Dear Student:

Thank you for your interest in applying for our Phlebotomy Technician Certification Program. The completion of this 90-hour, lecture course is the first step to prepare you, in becoming a Certified Phlebotomy Technician (CPT). During this course, you will be introduced and taught the healthcare delivery system, collection of materials and equipment, venipuncture and capillary techniques and medical/legal/ethical implications of blood collection. Once a student has successfully completed, this didactic course, you will be cleared and recommended to start the externship portion of the program, at a local health care facility (please note: this is a separate course, at an additional cost).

**The total cost of the course is $1396 (which includes a non-refundable fee of $100)** and must be paid in full, at the time of registration. A textbook is required for this course and can be purchased at the college bookstore- this fee is not included in the cost of the course. Also, there are other fees associated with this course and is the responsibility of the student (. If for some unforeseen reason, you wish to withdrawal from the course, you will receive a refund in the amount of $1296 ($1396 minus the registration fee), if you withdrawal at least 10 days, before the start of the course. If you withdrawal, less than 10 days before the course begins, you will forfeit the entire fee of the course. Please note that applicants will be enrolled on first come, first serve basis. Class size is limited to a maximum of 15, by state regulation. To check the upcoming class dates, schedules are available at [www.mccc.edu/ccs/healthcareers](http://www.mccc.edu/ccs/healthcareers).

If you should have any questions or need assistance, please contact Martha Redondo at [redondom@mccc.edu](mailto:redondom@mccc.edu) or send an e-mail to [ComEd@mccc.edu](mailto:ComEd@mccc.edu). All application materials should be sent to:

Martha Redondo, Project Manager/Site Coordinator  
Center of Continuing Studies  
Mercer County Community College  
1200 Old Trenton Road  
West Windsor, NJ 08857  
[redondom@mccc.edu](mailto:redondom@mccc.edu)

Again, thank you for your interest in MCCC’s Phlebotomy Technician Certification Program- we look forward to hearing from you soon!
Steps on How to Enroll In the Program

Step One:

- **Information Session**
  - Attend one the mandatory information sessions
    - All dates are posted on the school’s website: [www.mccc.edu/ccs/healthcareers](http://www.mccc.edu/ccs/healthcareers)
    - Call (609) 570-3987 or e-mail ComEd@mccc.edu to reserve a space

Step Two:

- **Program Materials and Required Documentation**
  - Complete and return the Phlebotomy Technician application and required documentation:
    - Program Application
    - Student Agreement Form
    - Phlebotomy Physician’s Report (*Immunizations and test must be given within one year, from the end date of the class*)
    - Please ensure that all information is complete and accurate
  - Initiate your background check
    - Go to [www.mercercollegecx.com](http://www.mercercollegecx.com) and indicate that you are interested in the Phlebotomy Technician program
  - Submit proof of the following:
    - At least 18 years of age
      - Example: Driver’s license or state issued Id, birth certificate, passport, military id, etc.)
    - Phlebotomy Liability insurance
    - High school diploma or its equivalent (copies are acceptable)
    - Personal health insurance (recommended, but not required)
      - Copy of your insurance card, is acceptable

Step Three:

- **Registration**
  - Come in to the West Windsor campus to register and pay for the course.
    - You will be invited to register ONLY after all the paperwork is submitted and approved.
    - When you are invited to register, you will be required to make a full payment, in the amount of $1396. This includes a non-refundable fee of $100, for application review and processing.
Important Information & Resources

Course Materials
The following materials are required for successful completion of this course:

- **Textbook and Supplies** (can be purchased at college bookstore)
  - Textbook:
  - ISBN #:
- **Scrubs** (required for externship)
  - Suggested locations:

<table>
<thead>
<tr>
<th>Scrub Supplier</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bits &amp; Pieces</td>
<td>4 N. Broad St.</td>
<td>(609) 392-6500</td>
</tr>
<tr>
<td>Hamilton Scrubs</td>
<td>3800 Quakerbridge Rd.</td>
<td>(609) 838-2228</td>
</tr>
<tr>
<td>Scrubology</td>
<td>Quakerbridge Mall</td>
<td>(855) 727-8265</td>
</tr>
<tr>
<td>Walmart (Princeton)</td>
<td>101 Nassau Park Blvd</td>
<td>(609) 987-0202</td>
</tr>
</tbody>
</table>

- Lightweight supportive, comfortable shoes- with backs
  - Please wear to your first day of class & ALL clinical practice sessions
- Watch (with a second hand)

Financial Assistance
Non-credit courses are not eligible for financial assistance or payment plans at MCCC. Students are encouraged to seek and research third-party vendors or agencies, where they can apply and/or receive assistance to cover the cost of the course.

Physical Examination
The Physician’s Report located at the end of this document must be completed by your healthcare provider. The form must be submitted to the Center for Continuing Studies office prior to being invited to register. Many walk-in “minute clinics” do administer immunizations. PPD immunizations required for admission to this course are administered at the student’s own expense and must be done within the past 12 months. PPD immunizations must be current for the duration of time that the student is enrolled in class.

- **Immunizations**
  - Hepatitis B: A series of three (3) vaccinations is highly recommended for healthcare professionals. You must complete the series before you enter the externship. The dates need to be indicated and a blood test (titer) is required
to show immunity status. If you have not begun the series, you may do so now and we will accept you into the program.

- **Mantoux (PPD) (required)**
  - A current two (2) state PPD is required for your initial health record. Copies of the PPD results must be submitted. For students who have received a BDG or have a positive PPD, a chest x-ray report must be submitted. If you have already been tested for PPD, a single stage PPD or chest x-ray must be submitted annually while enrolled in the program.
  - Suggested locations to receive the required PPD immunizations:

<table>
<thead>
<tr>
<th>Doctors Express</th>
<th>Healthcare Express</th>
</tr>
</thead>
<tbody>
<tr>
<td>2222 Route 33</td>
<td>4065 Quakerbridge Road</td>
</tr>
<tr>
<td>Suite H</td>
<td>Suite 104</td>
</tr>
<tr>
<td>Hamilton, NJ 08690</td>
<td>West Windsor, NJ 08550</td>
</tr>
<tr>
<td><strong>Phone:</strong> (609) 297-7520</td>
<td><strong>Phone:</strong> (609) 297-0546</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hamilton Urgent Care Center</th>
<th>St. Francis Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med Express</td>
<td>Outpatient Clinic</td>
</tr>
<tr>
<td>811 Route 33</td>
<td>601 Hamilton Ave</td>
</tr>
<tr>
<td>Hamilton, NJ 08619</td>
<td>Trenton, NJ 08629</td>
</tr>
<tr>
<td><strong>Phone:</strong> (609) 587-8298</td>
<td><strong>Phone:</strong> (609) 533-5050</td>
</tr>
</tbody>
</table>

**Student Liability Insurance**

*All students are required to purchase student liability insurance.*

A copy of your certificate of insurance must be submitted to the Center for Continuing Studies office prior to registration. You may purchase this insurance through one of the following companies:

- Allied Healthcare Professionals Insurance Center
  - Online at [www.ahc.lockton-ins.com](http://www.ahc.lockton-ins.com) or by calling them at (800) 247-1500
- Cotterell, Mitchell & Fifer, Inc.
  - Online at [www.cmfgroup.com](http://www.cmfgroup.com) or by calling them at (800) 221-4904

It is not required that students purchase student liability insurance from NSO. You may find a comparable company, as long as it has the appropriate coverage for a Nursing Assistant/Aide. You need to purchase insurance at the appropriate rate in the state that you reside. The average cost is approximately $35.00 for one year of coverage.

**Background Check**

*You will not be admitted to our program until your background check is completed and approved.*

The Joint Commission of Accreditation of Healthcare Organization (JCAHO), which accredits healthcare facilities across the country, enforced background screening since September 2004.
and has set requirements mandating that students in a healthcare field must now complete the same background check as hospital employees.

A background investigation must be completed prior to your acceptance to Mercer County Community College Phlebotomy Program. Students are responsible for payment of their background investigation and **American Databank must conduct the investigation**. The basic cost is $15 and an additional $15 for each maiden name or alias. To initiate your background clearance, go to the website [www.mercercollegecx.com](http://www.mercercollegecx.com) and follow the step by step process. Please check the box that says Phlebotomy. After you receive the results, you must forward them to Marthe Redondo at [redondom@mccc.edu](mailto:redondom@mccc.edu) with the subject line **“Phlebotomy Background Check Results.”** The phone number is (800) 200-0853, if you need assistance.

The following search is required for students attending facilities for clinical instruction through Mercer County Community College:

- Criminal History Record Search (7 years)
- Maiden/Alias Names

If you do not have a credit card you may contact American Databank to arrange to pay via check or money order. Please note that this may delay your application several weeks.

*Example of online application:*
Additional Background Check
All students will also be required to complete a MCCC criminal background check prior to beginning the Phlebotomy Technician Program.

An applicant whose criminal background check discloses a conviction or unresolved arrest for a crime or misdemeanor that could jeopardize the health, safety or welfare of any patient, employee, student or visitor may also be barred from entrance to the school.

If your MCCC background check is flagged, you will be required to provide a written statement indicating the specific details of each conviction you have on your criminal record, the outcome of any trial/hearing and what you have done since the offense to better yourself. Letters of reference may also be required. **If your application is under review you will not be admitted to the program until any background check issues are resolved.**

In order to take part in the educational program, an applicant cannot have been convicted of or plead guilty to:

- Homicides
- Kidnapping or Criminal Coercion
- Robbery
- Endangering the Welfare Status
- Assaults
- Sexual Offenses
- Thefts, Larceny, and Fraud
- Drug Offenses
Center for Continuing Studies
Mercer County Community College
Phlebotomy Technician Program

Date: ________________

Personal Information

Name: ________________________ _________________________ _______
  Last     First     M.I.

Address: _________________________________________________________________
  Street     City  State  Zip

Contact Numbers:   (      )_______________________ Home
                   (      )_______________________ Work
                   (      )_______________________ Cell

E-Mail Address: __________________________________

Gender:  □Female    □Male

Are you over the age of 18?  □Yes    □No    Date of Birth: ________________

Emergency Contact:
  Name__________________________ Relationship__________________________ Contact Number

Education Background

Do you have a high school diploma or its equivalent?  □Yes    □No
If yes: ______________________________  ____________________________
  Name of High School    City, State

Date of Graduation: _______________________
  (MM/YYYY)

Do you hold a college degree?  □Yes    □No
If yes, please indicate:

Name of College__________________________ City, State

________________________________     □Associates    □Bachelors    □Masters    □Doctorate
Area of Study

Dates Attended (MM/YYYY to MM/YYYY)__________________________
  Degree Confirmed (MM/YYYY)__________________________
Phlebotomy Technician Program
Student Agreement

I, ______________________________, understand that my admission to the Phlebotomy Technician program is provisional based upon the following:

<table>
<thead>
<tr>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am required to submit proof of a high school diploma, GED or college transcript before registering for the program.</td>
</tr>
<tr>
<td>I am required to have all current laboratory tests and required shots and submit a medical release form, signed by my physician, before registering.</td>
</tr>
<tr>
<td>I am required to provide proof of liability insurance for Phlebotomy Technicians and proof of personal health insurance, before registering.</td>
</tr>
<tr>
<td>I am required to provide proof of liability insurance for Certified Nursing Assistants and it is recommended to submit proof of personal health insurance before registering.</td>
</tr>
<tr>
<td>I understand that I am responsible for purchasing the required uniform shoes, equipment and textbook/workbook, prior to the first day of class. I understand that I must obtain a MCCC student ID badge prior to the first day of clinical practice. Students who fail to purchase the required items will not be allowed to attend clinical and will not be allowed to attend clinical and will be dismissed from the program.</td>
</tr>
<tr>
<td>I am informed of the requirement to undergo a criminal background check by Mercer County Community College for clearance. A positive criminal history may preclude a student’s ability to complete externship and/or obtain certification from NHA. Application to American Databank for the criminal background check must be initiated by the student and received by the college before the student is permitted to register.</td>
</tr>
<tr>
<td>I understand that I will be admitted to the program and pay my registration only after my application and background check is completed and approved. The registration fee of $1,396 includes a non-refundable $100 application review fee. If I withdraw from the program, I will forfeit the $100 fee. (See page 1, on the packet)</td>
</tr>
</tbody>
</table>

I have read and understand the requirements set within this document. I understand I will not be able to complete the C.N.A. program, unless the above requirements have been met.

Student Signature ___________________ Date (MM/DD/YYYY) ___________________
Mercer County Community College  
Physician’s Report  
Phlebotomy Technician Program

The individual presenting this form has been accepted into a Allied Health Profession Program at Mercer County Community College.

Name: ___________________________________  Program: Phlebotomy Technician

MCCC Personal Identification Number: ____________________________

---

RELEASE FORM

I hereby release the results of my PPD test to Mercer County Community College.

Student’s Signature __________________________________________  Print Name __________________________

Date ______________________________________________________________________________________

*Results must be faxed to Mercer County Community College, at (609) 570-3883.

---

IMMUNIZATIONS

Tetanus/Diphtheria Booster (Must be within the last 10 years)  Date: __________________________

Hepatitis B

Series: Dose 1: _______  Dose 2: _______  Dose 3: _______

Date Date Date

Screening/Titer Date*: __________________________  □ Immune  □ Non Immune

➢ **Note:** Once series is completed, Titer* **must** be drawn and results submitted. If client is non-immune, series must be repeated. Student will be accepted as long as Hepatitis B Series is initiated.

MMR Level (Measles, Mumps, Rubella): ___________________________

Date ___________________________

*Quantitative test results required

---

TWO STEP MANTOUX (PPD)- REQUIRED

#1 Step Admin Date: __________________________  #1 Step Results: __________________________

#2 Step Admin Date: __________________________  #2 Step Results: __________________________

➢ **Note:** If positive or client received BCG, a chest x-ray must be taken at this time, unless one was performed within the past two months. The radiology report must be submitted.

*The tine or multiple puncture tests are not sufficient.
PERSONAL EXAMINATION

Pulse: ________  Blood Pressure: ________  Height: ________  Weight: ________

Hearing:  □ Normal  □ Abnormal  □ Corrected

Vision:  □ Normal  □ Abnormal  □ Color Blind  □ Corrected with Glasses

Are there any abnormalities in the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>EENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Handicap</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please explain:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

LABATORIES

CBC  ____________  Within normal Limits?  □ Yes  □ No

Date

Urinalysis  ____________  Within normal Limits?  □ Yes  □ No

Date

Drug Screening  ____________  Within normal Limits?  □ Yes  □ No

Date

PHYSICIAN’S STATEMENT

I have administered the required PPD and verified to the best of my knowledge that this student is able to perform all clinical activities without restrictions.

Physician’s Signature  ____________________________  Date  ____________

Print Name  ____________________________  License Number

Address  ____________________________  City  State  Zip Code

Telephone Number  ____________________________