

# PHLEBOTOMY TECHNICIAN CERTIFICATE APPLICATION PACKET

## Application Instructions

Thank you for your interest in the Phlebotomy Technician Certificate Program with Kennesaw State University's College of Professional Education. Please read the following instructions carefully.

***Type or print this application in blue or black ink.***

To be considered for this program, please complete and return ALL sections of the Application Packet:

1. **Student Information**
2. **Human Subjects Document**
3. **Release, Waiver of Liability & Covenant Not To Sue**

**RETURN COMPLETED APPLICATION PACKET BY MONDAY, JANUARY 13 via email or in person. Late or incomplete application packets will not be considered or reviewed.**

**Via email:**

cpereg@kennesaw.edu

**In person:**

KSU Center (South Entrance)  
Registration Office  
3333 Busbee Drive  
Kennesaw, Georgia 30144

## Textbooks

Textbooks are required for the Phlebotomy Technician Certificate Program and can be purchased in the KSU Center Bookstore. For more information, visit [bookstore.kennesaw.edu](http://bookstore.kennesaw.edu) or call (470) 578-2342. The KSU Center Bookstore is open Monday –Thursday from 8:00 am- 8:00 pm, Friday, 8:00 am-4:00 pm, Saturday from 8:30 am-11:30 am. Closed Sunday.

## Program Schedule

The Phlebotomy Technician Certificate Program is scheduled to be held January 23, 2020-March 19, 2020. The program meets weekly on Tuesday and Thursday evenings from 6:30 pm- 9:30 pm and on Saturday from 9:00 am- 1:00 pm.

## Required Basic Equipment

You must have access to a computer and the internet. Course materials, quizzes, and exams are accessible through our distance learning site, Moodle, and you will need to print any necessary materials before coming to class or bring a personal laptop to work with soft copies. Though we have a computer lab and Wi-Fi available to students, CCPE does not provide printer or copier access for students.

## Dress Code

For skills labs, students are permitted to wear clean closed-toe shoes such as non-slip footwear or athletic/tennis shoes. If a student has long hair it must be pulled back and secured. Fingernails must be trimmed and reflect CDC and WHO healthcare professional requirements of less than one quarter inch long. Bright nail polish or unusual nail treatments will not be permitted. If students prefer to wear scrubs for skills labs, the designated color is ceil blue.

# Student Information

## Personal Information

NAME

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

\_\_\_\_\_

*Middle*

\_\_\_\_\_

*Maiden*

ADDRESS

\_\_\_\_\_

*Street*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*Zip*

PHONE

(    )

\_\_\_\_\_

*Daytime*

(    )

\_\_\_\_\_

*Cell*

(    )

\_\_\_\_\_

*Evening*

EMAIL

\_\_\_\_\_

*All correspondence regarding the program will be sent to this email address*

PERSONAL:

\_\_\_\_\_

*Date of Birth*

## Short Answer

Why do you want to become a Phlebotomy Technician?

## Student Expectations

All students in the Phlebotomy Technician Certificate Program are expected to both participate as a subject and perform the essential functions of the profession and to meet the standards of the curriculum. Students seeking exceptions to these standards or reasonable accommodations, are required to contact the program manager **prior to registering**.

I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of material facts may result in removal from the program.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY:**

Date Received:

# HUMAN SUBJECTS DOCUMENT

## *Assumption of Risk & Consent to Procedures*

### General Information

During this course, you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training. As a part of these learning activities, you will be asked to perform specific skills as well as be the subject of specific skills practiced by students. These learning activities will be conducted under the supervision of the course instructor.

### Benefits

The activities have been selected because they are skills essential to the learning process and the faculty believes that realistic practice is essential for optimum learning.

### Blood borne Pathogen Exposure

It is important that you be aware that blood and other body fluids have been implicated in the transmission of certain pathogens, particularly Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), the virus responsible for Acquired Immune Deficiency Syndrome (AIDS). In order to minimize risk of exposure to blood borne pathogens, the student must agree to follow Standard Precautions guidelines as well as comply with regulations outlined in the OSHA Blood borne Pathogen Standard.

### Risks/Discomforts

Participation may create some anxiety or embarrassment for you. Some procedures may create minor physical or psychological discomfort. Specific risks are listed below.

### Your Rights

You have the right to withhold consent and to withdraw consent after it has been given. You may ask questions and expect explanation of any point that is unclear.

LEARNING ACTIVITY	SPECIFIC BENEFIT	RISKS/DISCOMFORTS
Venipuncture using both evacuated tube system (ETS) and syringe system.	Student gains experience needed prior to performing procedures on actual patients.	Possibility of hematoma or bruising; slight, temporary pain with procedure; slight risk of temporary nerve inflammation; blood or body fluid exposure.
Skin puncture of the fingertip.	Student gains experience needed prior to performing procedures on actual patients.	Slight, temporary pain upon puncture; minimal possibility of infection (provided area is kept clean); blood or body fluid exposure.

*I have read the above Human Subjects Document. I acknowledge my understanding of the risks and benefits described. My questions have been answered. I agree to participate as a subject in the learning activities listed above.*

\_\_\_\_\_  
**Signature of Student**

*(Parent or Guardian if student is under 18 years of age)*

\_\_\_\_\_  
**Date**

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



**KENNESAW STATE  
UNIVERSITY**

**RELEASE, WAIVER OF LIABILITY & COVENANT NOT TO SUE**

**(READ CAREFULLY BEFORE SIGNING AND BRING TO FIRST CLASS SESSION)**

The undersigned hereby acknowledges that participation in off-site excursions, classes and recreational activities involves inherent risks of physical injury and assumes all such risks. The undersigned hereby agrees that for the consideration of Kennesaw State University allowing the undersigned to participate in off-site excursions, classes or recreational activities and, in connection therewith, making available to the undersigned for facilities, grounds, or personnel of the institution, the undersigned participant does hereby waive liability, release and forever discharge the institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such off-site excursions, classes or recreational activities.

I further covenant and agree that for the consideration stated above I will not sue the institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in off-site excursions, classes or recreational activities.

I understand that the acceptance of this release, waiver of liability and covenant not to sue the institution of the Board of Regents of the University System of Georgia or any agent or employees thereof, shall not constitute a waiver, in whole or in part of sovereign or official immunity by said Boards, its member, officers, agents, and employees.

Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the time period indication below while I am participating in activities sponsored by Kennesaw State University.

**COURSE NAME** \_\_\_\_\_ **COURSE DATES** \_\_\_\_\_

\_\_\_\_\_ **I authorize the College of Professional Education at KSU to share this information with the instructor(s). Please check.**

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

Participant or Legal Guardian if participant under the age of 18.

Print Name: \_\_\_\_\_

Emergency Contact Name & Telephone Number:

\_\_\_\_\_  
Please list any special health problems/allergies/medications:  
\_\_\_\_\_