



New Application



Lively
Technical
College

Phlebotomy Program Application Packet 2023-2024

500 Appleyard Drive, Tallahassee, Florida 32304

R.092223

Health Education: 850.487.7449 Livelytech.com 850.487.7555

PHLEBOTOMY PROGRAM APPLICATION PACKET

PROGRAM DESCRIPTION

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 OFFERINGS

9/26/23-12/13/23 - Evening Main Campus

9/27/23-11/2/23 Day East Side Campus

1/8/24 - 2/14/24 - Day Main Campus

2/5/24-4/25/24 - Evening Main Campus

2/26/24-4/10/24 - Day East Side Campus

6/3/24-7/17/24 - Day Main Campus

PROGRAM LENGTH

The program consists of 165 clock hours.

PROGRAM HOURS

Day Program: Monday - Thursday - 8:00 a.m. - 4:00 p.m.

Night Program: Monday - Thursday - 5:00 p.m. - 9:00 p.m.

Clinical hours vary and may include Saturdays.

PROGRAM LOCATION

Lively Technical College (LTC)

MAIN CAMPUS: 500 N. Appleyard drive
Tallahassee, FL 32304

EAST CAMPUS: 283 Trojan Trail
Tallahassee, FL 32311

(850) 487-7449

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, military status, or genetic information.

HEALTH EDUCATION APPLICATION COVER SHEET/CHECKLIST

Name: _____
Phone: _____ Email: _____
Program: _____ ☐ Day ☐ Night Program Date: _____

STEP 1. ENROLL AT LIVELY TECHNICAL COLLEGE

☐ **COMPLETE THE LTC STUDENT ONLINE APPLICATION**

Apply at www.livelytech.com

☐ **MEET WITH STUDENT SERVICES ADVISOR**

Must bring:

- Two proofs of Florida Residency

☐ **REGISTRATION**

Once you receive your Health Education acceptance email, go to Registration to finalize your payment and schedule.

☐ **Completed required enrollment process to LTC with Student Services. Advisor Initials: _____**

STEP 2. COMPLETE THE PROGRAM APPLICATION PACKET

☐ **HEALTH EDUCATION STUDENT INFORMATION SHEET**

☐ **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** (Including immunization records)

☐ **WRITING SAMPLE**

☐ **RECEIPT OF PAYMENT FOR A LEVEL 2 CRIMINAL
BACKGROUND TO LEON COUNTY SCHOOLS**

☐ **VACCINATION ACKNOWLEDGMENT**

☐ **BASIC LIFE SUPPORT CERTIFICATION (OPTIONAL)**

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

OFFICE USE ONLY:

☐ BACKGROUND RESULTS

☐ APPROVE/ACCEPTANCE LETTER

☐ ORIENTATION

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.
- Eligible for dual enrollment.

To apply for acceptance into the Phlebotomy Program students must:

- **STEP 1 - COMPLETE THE LTC STUDENT ONLINE APPLICATION.** (This application is required for all LTC students)

This application can be completed at: www.livelytech.com

- **STEP 2 - MEET WITH STUDENT SERVICES ADVISOR**

Student Services will review your online enrollment information. You will need to provide:

- Two proofs of Florida Residency
- Official Transcripts for High School and College (if applicable). For copy of your GED transcript go to www.myged.com
- Academic Skills Test Official Results or exemption (see below for more information).

- **STEP 3 - MEET WITH FINANCIAL AID**

Meet with Financial Aid and they will advise students if there are any funding sources for this program. Please bring proof of any grants, scholarships or waivers in order to receive your deferment. (If you are self-pay, you may skip this step.)

- **STEP 4 - REGISTRATION**

Once you receive your Health Education acceptance email, go to Registration to finalize your payment and schedule.

COMPLETE THE PHLEBOTOMY APPLICATION PACKET

The Phlebotomy Application Packet must include:

- **Health Education Student Information Sheet.**
- **Writing Sample.**
- **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 OR provide a copy of your immunization record.** Submit with the application packet. A physical is not required.
- **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.
- **Vaccination Acknowledgment**

***No refunds will be issued.**

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

HEALTH REQUIREMENTS

Applicants are required to complete a Student Health Assessment Record signed by a Healthcare Provider OR provide a copy of your immunization record (not more than 6 months old). If, after acceptance, a student's health status changes, further documentation may be required stating the student is physically able to continue the program. As stated on the Student Health Assessment Form, applicants are required to provide proof of the following current immunizations:

- Tetanus, within the past 10 years (Td or Tdap)
- MMR x2 (given on or after the applicant's first birthday). Official documentation of immunity is also acceptable.

- Hepatitis B series.
- Varivax x2 - Official documentation of immunity is also acceptable.
- PPD/Tuberculin skin test within past 12 months. PPD/Tuberculin skin testing is valid for one (1) year from date of administration. Students will be required to maintain current PPD/Tuberculin skin testing throughout the duration of the program. Students who test positive for tuberculosis must show proof of a negative chest x-ray taken within the past five years to satisfy this requirement.
- COVID-19 Vaccines and Booster.
- Seasonal Flu Vaccine (August-March).

CRIMINAL BACKGROUND CHECK

All applicants must undergo a Level 2 criminal background through Leon County Schools. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background. The cost for both is \$61.00.

DRUG SCREENING

Drug screening is not required prior to admission into the program. However, all students must submit to and pass three 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

LTC 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 Program 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. LTC 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. Zina Fishbun at 850-487-7449.

UNIFORMS

Upon acceptance students are expected to wear the specified program uniform (Maroon) whenever they are in the classroom, clinical simulation or clinical facility. Uniforms may be purchased in the LTC Bookstore in Building 8. Questions regarding proper attire and uniforms should be directed to the Health Education Program Director at 850-487-7443.

LATE AND/OR INCOMPLETE PACKETS WILL NOT BE CONSIDERED.

Lively Health Education Student Information Sheet PERSONAL INFORMATION



Date _____

Last Name _____ First Name _____ MI _____

Address _____ City/State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email Address _____ Date of Birth _____

Emergency Contact _____ Phone# _____

Health Education Program applying for:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Central Sterile Processing | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Patient Care Technician | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Practical Nursing | |

EDUCATION

High School _____ City/State _____

Highest grade completed _____ Year: _____ Choose one: ☐ High School Diploma ☐ GED

Previous Nursing School _____ City/State _____

College _____ Degree Awarded _____ City/State _____

Military _____

Have you attended any previous HED programs whether you completed or not?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Central Sterile Processing | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Patient Care Technician | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Practical Nursing | |
- ☐ LTC ☐ Name of Institution if other than LTC: _____

Program Attended _____ Date Attended _____

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: _____



HEALTH EDUCATION STUDENT HEALTH ASSESSMENT RECORD

THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER or attach your immunization record. A physical is not required. 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. COVID-19 Vaccine: Date of Vaccine #1: _____ Date of Vaccine #2: _____ Date of Booster: _____
(Or exemption letter submitted)

7. 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

Physician's Signature

Address of Office

Date

WRITING SAMPLE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Why have you chosen to pursue phlebotomy as a career?

What qualities do you believe you possess that will enable you to perform effectively as a student and later as a practicing phlebotomist?

Because this program is so rigorous, tell us about the support plan you have in place to successfully complete this program?



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).

Instructions:

1. Go to the Fingerprinting Office at the Leon County Schools District main office, located at **2757 W. Pensacola St., Building I** (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. Submit payment for screening. Payment can be 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:

BJ Van Camp, CTE Director
Lively Technical College
500 North Appleyard Drive,
Tallahassee, Florida 32304
Fax: 850.487.7478

Vaccination Acknowledgment Form

Please check the box for the program in which you are seeking admission.

- | | | |
|--|--|--|
| <input type="checkbox"/> Central Sterile Processing Technician | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Patient Care Technician | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Practical Nursing |

During these times, guidance and regulations around mandatory vaccines continue to change. As a clinical requirement, some of our contracted healthcare facilities may be authorized under law to require specific vaccinations. We are committed to closely monitoring the situation in order to communicate these changes to you in a timely manner.

By signing this agreement, I hereby acknowledge that I may be required to obtain a COVID vaccine at any point in the program to be in compliance with my clinical site requirements. I acknowledge that failure to be in compliance may result in withdrawal from my program.

Student Signature

Date

Print Name

Witness Signature

**Please attach a copy of either your COVID-19 vaccination card
or an appropriate exemption form.**

Exemption forms may be found at the following website:

<https://www.floridahealth.gov/newsroom/2021/11/20211118-florida-department-health-covid19-vaccination-exemption-forms.pr.html>



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