



**Phlebotomy  
Application Packet**

**Full-time Days  
6 Weeks**

**Open Enrollment:  
August – December  
January – May**

**500 North Appleyard Drive | Tallahassee, FL 32304 | 850.487.7555  
[www.livelytech.com](http://www.livelytech.com)**

# 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

<b>PROGRAM START DATES</b>	October 5, 2020 January 5, 2021 March 23, 2021
<b>PROGRAM LENGTH</b>	165 Hours
<b>PROGRAM HOURS</b>	Day Program Monday – Thursday: 8:00 am – 4:00 pm
<b>PROGRAM LOCATION</b>	Lively Technical College Health Education Department, Building 15 500 North Appleyard Drive Tallahassee, FL 32304 (850) 487-7449 (Clinical locations vary)

The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, or genetic information.

## **GENERAL REQUIREMENTS**

Applicants seeking admission to the Phlebotomy 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 Students with positive drug screen results will be withdrawn from the program.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 Phlebotomy 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 **Phlebotomy Application Packet (see below)**

The Phlebotomy Application Packet must include:

- **Health Education Student Information Sheet**. 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)
- **Student Health Assessment Form** signed by a healthcare provider.  
Submit with the application packet.
- **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 Phlebotomy 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 Phlebotomy 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 located 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.

**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 contender (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).



# 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: \_\_\_\_\_

<input type="checkbox"/> Completed required enrollment process to Lively Tech.	Advisor Initials: _____
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# 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 1<sup>st</sup> dose: \_\_\_\_\_ Date of 2<sup>nd</sup> 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
- Phlebotomy

### 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 College/Externship/Clinical Site for the following purpose:

\_\_\_\_\_ Student

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

Please submit print results to:

**ATTENTION:**  
**Shelly Bell, CTE Director**  
**Lively Technical College**  
**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*