



Lively  
Technical  
College

*Higher Learning, Higher Earning*

**Phlebotomy Program  
Application Packet  
2025 - 2026**

# PHLEBOTOMY PROGRAM APPLICATION PACKET

## PROGRAM DESCRIPTION

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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

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Summer Days: June – Full-time

Fall Days: August – Full-time

Spring Days: January – Full-time

## PROGRAM LENGTH

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The program consists of 165 clock hours.

## PROGRAM HOURS

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

Clinical hours vary and may include Saturdays.

## PROGRAM LOCATION

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Lively Technical College (LTC)

500 N.Appleyard drive

Tallahassee, FL 32304

(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](http://www.livelytech.com)

☐ **MEET WITH STUDENT SERVICES ADVISOR**

Must bring:

- Two proofs of Alabama, Florida or Georgia Residency

☐ **REGISTRATION**

Once you receive your Health Education acceptance email, go to Registration to finalize your payment and receive a 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)**

☐ **Copy of High School Transcript**

**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](http://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 Alabama, Florida or Georgia Residency
- **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**
- **Students must provide a high school diploma to be eligible for a phlebotomy certification.**

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

## 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 one 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 the Health Education Department 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 Department at 850-487-7449.

**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 | <input type="checkbox"/> Professional 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 |  |
| <input type="checkbox"/> LTC <input type="checkbox"/> 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

## 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.

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Student Signature

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Date

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Print Name

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Witness Signature

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



## WRITING SAMPLE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Why have you chosen to pursue phlebotomy as a career?

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

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[illegible]



## 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



**850-487-7555**

**[www.livelytech.com](http://www.livelytech.com)**

Main Campus:  
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Tallahassee, FL 32304

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3290 Capital Circle SW  
Tallahassee, Florida 32310