required to complete 3 full weeks of clinical rotations. You will be assigned clinical rotations approximately 3-4 weeks prior to the start of the clinical rotation portion of the coursework.

**Clinical Hours:** You will need to be available to work at various clinical sites between the hours of 7 am and 6pm, 40 hours a week, 5 days a week during the clinical dates\*. Clinical rotation weeks are not necessarily consecutive and require you to work a total of 120 hours. If you already have employment, you will need to make arrangements to be able to meet this clinical requirement. **Failure to complete the clinical portion of the course will result in course failure.**  
**\*Class/clinical meeting times and hours may change with notice.**

**Prior Testing:** You will need to have taken **ONE** of the following in order to register:

- a. Pass the TABE reading test with a 575 or above. (to schedule this test, call Yushawnda Royster 222-6187) **OR**
- b. Pass the college admissions tests (or have a 2 or 4 year college degree); **OR**
- c. Pass the CRC assessment at bronze level. **OR**
- d. If you cannot achieve either of these, call 222-6204 to discuss your options.

**II. Required Documents the day of your appointment:**

1. A Phlebotomy Program Application form. (See Attached)
2. Copy of high school/GED diploma (or other document showing you graduated from an accredited high school/college.
3. Proof you have received all of the following immunizations or provide documentation that the following immunizations are current (if you can't find your records, you can get blood tests done to verify your immunity. Contact the hospital or your doctor to have this done)
  - **PPD (TB) skin test** (costs approx. \$15 at health dept.)
  - **Hepatitis B vaccination** (series of 3 but you only need the first one to start class) (costs approx \$80/shot)
  - **MMR vaccination** (costs approx. \$70 at the health dept.)
  - **Tetanus** (\$40 or may be free at health dept.)
  - **Flu Shot** (if clinicals are in flu season – **student will pay and get this shot after the course starts**)
4. **Proof that you have had chicken pox or the vaccine.** There are 2 ways to verify this 1) to have proof of the vaccine via a shot record or 2) get a Varicella Titer, which is done by blood analysis. To obtain the titer you will need to go to Health Depart, Carteret Health Care or your Physician to get blood drawn. If going to Carteret Health Care, you will need to bring the attached Health Service Request form included in this packet. **\*\*\*Be sure you tell them you are a student to get this discounted price and tell them you want to stop by to pick up the report from them rather than have them send by mail. \*\*\***
5. Signed 'Phlebotomy Program Informed Consent' form. (see attached)

**III. Required Fees the day of your appointment (cash or check only):**

Phlebotomy Registration Fee: \$180  
Insurance Fee: \$22.00  
CPR Card Fee: \$5.00  
Supply Fee: \$15  
Total: \$222.00

Book Fee: Approximately \$150.00

MyClinical Exchange (CHC): \$20 paid directly to the company

**IV. Drug Screen and Background Check:** You will be required to have a drug screen and background check in order to be in this program. **You will get information about where/when to order the tests the day you have your appointment.** The cost is approximately \$79. You will pay for the screening online within 24 hours of meeting with me.. If you do not pass these tests and we are notified by the clinical site prior to the class starting, you will be removed from the program

and your money will be refunded (you will not be refunded the cost of the drug screen & background check). If we are notified after the start of class, your registration fees may not be available for refund.

The field of phlebotomy involves invasive procedures and requires you to work in a professional and sterile environment. We require that you read the following information and sign to indicate that you have been informed about the risks involved and that you agree to abide by the following rules for this program.

- I understand that during this class, I will be involved in venipunctures and skin punctures. Since these are invasive procedures, there may be risks such as hepatitis, HIV and other diseases. By signing this document, I indicate that I have no knowledge of having any communicable diseases such as hepatitis, HIV, or other communicable disease.
- I understand that in the classroom, I will perform venipuncture and skin punctures on my classmates and have those procedures performed on me in order to obtain practice prior to entering the clinical phase of training.
- I understand that I am allowed to miss only three (3) class meetings and must notify my instructor in advance of the missed class.
- I understand that I must be in the classroom ready to start class by the start of each class meeting and that my instructor will count me absent for the minutes late for class.
- I understand that if I miss a test or required classroom lab procedure, I must complete the test or lab procedure prior to, or at the next class meeting. Failure to do so will result in a grade of zero. In addition, if I am going to miss the test or procedure I must contact my instructor in advance to notify them of my absence. Failure to call in advance will reduce my grade by 50%.
- I understand that in addition to tests and other grades, my instructor and clinical site will be evaluating my ability to perform the work required, my attitude, professional appearance, ability to accept constructive criticism, and my ethics. Failure to perform satisfactorily in these areas may result in class failure regardless of my written test scores.
- I understand that I have to complete, to the satisfaction of my instructor and the clinical site supervisors, 100% of all the procedures and observations required for clinical work within the time allotted to complete the work. I understand that my instructor will provide me with a work schedule that should allow me to complete the work to be performed, however due to scheduling problems or lack of opportunity beyond the college's control; I may have to come at alternate times if I am unable to observe or perform all the work needed within the time limit. I understand that failure to satisfactorily complete the clinical work within the time allotted for this course will result in course failure.
- I understand that during the clinical rotation phase of the course, I am required to attend a one-hour class meeting per week while in clinicals – the night to be determined by the class prior to clinicals.
- I understand that I will be required to wear clean royal blue scrubs (all royal blue) and white shoes (tennis shoes are okay as long as very little color) and a lab coat to clinicals and to classroom lab as instructed by my instructor. (Instructor will give information about the scrubs the first day of class)
- I understand that I will be required to wear a nametag (which has been provided for this course) which will bear my legal name. I will be required to wear my nametag at all times when at the clinical site. If I am currently at student in another program at the college and already have a college ID, I will be required to pay \$5 for this additional phlebotomy student ID.
- I understand that I cannot be enrolled in another class at the same time that the Phlebotomy class meets.
- I understand that
  - long hair must be tied back or secured away from the face
  - strong perfume or body odor will not be allowed
  - I am not allowed to wear bracelets or large jewelry
  - I am not allowed to wear fake nails and must keep my nails clean and cut to less than 1/2 inch in length.
  - I am only allowed to wear clear or very light nail polish. These rules apply to both the classroom **AND** the clinical site.

• I understand that I am required to pay for and to have the following shots prior to starting this program: PDB (TB) skin test, MMR vaccination, Tetanus, Flu Vaccine, and Varicella Vaccine or a Varicella Titer test to prove I have had chicken pox. I also understand that I must have at least the first Hepatitis B vaccination before starting class and that I will be required to complete the additional two shots as directed. I may also be required to get the Flu shot prior to clinicals.

• I understand that to enter this program I will have to have taken either a TABE test and achieved a score of .8; or will have to show proof that I have taken a placement test that places me in a two or four year degree program; or have received a Career Readiness Certificate.

• I understand that I will need to be available during the designated times for clinical rotations and that ***I must be on time and not leave earlier than the time assigned.***

• I will be required to complete 120 hours of clinical work. I will be working one week (40 hours/week) at the clinical locations usually between the hours of 7am-6pm, Monday through Friday. Many times the weeks are not consecutive and take place over a 2-3 month time period. Spring clinicals are normally March/April/May; fall clinicals are normally November/December. ***This is subject to change depending on facilities and class size.***

• If I miss a day of clinicals without a documented excuse (i.e. Doctor's note), I will fail my clinical Rotation and therefore fail the course. If I miss more than 2 days of clinical time due to a Doctor excused sickness, I may not be able to complete my clinical rotations to complete the course.

• I further understand that I will not be able to work at a location where I am currently employed.

• I understand that if a clinical site refuses to allow me to come to their location or finish my Rotation due to my performance, I will not be allowed to make up the Rotation at another site and I will not be able to pass the course.

• I understand that I will be required to purchase and pass a criminal background check and drug screen prior to starting class.

- ✓ This screen is done after the appointment and acceptance into the program.
- ✓ -If I fail to complete the background check or drug screen within the time allotted, I will be dropped from the course and my registration fees will be refunded.
- ✓ -I understand that these tests and results are not administered or interpreted by Carteret Community College. The results are submitted to Carteret Health Care and clinical sites as requested.
- ✓ -If the clinical site notifies the college, prior to the start of the course, that I will not be able to attend clinical rotations as a result of these tests, my registration fees will be refunded and I will be removed from the course. If we are notified after the class has started your registration fees will not be returned.
- ✓ **Note:** The cost for taking these tests are not refundable.

**I have read and agree to follow all of the phlebotomy program rules above.**

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Student Signature

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Date

**CARTERET GENERAL HOSPITAL  
NON-HOSPITAL CLIENT – HEALTH SERVICES REQUEST**

(X ) Student ( ) Other \_\_\_\_\_

**PATIENT INFO:**

NAME – Last \_\_\_\_\_ First \_\_\_\_\_ m \_\_\_\_\_

DOB \_\_\_\_\_ SEX \_\_\_\_\_ SSN \_\_\_\_\_

SCHOOL/AGENCY: \_\_\_\_\_ Carteret Community College \_\_\_\_\_

\_\_\_\_\_ 3505 Arendell Street Morehead City, NC 28557 \_\_\_\_\_

Who is billed for this SERVICE? \_\_\_\_\_ Student \_\_\_\_\_ Reason for Service \_\_\_\_\_ Phlebotomy Program \_\_\_\_\_

Who does the Laboratory send reports to? \_\_\_\_\_ Student will pick up \_\_\_\_\_

**Patient Registration Instructions-For Lab Work/Vaccines/CXR:**

**When Patient is from an Agency:** Register patient as a **Referred Client**. Use the agency as the insurance company entering their full address and phone. Also, enter the patient's social security number.

**When patient is a Student: (LABS ONLY, NO VACCINES WILL BE GIVEN TO STUDENTS)**

Register patient as **SELF Pay**, their **INSURANCE**, or **GRANT** information. Enter the patient's SS#.

**BILL INSURANCE ONLY IF DOCTOR'S ORDER PROVIDED OTHERWISE MUST BE SELF-PAY**

Visit (REGISTRATION) # \_\_\_\_\_ DATE OF SERVICE \_\_\_\_\_

	Bill Code	MNEUMONIC	Price
<b>HbsAb</b> - Hepatitis B Surface Antibody Titer	03757	HEPBAB	\$122.24
To check immunity from vaccine series, should wait for at least 6 weeks after the third injection			
<b>HbsAg</b> - Hepatitis B Surface Antigen	15249	HEPBSAG	\$77.47
HCV - Hepatitis C Antibody Screen	16649	HEPCAB	\$77.47
HIV - Antibody Screen	12342	HIV	\$77.45
<b>Varicella</b> – Antibody Screen	23143	VARIABMO	\$20.00
<b>MMR</b> - Measles/Mumps/Rubella	06869	MMR	\$54.89 x 3

**Carteret Health Care Employee Health Department Request** Phone: 252-808-6481 / Fax: 252-808-6676

- **Hepatitis B Vaccine Series** (includes 3 injections – initial, 1month post initial, 6 months post initial ) / (HbsAb – see below - should be ordered 6 weeks after the third injection to check antibody level) –CDM 02496 - **\$275.22**
- **Hepatitis B Vaccine (Single Injection)** CDM 02496 - **\$275.22**
- **PPD Skin Test** CDM 05295 - **\$11.87**
- **MMR Vaccine** CDM 41406 - **\$283.77**
- **Pneumonia Vaccine** CDM 03532 - **\$75.40**
- **Tdap Vaccine** CDM 41420 - **\$219.21**
- **Varicella Vaccine** CDM 13180 - **\$311.47** □ **Tetanus/Diptheria** CDM 41360 - **\$121.27**

**Carteret Health Care Radiology Dept.**

- **CXR (PA & Lat)** CDM 41916- **\$196.00**
- Note: Students will need to call 252-808-6506 and request a student discount price for labs. Carteret Health Care cannot administer vaccines to students. Students must contact the Health Department or their Physician for vaccines.

CARTERET COMMUNITY COLLEGE - PHLEBOTOMY

Student Online Criminal Background Check/Drug Screen Request Procedure

The cost for your Criminal Background Check is a flat fee of \$27.00

The cost for a 12 Panel Drug Screen is \$52.00. Total cost will be **\$79.00**.

Procedure

Go to

[https://mindyourbusiness.bgsecured.com/c/p/unsolicited\\_portal?guid=JubFSZTfsQVEcRLQ58QhD2VOTCbN5HC7](https://mindyourbusiness.bgsecured.com/c/p/unsolicited_portal?guid=JubFSZTfsQVEcRLQ58QhD2VOTCbN5HC7)

a.

You will see the below home screen.

The screenshot shows the Mind Your Business portal interface. At the top is a blue header with the MYB logo and text 'MIND YOUR BUSINESS Background Checks & EEO Investigation Services'. Below the header is a sidebar on the left with a 'PAGE CONFIGURATION' button and a 'PROGRESS' section. The 'PROGRESS' section lists 'Your Information' with sub-items: 'Instructions' (OK), 'Demographics: No Info Yet' (red icon), 'Statewide Criminal History - NC' (OK), 'Authorization' (red icon), and 'Review/Sign Forms'. A 'Show Editable Text' button is at the bottom of the sidebar. The main content area has a 'Expand All Panels' dropdown and an 'INSTRUCTIONS' section. The 'INSTRUCTIONS' section contains a 'Welcome' message and a 'Continue to Next Step' button. Below the instructions are three expandable sections: 'YOUR DEMOGRAPHICS', 'STATEWIDE CRIMINAL HISTORY #1', and 'AUTHORIZE AND CONTINUE TO REVIEW/SIGN FORMS'. At the bottom of the page, there is a small text link: 'Questions? Call 828-698-9900'.

b. Click

Continue to Next Step

c. Fill in all required fields in red.

?

First Name

?

Middle Name

?

Last Name

?

Suffix

☐ Check if no middle name

Add any known AKA's

?

Country

USA

?

DOB

01/31/2022

?

SSN

?

Address

?

Zip

?

City

?

State

?

FCRA Purpose

Employment by Hire or Contract

?

Your Phone

?

Your Email

?

Race

?

Gender

?

Position Applying For

?

Do you have known criminal records?

Continue to Next Step

d. The system automatically populates North Carolina as the state. Click

Continue to Next Step

STATEWIDE CRIMINAL HISTORY #1

Note: The following States/Territories do not offer a Statewide Criminal Search: American Samoa, California, Guam, Illinois, Louisiana, Mississippi, Massachusetts, Nevada, New Hampshire, Ohio, Virgin Islands, West Virginia, Wyoming, Canada, Dominican Republic, Armed Forces America, Armed Forces Europe, Armed Forces Pacific, Palau, Northern Mariana Islands, Marshall Islands, Federated States of Micro

?

State

NC

?

Comments

Continue to Next Step

Next



- e. Click the box that says “I consent to digital signatures and authorization, and I authorize this background check to be performed on me.” Then click

Continue To Next Step - Review/Sign Forms

AUTHORIZE AND CONTINUE TO REVIEW/SIGN FORMS

☒ I consent to digital signatures and authorization, and I authorize this background check to be performed on me. [Learn more about the Fair Credit Reporting Act \(FCRA\)](#)

Continue To Next Step - Review/Sign Forms

- f. You will see the below message. Click

Continue to Next Step

Please Supply Required Documentation

In order to complete your application, we need some additional documentation from you. Please click Continue to Next Step below to supply this documentation to us.

Continue to Next Step

- g. There are two documents to sign and one document to review. Click each document and complete the next step.

Please Fill-Out/Sign Documents

Instructions:  
Click each link below to display and review the document. If a document has a red ball next to it (●), then it requires you to fill out data and possibly a signature. If a document has a yellow ball next to it (●), then it only requires review.

Once each document has been reviewed and/or filled out in the list below, you may continue to the next step.

Documents:

- Disclosure of Intent to Obtain Consumer Report or Investigative Consumer Report
- Authorization to Obtain Consumer Report or Investigative Consumer Report
- FCRA and A Summary of Your Rights

- h. Review the document. Click the yellow box and digitally sign.

Click **Save Signature**. Then Click **Submit This Document**. Repeat for all documents.

time after you receive this disclosure.

05/03/2022  
Date Received  
JOHN DOE  
Printed Name  
Signature

REV: 4/19

Download document


Next Submit This Document

- i. If you would like a copy of your signed forms, you can download them by clicking “Click here to download/view/print the signed release form(s).” Click

[Continue to Next Step](#)

Please Fill-Out/Sign Documents

Thank You! Your signature has been saved.

 [Click here to download / view / print the signed release form\(s\).](#)  
You may also review the documents when you reach the 'Review and Submit' step.

[Return To Forms](#) [Continue to Next Step](#)

- j. Lastly, you will find the payment page. Please fill in all required fields in

red. Then click

[Submit payment](#)

Pay with Credit Card

Name on Card:	Card number	
First		
Last	Expiration Month (1-12) Year	
Company Name On Card (if any)	Card CVV Code	
Card Billing Address:		
Address		
City	State	Zip

[Submit payment](#)

- k. Once submitted, your background check will begin to process. You will receive an email with your purchase receipt. Additionally, within 24 hours, you will receive an email from MYB with direction regarding your drug testing. The location closest to your address will be provided as well as the time frame in which the test needs to be completed by.

If you do not have access to a computer, experience technical difficulties, or have a question, please contact MYB at [mail@mybinc.com](mailto:mail@mybinc.com) or by calling 828-698-9900.