

Certified Phlebotomy Technician Program – FALL 2011

Program Information:

Thank you for your interest in Certified Phlebotomy Technician Training at Tunxis Community College! This 160 hour program has been approved by the National Health Career Association. Each program that includes classroom and a hand-on laboratory is limited to 15 students accepted on a first come, first served basis. Course content includes: basic aspects of medical terminology, anatomy and physiology, venipuncture, specimen collection procedures, safety and universal precautions, common laboratory tests with clinical significance to body systems and disease processes, and laboratory equipment. Upon successful completion, the student is eligible to sit for the National Certification examination, to be administered at the college, and for a clinical externship.

Program Requirements:

You must be at least 18 years of age with a high school diploma or GED, and complete the following:

- Fill out the enclosed CPT application, Physical Verification form, and Questionnaire
- Mail or bring the application and forms along with a non-refundable \$35 administrative fee (credit card, check or M.O. payable to TCC -- no cash please), to Continuing Education, Tunxis Community College, 271 Scott Swamp Road, Farmington, CT 06032.

Note: All students with less than an Associate's Degree will be required to take the KeyTrain pre-assessment test prior to entrance into the program. See the testing dates in this packet.

Your application and test results will then be forwarded to the Allied Health Coordinator for consideration. Upon acceptance, you will be notified in writing and given further instructions to complete your enrollment.

Once you are accepted, the tuition must be paid to the College within five business days of notification. Refunds may be obtained ONLY if your written withdrawal is submitted to Continuing Education three business days prior to the first class meeting.



Each student accepted into the program must have a health examination along with a TB (PPD) test. Students born after January 1, 1957 must also have documentation of Measles, Mumps and Rubella (MMR). No one can be permitted to participate in the lab or clinical portion without these requirements. See the program cost sheet for details. A health form will be mailed along with your acceptance letter. ***This form must be submitted (not faxed) to the Allied Health Coordinator by the second week of class.***

Please be advised that if you have been convicted of a felony, you may not be eligible for clinical experiences, internships, externships or certifications associated with certain Allied Health courses or programs. Those with previous convictions may also find it difficult to secure employment within a health care agency or institution.

For more information, please call the Continuing Education Office at (860) 255-3666.

Day Program: September 12 – December 13 Mondays & Tuesdays, 9AM-2PM

Evening Program: September 12 – December 14 Mon., Tues. & Wed., 5:30PM-8:45PM

COSTS ASSOCIATED WITH TUNXIS PHLEBOTOMY PROGRAM – SUMMER 2011

Fees Due Directly to Tunxis Community College:

\$35 non-refundable administrative fee
payable to TCC at the time of registration

\$1,800 tuition
includes malpractice insurance
(Personal Health Insurance is recommended in case of injury or exposure)

Costs Associated With the Program but Not Payable to TCC:

\$115 National Health Career Association Certification Examination fee
Submitted to the Allied Health Coordinator one month prior to course completion
in the form of a certified check or money order made out to the **NHCA** along with the
required application (given out in class)

\$160 (approximate) Textbook/Workbook/Review book
payable to Follett Bookstore at TCC

\$25 (approximate) Lab coat
payable to Follett Bookstore at TCC

Health Form requirements:

Physical Exam within the last year

Verification of measles, mumps, rubella vaccinations or rubella and rubeola titers

Chickenpox – verbal history of disease, date(s) of vaccination, or blood titers

Tuberculosis testing – chest x-ray if positive results

Hepatitis B series (optional) or waiver signature

Tetanus shot within the last 10 years

NOTE: This form must be in place by the deadline date in order for a student to be eligible for clinical externship.

KeyTrain Test Dates

Fall 2011 Semester

Wed. July 13	1-3PM
Fri. July 15	10AM-12PM
Wed. July 20	1-3PM
Fri. July 22	10AM-12PM
Wed. July 27	1-3PM
Fri. July 29	10AM-12PM
Wed. Aug. 17	1-3PM
Fri. Aug. 19	10AM-12PM
Wed. Aug. 24	1-3PM
Fri. Aug. 26	10AM-12PM
Wed. Aug. 31	1-3PM
Fri. Sept. 2	10AM-12PM
Wed. Sept. 7	1-3PM
Fri. Sept. 9	10AM-12PM



Choose a test date and write it on the first page of the application. Call 860.255.3668 for any test questions.

TUNXIS COMMUNITY COLLEGE
Application for CERTIFIED PHLEBOTOMY TECHNICIAN Program
 FALL 2011

Name _____ Date of Birth _____

Address _____
STREET CITY STATE ZIP

E-mail _____

Home Phone _____ Work Phone _____ Soc.Sec.# _____

Gender: Male _____ Female _____
Ethnic/Racial (optional): White _____ Black _____ Hispanic _____ Asian _____ Native American _____ Other _____

Emergency Contact Name _____ Phone # _____

Payment Source _____ Self _____ Agency If agency, list agency, case worker, and phone #.

Prefer Day or Evening program? _____ Test Date chosen: _____

Are you a U.S. Citizen? _____ Yes _____ No If no, are you an alien who has the legal right to work? _____ Yes _____ No

Primary Language _____

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No If yes, please briefly explain.
* An arrest record could affect your ability to obtain employment as a CPT.

Please list current occupation as well as any past positions.

EDUCATIONAL INFORMATION:

High School or GED Certification _____
(year graduated or certified, and school attended)

Jr. College, College, or University _____
Provide a copy of unofficial transcripts or degree earned (degree, year graduated, and school attended)

Are you competent in reading comprehension and able to do math computation? _____ Yes _____ No
If no, please explain (i.e. English is second language or learning disabilities).

The information provided on this CPT application form is complete and accurate.

Signed _____ Date _____

**TUNXIS COMMUNITY COLLEGE
CERTIFIED PHLEBOTOMY TECHNICIAN PROGRAM**

Name: _____

Do you have transportation? **Yes No**

Tell us about yourself.

List five qualities you possess that would make you a good candidate for the program.

Do you know what being a Phlebotomist entails? Briefly describe.

Why do you want to take this course?

How can Tunxis be assured that you will be committed to the program?

Do you have any physical limitations? If yes, please explain.

Have you ever been arrested? If yes, please explain.

What are your career goals?

How did you hear about this course?

Student Signature: _____ Date: _____

Name: _____ Date: _____

Tunxis Community College
271 Scott Swamp Road
Farmington, Connecticut 06032

CERTIFIED PHLEBOTOMY TECHNICIAN PROGRAM PHYSICAL VERIFICATION FORM

Name of Student _____

Address _____

City _____ State _____ Zip Code _____

Check the appropriate answer.

Please answer as honestly as possible. If yes is checked, please provide an explanation.

Allergies? Yes _____ No _____

Pregnant? Yes _____ No _____

On Medication? Yes _____ No _____

List: _____

Mental Health Concerns? Yes _____ No _____

Hearing Problems? Yes _____ No _____

Back Problems? Yes _____ No _____

Knee Problems? Yes _____ No _____

Recent Surgeries? Yes _____ No _____

Lifting Restrictions?
(i.e. arthritis, injury, surgeries, etc.) Yes _____ No _____

Latex Allergy? Yes _____ No _____

If you are pregnant, have any back problems/lifting restrictions, or a medical condition that is being monitored by a physician, a form will be provided by the College that must be completed by your physician along with your signature.

Please list any other conditions that you feel may present a risk for you or that your instructor should be aware of to protect your well-being and safety.

Student Signature _____ Date: _____

Write 'A' if you agree, 'D' if you disagree, 'N/A' does not apply.

1. I have trouble knowing what to study for a test. _____
2. I need a friend with whom to discuss important things. _____
3. I feel swamped by details and facts when I study. _____
4. I have recently endured the death of a family member or pet. _____
5. There has recently been a change of health for a family member. _____
6. I feel overburdened with responsibility. _____
7. I usually must work against a tight deadline. _____
8. I seem never to have enough leisure time. _____
9. It is not easy for me to make friends. _____
10. I need more time for my family. _____
11. I rarely have enough money to meet expenses. _____
12. I have recently gained a new family member. _____
13. I have had a change in my financial state. _____
14. Money is going to be very tight for me this year. _____
16. I am experiencing a great deal of family friction. _____
17. I have to do jobs I can't cope with. _____
19. I am experiencing a change in living conditions. _____
20. Most health care personnel are overworked. _____