Thank you for your interest in the Workforce Phlebotomy program. This program will provide students with credentials for success in the health care industry. It is also a step in a career ladder, helping lead students to continued education in more advanced educational programs.

Please take note of some important aspects of your application to the Phlebotomy program:

~ Students must be aged 18 or older to participate in the program.

~ This program is currently not eligible for financial aid through the college’s financial aid office. You may qualify for tuition assistance through the Virginia Employment Commission (VEC); for information, contact the VEC at 540-322-5757. You may also consider setting up a tuition payment plan through Germanna E-cashier, accessed through the college website at www.germanna.edu.

~ The application and admission process for the Workforce health Phlebotomy program is competitive. Often, we receive more applications than we have space for. **You are strongly encouraged to apply early, at least three weeks prior to the class start date, and to submit a full application packet containing all completed forms listed on this page. The more complete your overall application packet, the stronger and more competitive your application will be. Applications are reviewed on a first-come, first-served basis.**

**~Steps required in the application process:~**

1. **Complete the Health Care Orientation class, HLTH 2259** (class flier enclosed),
2. **Receive a qualifying score on the Career Readiness Certificate Test (CRC), and**
3. **Completion and submission of all forms and documents listed below:**

   - Health care programs application pages
   - CRC Test Results or CRC certificate (a photocopy); a Silver score is highly recommended for Phlebotomy.
   - Current Criminal Background Check completed on-line. A current background check must be submitted with your application and dated within six months from the last day of class. (You may delay the background check until after your in-person interview with the HealthCare Coordinator.) To complete your criminal background check: go to www.CertifiedBackground.com and click on “Students” then enter package code: er41 for Phlebotomy. You will then be directed to set up your Certified Profile account.
   - Acknowledgement of Cost and Credentials Verification form, signed page 8.
   - Complete immunization information (with Hepatitis B declaration form, if fewer than 3 Hep B vaccinations have been attained).
   - 10-Panel drug urine screen results (dated 30 days prior to first day of class). (You may delay the background check until after your in-person interview with the Health Care Coordinator.)
   - A copy of your health insurance coverage card (coverage through last day of class).
   - Two letters of Recommendation from people who know you well, and are not related to you (employers, co-workers, associates).
   - Essential Functional Abilities form, signed, pages
   - Human Subject Document
   - A copy of your high school transcript or diploma, GED certificate and/or college transcripts.
   - Copy of Professional Malpractice Insurance (may be obtained after acceptance).
   - Current American Heart Association CPR certification for health care providers (current through completion of program).
   - At the request of the Health Care Coordinator, attend an in-person interview, to review and discuss your application.

If your application is missing any of the above completed documentation, it may not receive full consideration.
Due to state regulations, requirements by most clinical facilities, and hiring processes used by health care employers, you will **not be admitted** to the Phlebotomy program if: you have a felony conviction on your criminal background check (regardless of how long ago it was), or you have a conviction for any of the crimes listed in the “barrier crimes” form (page 11 of this packet), or you have multiple misdemeanor convictions.

~ Attendance policy: once admitted, and class has begun, full attendance to all Phlebotomy classes, labs, and clinicals is mandatory for all students, and required to maintain satisfactory standing in the program.

We realize that applicants go to considerable time, expense, and planning, to apply to our programs. We suggest you review **all of the application forms very carefully** to ensure you understand the requirements, and to evaluate whether you are able to meet minimum admission criteria. For example, applicants having more than one minor misdemeanor, or having one felony conviction, would not be employable in most health care settings. Please also note that if you do not hold a high school diploma or GED, you likewise may not be employable in most health care settings.

Upon receipt of your completed application packet, the Center for Workforce and Community Education will date-stamp it and forward it to our Health Care Coordinator for review.

Please visit our website at www.germanna.edu/workforce and click on Health Care Admissions to access all current forms, upcoming class dates, and information. From time to time, application requirements change to meet educational, legal, and medical requirements of the college and clinical facilities.

**Thank you again for your interest. We look forward to helping you on your path to success in a rewarding health care career.**
Phlebotomy Program
Signed Acknowledgement of Document Checklist

<table>
<thead>
<tr>
<th>Applicant participation requirements:</th>
<th>Check below if included</th>
<th>For Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a. Application-pages 4-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Immunization Record-pages 6-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Cost and Credentials Form-pages 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Essential Functional Abilities-pages 9-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Signed Excerpt from Code Of Virginia page 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Hepatitis B Vaccine Declination Form-page 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Current Background Check (a current background check must be submitted with your application and dated within six months from the last day of class)</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>3. Career Readiness Certificate (CRC) photocopy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Silver Certificate Required for Phlebotomy Program&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. CPR Documentation (American Heart Association only) &quot;For Health Care Providers&quot; current through completion of program</td>
<td></td>
<td>Expires</td>
</tr>
<tr>
<td>5. Professional Malpractice Liability Insurance- current through completion of program</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>6. Current Health Insurance Documentation-shows coverage through completion of program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Two letters of recommendation (from employers, co-workers, community leaders, no relatives)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Copy of high school diploma, GED, or college transcripts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Immunization Record Checklist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Tuberculin Test, Chest X-Ray if PPD is (+), Test Results within 1 year of start of clinicals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Tetanus- Generally good for 10 years; current through completion of program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Hepatitis B Documentation or titer or vaccine- start series, ok (only 1st or 2nd, sign Declination Form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. MMR vaccination #1 and #2 OR Rubella and Rubeola Documentation or Titer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Chicken Pox Documentation or Varicella Zoster Documentation or IgG Titer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. 10-Panel Urine drug screen lab report (dated 30 days prior to first day of class)</td>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

I certify that I understand the various costs and fees involved in participating in the Phlebotomy program. The areas marked on this check-off sheet are completed and enclosed with my application packet. I understand that Germanna Community College Center for Workforce and Community Education is required by policy and contracts with the healthcare facilities to have complete and full documentation prior to entering the program. I further understand that failure to provide all documentation will result in my receiving an Administrative Withdrawal from the program, without tuition refund.

I further understand the Germanna Community College Workforce Center refund policy: Tuition refund requests must be made at least 7 days prior to the class start date. No refund requests will be honored fewer than seven days prior to the start of class.

___________________________________________________________________________

Signature of Applicant          Date
Germanna Community College
Center for Workforce & Community Education
Phlebotomy Application

Submit your application packet to: Germanna Community College, Center for Workforce & Community Education, 10000 Germanna Point Dr., Fredericksburg, VA 22408

Your Name:____________________________________________________________________

Date:_________________________________________________________________________

Mailing Address:________________________________________________________________

______________________________________________________________________________

List all of your phone numbers, including area codes:

Home:________________________

Work:_________________________

Cell:__________________________

Phone number we should call, to reach you during daytime hours:_____________________

Date of Birth:__________________

Email Address:_____________________
Your education level and experience:

Please list your educational accomplishments, including all that apply.

**GED**: Date attained (include a copy of your GED certificate) ____________________________________________________________

**High school**: school name, location, and date you graduated (include a copy of your high school diploma or transcript)
_________________________________________________________________________________________________
_________________________________________________________________________________________________

**College**: college names, locations, degree(s), and dates you attended/graduated (include a copy of your transcripts)
_________________________________________________________________________________________________
_________________________________________________________________________________________________

**Other training and educational experience**:
_________________________________________________________________________________________________

**Your work experience**: Please list below your work experience since high school. For each paying job you have held, include each business name, your job title, and how long you worked for each business. You may include pertinent volunteer experience and/or related work experience in the health care field. You may also attach additional pages, if necessary.
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Students who are accepted into the Phlebotomy program must make full tuition payment not less than five business days prior to the start of class, to confirm their enrollment. Tuition for Phlebotomy is $1595. Additional fees are required for student books, supplies, and other program needs; these additional costs are borne by the student and are generally between $100 - $500. **Refund policy**: Students may request course transfers or withdrawals seven or more calendar days prior to the start of class. No course transfers or refunds will be made fewer than seven days prior to the start of class.

I hereby certify the above information is true and correct.

____________________________________________________________            ____________
Signature of Applicant                            Date

**Note**: Student’s health care status remains valid for admission purposes for ONE YEAR.
# Immunization Record

To be completed by a Physician or designated health care provider, i.e., nurse practitioner, physician assistant.

## TO THE PHYSICIAN:

The below named individual has applied for admission into the Phlebotomy Program at Germanna Community College Center for Workforce & Community Education.

The college recommends completion of all immunizations and tests listed below. If these immunizations are not available at your facility, please direct the applicant to the nearest facility for completion requirements. Your cooperation in this matter is greatly appreciated.

## Name of Applicant:

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
</table>

## Immunizations and Tests:

**REQUIRED:**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date</th>
<th>Provider Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculin Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria Toxoid Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OPTIONAL:**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date</th>
<th>Provider Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria Toxoid Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu Vaccine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hepatitis B Vaccines and titer (optional) or waiver form completed**

<table>
<thead>
<tr>
<th>Date (1)</th>
<th>Provider Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (2)</td>
<td>Provider Initial</td>
</tr>
<tr>
<td>Date (3)</td>
<td>Provider Initial</td>
</tr>
</tbody>
</table>

**OR**

#1 MMR Date  
#2 MMR Date

**Rubella Titer** (German Measles) Date  
**Rubeola Titer** (Red Measles) Date

**Varicella (Chickenpox)** OR **Varicella Zoster IgG Antibody Titer** Date

**Urine Drug Screen, 10-panel** Results: Date:

*Please also attach a copy of the 10-Panel urine drug screen results, 30 days prior to first day of class.*
Health Care Provider Comments or Recommendation:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Health Care Examiner ____________________________ Title ____________________________

Name of Health Care Provider: ______________________________________________________________

Address of Health Care Provider: _____________________________________________________________

Phone: __________________________________ Date ____________________________

If you need further information, you may call:

Coordinator of Workforce Health Care Programs
Germanna Community College
10000 Germanna Point Dr.
Fredericksburg, VA 22408
(540) 834-1099
Phlebotomy Program
Signed Acknowledgement of Costs and Credentials Verification

Phlebotomy Program Purpose: To prepare the student for entry level work as a Phlebotomist.
Phlebotomy Course Tuition: $1595. Tuition is not due until you are notified of acceptance into the Phlebotomy program. Once accepted, full tuition payment to Germanna Community College is required to secure your space in the Phlebotomy program. Course tuition includes classroom instruction, laboratory instruction, and clinical instruction/experience in a work setting.

Additional Costs for Phlebotomy: All additional costs are approximate and are the responsibility of the student. The additional costs generally range from $100 - $500.

- Criminal Background Check completed (prior to admission, with your application packet) - $52 (You may delay the criminal background check until after your in-person interview with the Health Care Coordinator.)
- Text(s) - $50 - $75
- Physical Exam- (prior to admission, with your application packet) - fees vary
- 10-Panel Urine Drug Screen- fees vary. Drug screen test needs to be within 30 days prior to course start.
- Health Insurance- varies (prior to admission, with your application packet)
- Malpractice Liability Insurance- varies (prior to admission, with your application packet)

Due Prior to Phlebotomy Clinicals (all costs are approximate):

- Phlebotomy Uniform (scrubs) - $25-$50
- Shoes (white or black, all leather, closed toes) - $25-$40

____________________________________________________________            _______________________________
Signature of Applicant                                                                 Date
Essential Functional Abilities

The National Council of State Boards of Nursing, Inc. has determined that the following categories of functional abilities are essential for licensure and job performance of workers in the health care field. They provide guidance to all individuals providing direct patient care. A brief description and examples of representative activities/attributes are included for your reference. Successful students should possess all listed essential functions. **Your signature is required on the following page.**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Motor Skills</td>
<td>Gross motor skill sufficient to provide the full range of safe and effective health care activities, such as moving within confined spaces, reaching above shoulders, reaching below waist, standing and maintain balance.</td>
</tr>
<tr>
<td>Fine Motor Skills</td>
<td>Fine motor skills sufficient to perform psychomotor skills, such as grasping small objects with hands, keying/typing, pinching, picking, twisting and squeezing with fingers.</td>
</tr>
<tr>
<td>Physical Endurance</td>
<td>Physical stamina sufficient to perform client care activities for entire length of work role, such as standing during health care procedures or performing CPR.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from place to place in a quick manner and to maneuver by twisting, squatting, climbing and walking.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient for physical monitoring and assessment of client health care needs, which includes hearing faint body sounds, faint voices, hearing in situations when not able to see lips, and hearing auditory alarms.</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for accurate observation and performance of nursing care, which includes seeing objects up to 20 inches away and 20 feet away, depth perception, peripheral vision, and ability to distinguish color and color intensity.</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical monitoring and assessment of health care needs, which includes feeling differences in surface characteristics, sizes, and shapes.</td>
</tr>
<tr>
<td>Smell</td>
<td>Olfactory ability sufficient to detect significant environmental and client odors.</td>
</tr>
<tr>
<td>Reading</td>
<td>Reading ability sufficient to comprehend the written word at a minimum of a tenth grade level.</td>
</tr>
</tbody>
</table>
Arithmetic
Arithmetic ability sufficient to do computations at a minimum of an eighth grade level which includes reading and understanding columns of writing, reading graphic printouts and digital displays, calibrating equipment, converting numbers to and/or from the Metric System, measuring time, counting rates, using measuring tools, reading measurement marks, computing fractions, and using a calculator.

Emotional Stability
Emotional stability sufficient to assume responsibility/accountability for actions, which includes establishing therapeutic boundaries, dealing with the unexpected, adapting to a changing environment/stress, focusing attention on a task, performing multiple responsibilities concurrently, and handling strong emotion.

Analytical Thinking
Reasoning skills sufficient to perform deductive and inductive thinking for health care decisions, which includes transferring knowledge from one situation to another, processing information, problem solving, evaluating outcomes, prioritizing tasks, and using short term and long term memory.

Critical Thinking
Critical thinking skill sufficient to exercise sound judgment, which includes identifying cause-effect relationships, planning/controlling activities for others, synthesizing knowledge and skills, and sequencing information.

Interpersonal Skills
Interpersonal abilities sufficient to interact with individuals, families and groups respecting social, cultural, and spiritual diversity.

Communication Skills
Communication abilities sufficient for interaction with others in written and oral form, which includes teaching, explaining procedures, giving oral reports, and conveying information through writing.

Acknowledgement: I have read and acknowledged the above list of essential functions for health care service providers.

Signature of Applicant __________________________ Date __________
Excerpt from Code of Virginia

Below is a list of convictions that will prevent an individual from obtaining employment in nursing homes.

§ 32.1-126.01. Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license. A licensed nursing home shall not hire for compensated employment, persons who have been convicted of murder or manslaughter as set out in Article 1 (§ 18.2-30 et seq.) of Chapter 4 of Title 18.2, malicious wounding by mob as set out in § 18.2-41, abduction as set out in subsection A of § 18.2-47, abduction for immoral purposes as set out in § 18.2-48, assaults and bodily wounding as set out in Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title 18.2, robbery as set out in § 18.2-58, carjacking as set out in § 18.2-58.1, threats of death or bodily injury as set out in § 18.260, felony stalking as set out in § 18.2-60.3, sexual assault as set out in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, arson as set out in Article 1 (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2, drive by shooting as set out in § 18.2-286.1, use of a machine gun in a crime of violence as set out in § 18.2-289, aggressive use of a machine gun as set out in § 18.2-290, use of a sawed-off shotgun in a crime of violence as set out in subsection A of § 18.2-300, pandering as set out in § 18.2-355, crimes against nature involving children as set out in § 18.2-361, incest as set out in § 18.2-366, taking indecent liberties with children as set out in § 18.2-370 or § 18.2-370.1, abuse and neglect of children as set out in § 18.2-371.1, failure to secure medical attention for an injured child as set out in § 18.2-314, obscenity offenses as set out in § 18.2-374.1, possession of child pornography as set out in § 18.2-374.1:1, electronic facilitation of pornography as set out in § 18.2-374.3, abuse and neglect of incapacitated adults as set out in § 18.2-369, employing or permitting a minor to assist in an act constituting an offense under Article 5 (§ 18.2-372 et seq.) of Chapter 8 of Title 18.2 as set out in § 18.2-379, delivery of drugs to prisoners as set out in § 18.2-474.1, escape from jail as set out in § 18.2-477, felonies by prisoners as set out in § 53.1-203, or an equivalent offense in another state. However, a licensed nursing home may hire an applicant who has been convicted of one misdemeanor specified in this section not involving abuse or neglect, if five years have elapsed following the conviction.

Any person desiring to work at a licensed nursing home shall provide the hiring facility with a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges, whether within or without the Commonwealth. Any person making a materially false statement when providing such sworn statement or affirmation regarding any such offense shall be guilty upon conviction of a Class 1 misdemeanor. Further dissemination of the information provided pursuant to this section is prohibited other than to a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

A nursing home shall, within 30 days of employment, obtain for any compensated employees an original criminal record clearance with respect to convictions for offenses specified in this section or an original criminal history record from the Central Criminal Records Exchange. The provisions of this section shall be enforced by the Commissioner. If an applicant is denied employment because of convictions appearing on his criminal history record, the nursing home shall provide a copy of the information obtained from the Central Criminal Records Exchange to the applicant.

The provisions of this section shall not apply to volunteers who work with the permission or under the supervision of a person who has received a clearance pursuant to this section.

Similar language is found in other sections of the Code of Virginia relating to employment in home care organizations (§ 32.1-162.9:1), licensed homes for adults (§ 63.1-173.2), licensed district home for adults (§ 63.1-189.1) and licensed adult day care centers (§ 63.1-194.1).

_________________________     ______________
Signature                                      Date

11
Hepatitis B Vaccine Declination Form

(This form is acceptable if the series of shots has been started, though not completed.)

I understand that during my educational experience in the Health Care programs through Germanna’s Center for Workforce & Community Education I may have exposure to blood or other potentially infectious materials and may be at risk of acquiring Hepatitis B (HBV) infection. 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 which a serious disease.

I acknowledge that I have read this information by signing below.

________________________________________________________________________

Printed Name of Applicant                          Date

________________________________________________________________________

Signature of Applicant                          Date
Criminal Background Check Required
Prior to Enrolling in the Workforce Phlebotomy Program

A criminal history record check must be completed through CertifiedBackground.com, and reviewed prior to entering the Phlebotomy program. If you have a criminal record, you will likely not be admitted to the program.

The clinical facility may deny your entry into clinical settings based on criminal convictions; if denied, the student will be withdrawn from the Phlebotomy program, with any Phlebotomy tuition payments forfeited.

Please see the information below for acquiring your background check.

Instructions for accessing CertifiedBackground.com

Background Check Required
The facilities where you have clinicals require that each student purchase a background check through CertifiedBackground.com.

About CertifiedBackground.com
CertifiedBackGround.com is a background check service that allows students to purchase their own background check. The results of a background check are posted to the CertifiedBackground.com web site in a secure, tamper-proof environment, where the student, as well as organizations can view the background check.

To order your background check from CertifiedBackground.com, please follow the instructions below.

1. Go to www.CertifiedBackground.com and click on “Applicants.”
2. In the Package Code box: (1) enter package code er41 for Phlebotomy
3. Select a method of payment. They accept Visa, MasterCard, check cards, and money orders. Once your order is submitted, you will receive a password to view the results of your background check. The results will be available in approximately 48-72 hours. Once your background check is complete, please make a copy for your records and bring it to the Workforce Office for review. You will retain your original record.

These background check packages are a Virginia Statewide Criminal Search; cost is approximately $52.

www.CertifiedBackground.com 1-888-666-7788
Resource Information for Health Care Students

Please note: We do not endorse any specific providers. Those that are listed below were suggestions we received from prior students. You are free to use other resources.

Student Medical Malpractice Insurance:

HPSO 1-800-982-9491 or www.hpso.com

Temporary Health Insurance:

Nationwide Insurance or State Farm Insurance

CPR Certificate: Germanna only accepts American Heart Association (health care provider) certifications

Germanna Center for Workforce & Community Education offers AHA CPR (540) 898-3012

Mary Washington Hospital Training Center (540) 741-1585

Certified Background Check: we only accept www.certifiedbackground.com

Financial Assistance:

E-cashier (loan) 1-800-609-8056

VEC (Virginia Employment Commission) (540) 322-5757 assistance for unemployed or Medicaid students