

PHLEBOTOMY PROGRAM APPLICATION

The Phlebotomy application process is not a competitive one. Students will be accepted on a first come – first serve basis. The purpose of the application is to be sure all requirements (both academic and clinical preparation) are met prior to starting the program.

Student application process is submitted to Debra Beland @ debra.beland@northlandcollege.edu

To apply to the program, applicants *must meet* the following requirements:

VACCINATION REQUIREMENTS:

- **Hepatitis B:** Hepatitis B series is a 6-month process of 3 doses. Proof of vaccination or a positive titer must be submitted with the application. There is a specific waiting period between the vaccine series. Please inquire with your healthcare provider regarding the timeline requirements between vaccinations. Documentation will be verified AGAIN after the program starts.
- **Varicella Zoster (Chicken Pox):** Varicella is a 2-dose series that takes about 4 weeks to complete at least 1 dose needs to be submitted with application or a positive titer. Documentation will be verified AGAIN after the program starts.
- **Additional Vaccinations, CPR certification, TB testing, and federal and state background checks are required for clinical rotations, but will be completed/documentated after the start of the program.**

COURSE COMPLETION **OR** ENROLLMENT REQUIREMENTS:

Completed or currently enrolled* in the following courses:

(need to complete with a C or above to complete certificate requirements)

- ✓ **BIOL 1004** Introduction to Anatomy & Physiology
- ✓ **CRLT 2103** Job Seeking/Keeping
- ✓ **HLTH 1106** Medical Terminology
- ✓ **HLTH 1108** Cultural Diversity
- ✓ **SSCI 1101** Human Relations

***If currently enrolled you need to be enrolled in online courses or late afternoon courses (contact program director for questions)**

For further information regarding the program follow this link:

https://www.northlandcollege.edu/programs/phlebotomy/program_detail.php?program_code=155

Questions regarding the application or program can be submitted to:

Phlebotomy Program Director, Debra Beland at debra.beland@northlandcollege.edu

or at (218) 793-2616.

Individuals with disabilities may request reasonable accommodations or information by calling (218) 793-2382.

PHLEBOTOMY PROGRAM APPLICATION – **Send completed application to**
debra.beland@northlandcollege.edu

After review of your application, an advisor will call you to set up an appointment to register for the Phlebotomy Courses, or you will be notified of application incompleteness issues.

Please be sure your contact information is accurate and legible:

NAME: _____ NCTC STUDENT I.D. _____

STREET ADDRESS: _____

CITY: _____ STATE: _____) _____ ZIP: _____

PHONE: (____) _____ - _____ EMAIL: _____

COMPLETION OR CURRENT ENROLLMENT IN THE FOLLOWING COURSES ARE REQUIRED FOR ACCEPTANCE INTO THE PROGRAM:

Verification of successful completion (C or greater) of any **in progress** courses, if enrolled during the program timeline, will be required after semester end, and all requirements must be met before certification is received.

Name of academic institution attended/attending in reference to listed (right) courses:	Official transcript sent to Northland?	Courses:	Course Grade (Or write IP if In-Progress & the time of the course or if online)	Month and year course completed <u>or</u> anticipated date of completion.
1.		BIOL 1004 – Intro to A&P		
2.		CRLT 2103 – Job Seeking/Keeping		
3.		HLTH 1106 – Medical Terminology		
4.		HLTH 1108 -- Cultural Diversity		
5.		SSCI 1101 – Human Relations		

Send any transcripts to Northland’s Admissions Office ASAP- if not sent already. Any applicant intending to request a course transfer must do so early to allow time for the approval process to occur. **Transcripts from other academic institutions must be received by Northland admissions before the start of spring semester.**

_____ I understand that if I am not in good academic standing, academic suspension or probation, I may be required to forfeit my position in the program if accepted.

_____ I have attached my Hep B and Varicella Documentation.

By signing below, I certify all information on my application is true and accurate to the best of my knowledge:

(Print Name)

(Signature)

(Date)