



Lively
Technical
College



**Phlebotomy
Application Packet
Summer 2019**

500 North Appleyard Drive | Tallahassee, FL 32304
850.487.7555 | www.Livelytech.com



Mission Statement

Lively Technical Center's Mission is to provide career-oriented education to the community.

Our Vision

- We aim to be the first choice for community career and technical education.
- Through education, we will contribute to the betterment of our society.
- Students will be able to enhance their lives through our educational offerings.
- We will support diverse learning styles.
- Industry driven instruction will be the standard for our programs.
- We will support student, community, and institutional goals.

Approved:

Faculty and Staff: August 6, 2018

Public Hearing: September 18, 2018

School Advisory Council: September 18, 2018

The Accrediting Commission of the Council on Occupational Education, 7840 Roswell Road, Building 300, Suite 325, Atlanta, Georgia 30350; 770.396.3898.

AdvancED Florida (SACSCASI) University of West Florida, 11000 University Parkway, Pensacola, FL 32514 800.865.9068

Lively is approved for training by the following State Approved Agencies: The Florida Department of Veterans Affairs, The Florida Board of Cosmetology, The Florida State Board of Nursing, The Federal Aviation Administration, The Florida Real Estate Commission, The Florida Department of Insurance, The Florida of Business and Professional Regulation, The American Heart Association, The Florida Department of Transportation, The Department of Highway Safety and Motor Vehicles, The Florida Rider Training Program, The Motorcycle Safety Foundation, The HVAC Excellence for Heating & Air, ASE Certified, NATEF and The Lively Technical Center Medical Assisting Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), on recommendation of the Curriculum Review Board of the American Association of Medical Assistants' Endowment (AAMAE). Commission on Accreditation of Allied Health Education Programs, 1361 Park Street, Clearwater, Florida 33756, 727.210.2350

**Any academic requirement, course or program offering, business policy, fee, and/or information contained in this publication are subject to change or revocation without notice.





500 North Appleyard Drive
Tallahassee, Florida 32304

LEON COUNTY SCHOOLS SUPERINTENDENT
Rocky Hanna

LEON COUNTY SCHOOL BOARD MEMBERS
Rosanne Wood (Chair)
DeeDee Rasmussen (Vice-Chair)
Georgia "Joy" Bowen
Darryl Jones
Alva Striplin

DIRECTOR OF CAREER, TECHNICAL AND ADULT EDUCATION
Shelly Bell

LIVELY ASSISTANT PRINCIPAL
Randy Free

DIRECTOR HEALTH EDUCATION
Yolanda Graham, BSN, RN

No person shall on the basis of sex (including transgender, gender nonconforming and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability or genetic information be denied employment, receipt of services, access to or participation in school activities or programs if qualified to receive such services, or otherwise be discriminated against or placed in a hostile environment in any educational program or activity including those receiving federal financial assistance, except as provided by law. No person shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth group listed in Title 36 of the United States Code as a patriotic society.

Lack of English language skills will not be a barrier to admission and participation. The district may assess each student's ability to benefit from specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.

Phlebotomy Program

Application Packet

Phlebotomists are employed in blood banks, hospitals, clinics and other medical facilities drawing blood from patients in preparation for medical testing. The program focuses on the skills and knowledge necessary to gain employment as a Phlebotomy Technician in a healthcare facility.

The healthcare field is a growing industry, and being a part of that field includes caring for people and their health. Phlebotomy can also be the first step as a health care professional.

Upon successful completion of the Phlebotomy Technician program, students will be prepared to sit for the required examination before the National Healthcare Association and begin the search for employment within the industry.

Our course curriculum includes textbook lecture and in-depth instruction in the following areas:

- Necessary skills required to perform venipuncture
- Safety and infection control
- Patient communication and education
- Law and ethics
- Transitioning from Student to Employee

PROGRAM BEGINS	Classes begin on June 10, 2019. Ending July 25, 2019.
PROGRAM LENGTH	165 Hours
PROGRAM HOURS	Day Program Monday – Thursday: 8:00 am – 3:30 pm
PROGRAM LOCATION	Lively Technical Center Health Education Department, Building 15 500 North Appleyard Drive Tallahassee, FL 32304 (850) 487-7449 (Clinical locations vary)

GENERAL REQUIREMENTS

Applicants seeking admission to the Certified Nursing Assistant (CNA) Program must:

- Be at least 18 years of age at projected time of program completion.
- Have a high school diploma or equivalent.
- Pass random drug screenings throughout the program. Students with positive drug screen results will be withdrawn from the program.

To apply for acceptance into the CNA Program students must:

1. Complete the **Lively Student Online Application**. (This application is required for all Lively students)
This application can be completed at: <https://lively.focusschoolsoftware.com/focus/apply>
2. Complete the **CNA Application Packet (see below)**

The CNA Application Packet must include:

- **Health Education Student Information Sheet.** The Student Information Sheet is included as an interactive PDF. A printed copy must be submitted with the application packet.
- **Three current reference letters:**
 - Two professional references (recent employers, former teachers, counselors, etc.)
 - One personal reference (may not be family member)
- **Receipt of payment for a Level 2 criminal background to Leon County Schools.**
This must be completed prior to submitting the application, at the student's expense*. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.

****No refunds will be issued.***

ORIENTATION

After being accepted into the LTC Certified Nursing Assistant Program, applicants will be notified about attending a mandatory orientation. The date(s) and time(s) of this meeting will be given to all accepted students within their acceptance letter. For further information, please contact the Health Education Department at 850-487-7449.

DRUG SCREENING

Drug screening is not required prior to admission into the program. However, all students must submit to and **pass** two random drug screenings after entering the Certified Nursing Assistant Program and prior to having access to the clinical health care facilities utilized in the Program. This is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirement demanded of all acute care facilities in Florida. Students who do not pass a random drug screening will be withdrawn from the program.

DISABILITY SUPPORT SERVICES

If you have question regarding adult students with disabilities and accommodations, please contact LTC Student Services in Building 9 or at 850-487-7473.

ACCEPTANCE INTO PROGRAM / REGISTRATION

Lively Technical accepts applicants into all Health Education programs on a rolling admission basis. As we receive applications, potential students are scheduled for an interview with the Health Education Director or their assignee. Once an applicant has completed the interview, they will be notified of their admission status. Accepted applicants will be given an acceptance letter, which will allow them to register for the program they have applied to. Lively Tech Health Education programs may be closed prior to the posted application deadline date once that program has reached capacity. Questions regarding the application process should be directed to Ms. Yolanda Graham, Health Education Director or her secretary Ms. Tracy Blomeley.

Late and/or incomplete packets will not be considered

The Florida Board of Nursing is responsible for protecting the public. In carrying out this responsibility, the Board of Nursing reserves the right to deny licensure to anyone who has been convicted of a crime other than minor traffic violations. Pursuant to Section 456.0635, Florida Statutes, the Florida Board of Nursing shall refuse to issue a license, certification or registration and shall refuse to admit a candidate for examination if the applicant has been:

- Convicted or plead guilty or nolo contendere (no Contest) to a felony violation regardless of adjudication of chapters 409, 817 or 893, Florida Statutes; or 21 U.S.C. ss. 801- 970 or 42 U.S.S. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
- Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
- Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

Upon notification of admission, you are required to complete the following prior to the start of the program course:

- Physical health exam and a record of immunizations from a licensed physician or nurse practitioner (form to be provided upon notification of admission).
- Florida Department of Law Enforcement fingerprinting to be scheduled before classes begin.
- Drug screen, information provided upon notification of admission.



Lively Health Education Student Information Sheet

PERSONAL INFORMATION

Date _____

Date of Birth _____

Last Name _____ First Name _____ MI _____

Address _____ City/State _____ Zip _____

Home # () _____ Work # () _____ Cell # () _____

Email Address _____

Emergency Contact _____ Phone# () _____

EDUCATION

High School _____ City/State _____

Highest grade completed _____ Year _____ Circle one: High School Diploma GED

Previous Nursing School _____ City/State _____

College _____ Degree awarded _____ City/State _____

Military _____

Education as Certified Nursing Assistant, Patient Care Assistant, Patient Care Technician or Medical Assistant

Name of School _____

Certification Awarded Yes No Date the Certificate Awarded _____
Proof required at time of application.

EMPLOYMENT RECORD

Present _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

The information on this application is true and factual.

Signature: _____ Date: _____

Completed required enrollment process to Lively Tech. Advisor Initials: _____



Student Health Assessment Record

THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER. Any falsification of this record will result in immediate dismissal from the program (if accepted).

NAME (please print): _____
Last First MI

DATE OF BIRTH: _____/_____/____ Male ___ Female

1. **MMR** (Need proof of two MMR vaccines or one mumps, two measles, and one rubella. Any person born before 1/1/57 will need proof of rubella immunization or positive titer.)
Date of MMR #1: _____ Date of MMR #2: _____
OR
Antibody titers:
Mumps titer date: _____ Results: Immunity/Not immune
Rubeola titer date: _____ Results: Immunity/Not immune
Rubella titer date: _____ Results: Immunity/Not immune
If not immune, will require MMR x2.

2. **Tetanus** (Td or Tdap with the last ten years): Date: _____

3. **Hepatitis B series:**

Hepatitis B #1 date Hepatitis B #2 date Hepatitis B #3 date
OR
Antibody titer date: _____ Results: Immunity/Not immune

4. **Varicella:** History of having Chicken Pox is not accepted.
Date of 1st dose: _____ Date of 2nd Dose: _____
OR
Varicella titer date: _____ Results: _____ (Lab value)

5. **PPD** (TB Skin Test): Date taken: _____
Results: ___ Positive ___ Negative
Chest x-ray, if positive PPD: Date: _____ Results: _____

6. **Seasonal Flu Vaccine:** Date of Vaccine: _____ Injection Site: _____
(August-March) Lot Number Expiration: _____ Examiner's Initials: _____

Verified by:

Name of Physician's Office/Health Center

Healthcare Provider Signature

Address of Office

Date

Level 2 Background Screening Instructions

Level 2 screening standards (Fingerprints) return criminal history results on arrests (including juvenile) nationwide. Under Florida Statute 1012, persons with specified access require level 2 screening. Offences outlined in Florida State Statute 435.04 (crimes of moral turpitude) can be disqualifying when persons have been found guilty of or entered a plea of nolo contendere (no contest). FDLE Level 2 Background Screenings must be done for prospective students who wish to enroll in any of the following Health Education Programs:

- Medical Assisting
- Nursing Assistant
- Patient Care Technician
- Practical Nursing

Instructions:

1. Go to the Fingerprinting Office at the Leon County Schools District main office, located at 2757 W. Pensacola St., Building 1 (to the right of the main district office). The hours for the Fingerprinting Office are: Monday-Friday, 8:00 am-5:00 pm - Take this form with you.
2. The cost of the background screening is \$61.00 and is payable via credit card or money order.
3. Obtain a **receipt** for the screening.

Submit the receipt of the background screening along with the Health Education program application.

If your background screening does not come back "clear," you will be notified. Additional information may be required.



LEVEL 2 Background Screening Request Form

The following individual needs to obtain a Level 2 Background Screening, per Florida Statute 1012:

IMPORTANT:
The ORI number for the screening is V37020031

PLEASE PRINT

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER: _____ PHONE: _____

The above individual will be at Lively Technical Center/Externship/Clinical Site for the following purpose:

_____ Student

Entity/Individual from Lively Technical Center making this request: Lively Administration

Please submit print results to:

ATTENTION:
Shelly Bell, CTE Director
Lively Technical Center
500 North Appleyard Drive
Tallahassee, Florida 32304
Fax: 850.487.7478

Any questions regarding this request, should be directed to Health Education Director: 850.487.7443