

# HCMC Phlebotomy Technician Program

## Application for Program Admission

Please type or print clearly

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

Name \_\_\_\_\_  
(last) (first) (middle) (former, if any appear on records)

Provide information that will allow us to contact you over the next six months.

Address:

\_\_\_\_\_  
(street) (city/state) (zip code)

Phone: (\_\_\_\_) \_\_\_\_\_ Social security number: \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**Education:** contact the academic institutions (high school, trade school and/or college) you have attended and request that your transcripts be sent directly to the Program Director (name/address at end of application).

Name and location of institution	Dates attended from to	Qtr or Sem hrs rec'd	Major, degree, or certificate
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Experience:

Have you had any previous healthcare or science-related experience? \_\_\_ Yes \_\_\_ No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

What capacity? \_\_\_\_\_

List previous work experience within the past four years:

Company	Position held	Dates of employment
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\_\_\_\_\_  
Company Position held Dates of employment

\_\_\_\_\_  
Company Position held Dates of employment

May we contact your previous employers? \_\_\_ Yes \_\_\_ No

HCMC Application for Phlebotomy Technician Program

**Letters of Recommendation:**

List the people to whom you have distributed the attached Letter of Recommendation forms. (At least two, from instructors or employers.)

Name	Position/Title	Phone number

NOTICE: Public Law 93-380, The Family Educational Rights and Privacy Act of 1974, as amended, specified that you have the right to inspect and review recommendations written on or after January 1, 1975. The law also permits you to sign a waiver relinquishing your right to inspect letter of recommendation. Your signature immediately below this notice constitutes a waiver. No signature means you have the right to inspect the recommendations secured from the above references.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Biographical sketch:**

Please prepare and attach a brief biographical sketch of yourself that includes your reasons for wanting to enter the phlebotomy technician program, your goals, what personal positive/negative qualities you feel would be an asset/detriment to you in this job, and what reservations, if any, you have in relation to the healthcare field. (maximum 400 words)

**Expenses:**

Tuition is \$1500.00 plus textbooks and supplies.

Are you prepared to meet the expenses of this program?     \_\_\_ Yes \_\_\_ No

**Application Instructions:**

1. Distribute the Letter of Recommendation forms and ask that they be mailed to the address on page 5.
2. Read the Technical Standards that follow. If there are any questions, call the HCMC Program Director.
3. Required documents: The following must be received by the specified deadline to be considered for admission to the HCMC Phlebotomy Technician Program:
  - a. A complete application form including signature form (last page) and biographical sketch.
  - b. Official transcripts from high school, and all trade schools, universities and/or colleges attended.
  - c. Two or three recommendation forms, to be completed by instructors or employers

## TECHNICAL STANDARDS FOR THE PHLEBOTOMY TECHNICIAN PROGRAM HENNEPIN COUNTY MEDICAL CENTER

Technical Standards represent the essential non-academic requirements of the program. Therefore all applicants would be expected to be able to do the following upon completion of the Program requirements:

1. Perform phlebotomy skills.
2. Perform specified laboratory procedures that require manual dexterity.
3. Prepare blood films for clinical interpretation.
4. Read, understand, and perform tasks from written procedures.
5. Distinguish color changes on indicators.
6. Follow Standard Precautions at all times to decrease risk to the individual.
7. Follow safety guidelines to protect the individual.
8. Follow regulations in regard to patient confidentiality.
9. Communicate with patients.

The positions available in the field of phlebotomy may require all combinations of the following physical, sensory, and environmental conditions:

Key: Rare = Less than once or twice per week                      Occasional = 0-2.5 hours per day  
Frequent = Total of 2.5-5.5 hours per day                      Constant = >5.5 hours per day

### **RARE:**

Exposure to radiation (Dependent upon type of procedures)  
Toxic/caustic chemical exposure  
Fumes/Odors/Noxious smells from various types of specimens

### **OCCASIONAL:**

Carrying less than ten pounds	
Climbing stairs	Stooping/bending
Reaching below shoulder	Far Vision (>20+ feet)
Simple grasping	Pushing/Pulling

### **FREQUENTLY:**

Walking	
Standing	Sitting
Hand-arm controls	Static neck positions
Talking to co-workers/ or on telephone	Hearing oral information over telephone
Fingering	Carrying negligible amounts of weight
Keying/typing/computer screen navigation	
Fine manipulation	
Writing	

### **CONSTANT:**

Blood Borne Pathogen Exposure - Standard Precautions are followed to decrease risk and protect the individual  
Seeing  
Near Vision (Reading 20 inches or less)  
Depth Perception  
Color Vision

## **TECHNICAL STANDARDS FOR THE PHLEBOTOMY TECHNICIAN PROGRAM**

The following work situation factors may be present:

- Hygiene/appearance demands
- Possible shift work (dependent upon position)
- Customer/public contact
- Reading
- Writing
- Mathematics
- Attentiveness duration - maintaining alertness
- Attentiveness intensity - concentration
- Short term memory
- Long term memory
- Working under specific instructions (No independent action or judgement)
- Ability to problem solve
- Transferring knowledge to unique situations
- Performing multiple tasks concurrently
- Attaining precise set limits, tolerance, and standards (precision)
- Working under time constraints
- Perceive pertinent detail in objects, make visual comparisons and discriminations

**Hennepin County Medical Center**

***Phlebotomy Technician Program***

Signature Form

I understand that upon successful completion of the course of study, I will be eligible to take a nationally recognized certifying examination.

I acknowledge that the information I have supplied in this application form is correct to the best of my knowledge and understand that any falsification of information on this form may be cause for rejection as an applicant. I understand that this information is subject to verification.

I authorize the director of the hospital phlebotomy technician program to verify my employment and academic history and release them from any liability in connection with this information.

I have read the Technical Standards (non-academic requirements) and fully understand them. Program representatives have answered any questions that I have concerning them, and how they apply to me, to my satisfaction. It is my belief that I can satisfy each of the Technical Standards based on my existing skills and abilities, or through the use of corrective devices.

I, \_\_\_\_\_ have read, understand, and  
(PRINT NAME)  
agree to the statements above.

**APPLICANT'S SIGNATURE**

\_\_\_\_\_

DATE \_\_\_\_\_

Return this signature sheet along with the Phlebotomy Technician application form to:

Robbi Montgomery  
Program Director  
Clinical Laboratories  
Hennepin County Medical Center  
701 Park Avenue, P4  
Minneapolis, MN 55415

by the specified application deadline. Letters of Recommendation should be sent to the same address.

## Letter of Recommendation Phlebotomy Technician Program

NAME OF APPLICANT \_\_\_\_\_  
Last
First
Middle Initial

How long have you known applicant? \_\_\_\_\_ (Minimum of 3 months)

In what capacity is applicant known to you?

1. \_\_\_\_\_ employee
2. \_\_\_\_\_ student
3. \_\_\_\_\_ other (please specify) \_\_\_\_\_

**PLEASE CIRCLE ONE ITEM UNDER EACH CHARACTERISTIC LISTED BELOW**

**1. PUNCTUALITY:**

Habitually late      Frequently late      Average      Good      Always on time

**2. INTEGRITY:**

*Would report errors, check a result, assignment or problems without being told to, etc.*

Unsatisfactory      Poor      Average      Good      Excellent

**3. ATTENTION TO RULES AND REGULATIONS:**

Ignores all rules, doesn't know they exist      Average      Good      Follows rules without being prodded.

**4. COMMUNICATION:**

Does not communicate well either in speaking or writing.      Speaks well but does not write well.      Writes well but does not speak well.      Communicates adequately both verbally and in writing      Communicates well verbally and in writing.

**5. INITIATIVE:**

Does only things specifically assigned.      Average      Good      Looks for things to do. Does extra reading. Tries to find solutions to problems. Has leadership abilities.

**6. EMOTIONAL MATURITY:**

Overconfident. Unable to accept responsibility for own mistakes.      Shy, unsure of capability. Needs encouragement.      Moderately confident.      Shows good judgment. Mature, self-reliant.

**7. RESPONSIBILITY:**

Unsatisfactory. Takes no responsibility for work or equipment.      Poor      Average      Good      Accepts responsibility. Completes assigned tasks on time. Is orderly and neat.

**8. ABILITY TO FOLLOW INSTRUCTIONS:**

*On the job or in completing assignments.*

Resents direction.	Does the work first, reads the instructions later.	Average	Good	Listens or reads carefully. Good attention to detail.
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**9. WORK AREA, RECORDS, REPORTS:**

Messy, disorganized.	Adequate	Good	Excellent, work area orderly and uncluttered. Records neat, legible and understandable. Reports neat and correctly written.
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**10. ORGANIZATION:**

*(i.e. lab work, assignments, customer relationships).*

Not able to organize work.	Slow to organize and start work.	Adequately organized to make best use of time.	Very efficient and well organized.
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**11. SPEED:**

*(i.e. lab work, assignments).*

Works very slowly. Often still working after others have gone home.	Average	Good	Works quickly without loss of accuracy.
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**12. QUALITY OF WORK:**

*Consider neatness and work accuracy regardless of volume.*

Careless	Usually accurate and thorough.	Dependable. Rarely find errors.	Exceptional work. Accurate and complete. No spoilage or waste.
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**13. COOPERATION AND ATTITUDE:**

*Consider attitude towards work, other students, employer, and fellow workers, ability to work with others, etc.*

Unwilling to take part. Shows reluctance to cooperate. Complains frequently. Does not accept suggestions.	Usually a good worker. Sometimes clashes with others and causes friction. Usually responds to suggestions.	Never complains. A good team worker. Does what is expected. Shows interest in job or department.	Goes out of the way to cooperate. Does not have to be asked. Adapts to situations cheerfully. Thoughtful of others.
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**14. DEPENDABILITY:**

Needs constant supervision.	Average supervision required.	Supervision is required only in learning new methods or machines.	100% on the job, conscientious. Can be trusted to work alone without supervision.
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**15. PHYSICAL DEXTERITY:**  
*(Particularly hands).*

Actual disability.	Awkward	Occasionally erratic in actions.	Handles laboratory equipment well.	Markedly agile with good control.
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*While the following categories will not be applicable for evaluation by all persons completing this form, if you have observed the student in any of the following capacities it would be most beneficial for us to review your comments.*

**16. ABILITY TO WORK UNDER PRESSURE:**

Panics	Nervous and excitable.	Average	Good	Works carefully and calmly in an organized manner.
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**17. JOB KNOWLEDGE AND VERSATILITY:**

*Consider understanding of all aspects of the job assignment, knowledge of basic principles and techniques, ability to transfer knowledge to real work experience in the use of materials, instruments, methods and technical ability.*

Very little knowledge of department or job. Is completely stalled when anything unusual comes up.	Learned only the routine procedures.	Has good working knowledge of basic principles and is able to solve many of own problems.	Thorough grasp of job and more. Able to work out own problems that arise.
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**18. REACTION TO UNPLEASANT SITUATIONS:**

Anger	Annoyance	Apathy	Depends on others for solution.	Actively seeks solution.
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COMMENTS:

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EVALUATED BY:

_____	_____
Signature	Date
_____	_____
Title	Name of Department
_____	
Place of Employment	