

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 (trade schools and/or colleges (or high school if there is no additional education)) you have attended and request that your official transcripts be sent directly to the Program Director (name/address at end of the application (p. 5)).

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

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
---------	---------------	---------------------

_____ 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 \$2000.00 plus \$60.00 for the textbook. \$760.00 must be paid by the first day of class, an additional \$700.00 must be paid by week 4 of the program, and the final \$600.00 must be paid by week 8 of the class. Failure to pay amounts due will be cause for termination of your program and forfeiture of all amounts previously paid. The refund/cancellation policy is available on the website.

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. These must be sent directly by the person writing the recommendation. They are not to be mailed by the applicant unless they are in an envelope sealed by the person writing the recommendation.
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 (November 1st for the course that starts in January, July 1st for the course that starts in September) 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 or 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.
--------------------	--	---------	------	---

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.
----------------------	----------	------	---

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.
----------------------------	----------------------------------	--	------------------------------------

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.
---	---------	------	---

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.
----------	--------------------------------	---------------------------------	--

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.
---	--	--	---

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.
-----------------------------	-------------------------------	---	---

15. PHYSICAL DEXTERITY:
(Particularly hands).

Actual disability.

Awkward

Occasionally erratic in actions.

Handles laboratory equipment well.

Markedly agile with good control.

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.

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.

18. REACTION TO UNPLEASANT SITUATIONS:

Anger

Annoyance

Apathy

Depends on others for solution.

Actively seeks solution.

COMMENTS:

EVALUATED BY:

Signature Date

Title Name of Department

Place of Employment