

2014 Phlebotomy Program Application

Instructions

Program Overview

This program provides education for individuals seeking a career in the laboratory as a California Certified Phlebotomy Technician I (CPT I). The 320-hour basic certified CPT I Program provides 80 hours theory didactic, 80 hours in-class practicum, and 160 hours clinical. The clinical portion of the course will take place at participating affiliations in Northern California. Participants of the program can expect substantial off-campus study in preparation for classroom training. The Basic Phlebotomy program is accredited by the State of California Department of Health Services.

Application Procedure - Application Procedure is outlined below. Please refer to the Phlebotomy Application Instructions located on KPSAHS.org for more detail. All applicants must be at least 18 years of age to apply.

- 1. Application Packet** – Applicants are responsible to collect all documents required to submit an Application Packet. A completed application packet must include the following:
 - Current application, completed, signed, and dated to be turned in no later than the specified deadline.
 - **Officially sealed** (unopened) academic transcripts to verify completion of prerequisites. Include high school as well as any college courses completed.

While KPSAHS recognizes coursework from Regional Institutional Accrediting Organizations and Professional Accrediting Organizations, KPSAHS does not recognize all Professionally Accredited Organizations. See Application Instructions for submission of Military and Foreign transcripts. Note: Applicants must have high school transcript, GED, or 12 college credits.
 - Immunization and Physical Exam documentation. This includes the attached Immunization form and applicant also needs to provide a second form of documentation
 - Valid American Heart Association *Basic Life Support for Health Care Providers* card (CPR). Will not accept any other type of CPR certification. Please refer to the example in the Phlebotomy Application Instructions located on KPSAHS.org. **No Copies of cards will be accepted. Must submit original card.**
 - **\$55.00** non-refundable handling fee for each application. Cash will not be accepted.

- 2. Submission of the Completed Application Packet** – Deliver your completed Application Packet (must be hand carried) to:

**Richmond Main Campus
KP School of Allied Health Sciences
938 Marina Way South, Richmond, CA 94804**

- Only completed application packets will be accepted.
 - **No mailed applications will be accepted.** KPSAHS will not assume responsibility for mailed applications.
 - **Non-payment of application handling fee by application deadline will disqualify your application.**
 - KPSAHS will not accept separately mailed transcripts.
 - KPSAHS is closed to the public during observed holidays and winter inter-quarter break: **Dec. 23, 2013-Jan. 3, 2014.** Applications will not be accepted during this time.
- 3. Assessment Exam** – After submission of a completed Application Packet., all applicants are required to **take** and achieve a passing score on the Wonderlic Scholastic Level Exam.
 - Exam is administered at the KPSAHS Richmond campus during the application period and must be completed by the specified deadline.
 - *It is the applicant's responsibility to meet the testing requirement. The program will not contact applicants regarding this exam. There are NO exceptions.*

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4. **Evaluation** - KPSAHS evaluates the submitted Application Packet to ensure all program requirements have been met. Applicants that meet the requirements will be contacted by phone and scheduled for an interview. **KPSAHS does not obligate itself to interview all applicants.**

*Program Dates

Quarter	Application Deadline	Phlebotomy Program Course Dates
Winter	Closed	Jan 2 – March 21, 2014
Spring	January 16, 2014 at 1pm	March 31 - June 20, 2014
Summer	March 13, 2014 at 1pm	June 30 – September 19, 2014
Fall	June 12, 2014 at 1pm	September 29 – December 19, 2014

- * Orientation and Pre-Enrollment meeting are held at the Richmond Campus. Attendance is mandatory for course enrollment. Absence will result in removal from the program. Dates and hours are subject to change. All major Holidays are observed.

Tuition and Fees

Fees for the Phlebotomy Program are as follows:

Handling Fee (due at time of application)	\$55.00 (non-refundable)
Tuition	\$3,000.00
Lab Fees	\$600.00 (non-refundable)
STRF	\$2.00
NCCT exam sitting fee	\$25.00

Other expenses

NCCT Exam Fee	\$90
State Application Fee	\$100
Textbook	Variable
Passport photos	Variable
Transcript fees	Variable
Scrubs / Shoes	Variable

***Note Tuition and Fees subject to change**

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FORM A

Richmond Campus

Start Date of Requested Course: _____

Have you previously applied to the Phlebotomy Program? Yes No When (year): _____

If you previously applied, did you have an interview? _____

PLEASE ANSWER ALL QUESTIONS AND PRINT CLEARLY

1. Legal Name

Last Name	First Name	Middle Name	Suffix (e.g., Jr., Sr.)
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Other Name(s) that may appear on your academic records

Last Name	First Name	Middle Name	Suffix (e.g., Jr., Sr.)
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2. Social Security Number

3. Date of Birth

4. Current Mailing Address

Street Address	Apartment
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City	State	Zip Code
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Country, if not USA	International Postal Code
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5. Day Telephone

Area Code	Number	Extension	<input type="checkbox"/> Preferred method of contact
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6. Alternate Telephone

Area Code	Number	Extension	<input type="checkbox"/> Preferred method of contact
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7. E-Mail _____ Preferred method of contact

8. Education (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> High School Diploma Date: _____ | <input type="checkbox"/> Passed GED/Certificate of Equivalency Date: _____ |
| <input type="checkbox"/> Some College courses Date: _____ | <input type="checkbox"/> Associate degree Date: _____ |
| <input type="checkbox"/> Bachelor's degree Date: _____ | <input type="checkbox"/> Other _____ Date: _____ |

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IMMUNIZATION FORM

This form must be completed by authorized medical personnel and included in the application packet.

You must attach a second form of official immunization documentation displaying immunization dates and results.

Name (Last Name, First Name, Initial)	Date of Birth
Phone Number	Additional Contact Number
Physician Name / Medical Facility	Physician / Medical Facility Address & Phone number

Student Health Screening Information

Attach Official Immunization Documentation - Dates & Results must be shown

MMR Measles/Mumps/Rubella	Titer Results:	Date:	or	Vaccine #1	Vaccine #2
Rubeola (Measles)	Titer Results:	Date:	or	Vaccine #1	Vaccine #2
Mumps	Titer Results:	Date:	or	Vaccine #1	Vaccine #2
Rubella	Titer Results:	Date:	or	Vaccine #1	Vaccine #2
Varicella (Chicken Pox)	Titer Results:	Date:	or	Vaccine #1	Vaccine #2
TB Skin Test (PPD) (Requires two & must be within last 12 months)	PPD 1 Date:	Results:	and	PPD 2 Date:	Results:
Chest X-Ray (Required if PPD +)	Results:	Date:	KPSAHS Verification Date: _____ Initials: _____		
tDAP within 10 years (Tetanus/Diphtheria)	Vaccine Date:				
Hepatitis B Within 10 years. Series must be started before applying to program. If over 10 years, supply titre results	Series Dates #1	Declination			
	Titer Results:	Date:			

This form must be completed in detail and signed by authorized personnel. Return this form with all other application documents to KPSAHS at the time of submission.

Authorized Signature: _____ **Date:** _____

Valid with Medical Facility Stamp:

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Student Support Services

Eligible students may also qualify for assistance through the Workforce Investment Agency. Information can be found at the following URL:

<http://www.edd.cahwnet.gov/wiarep/wialoc.htm>

“This institution has received full institutional approval to operate from the Bureau for Private Postsecondary and Vocational Education (Bureau). The Bureau has determined that this institution’s operational plan satisfies the minimum standards listed in Education Code Section 94915 (b).”

Non-Discrimination Policy: Kaiser Permanente is committed to upholding all federal and state laws that preclude discrimination on the basis of race, gender, age, religion, national origin, marital status, sexual orientation, disabilities or veteran’s status.

I certify to the best of my knowledge the information provided in this application is accurate and complete. I understand that if this information or any other information upon which my admission is based is discovered to be inaccurate or incomplete, the school may rescind my admission. If admitted, I agree to abide by the school’s policies including, but not limited to, those contained in the KPSAHS Catalog and this application. I acknowledge that all submitted official transcripts will become property of the school and will not be forwarded to another institution or returned to me.

All applicants must sign and date application:

Signature

Date

For Office Use Only: Application Review **Date:** _____

CPR Card	Immunizations/ Physical Exam	Educational Documentation	Form B	Assessment Exam				Verification of Handling Fee Payment
				Score	Date	Photo ID	Intl.	
		HSD <input type="checkbox"/>						PayPal
		HST <input type="checkbox"/>						
		GED <input type="checkbox"/>						
		CT <input type="checkbox"/>						Check or MO
Verified	Verified	Verified	Verified					

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Race/Ethnic/Gender Designation

Information contained from this survey is used to develop and identify school diversity statistics. Completion of this survey is voluntary and refusal to provide this information **will not** subject you to rejection of admission to our programs.

Instructions: Please fill-in the appropriate category.

Race/Ethnic Designations as used by the Federal Government do not denote scientific definitions of anthropological origins. For the purpose of this survey, the applicant may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The Race/Ethnic/ Gender categories used for this survey are:

- Caucasian (not of Hispanic origin) – a person having origins in any of the original peoples of Europe, North Africa or the Middle East
- African American (not of Hispanic origin) – a person having origins in any of the Black racial groups of Africa.
- Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native – a person having origins in any of the original peoples of North America and South America (including Central America), and whom maintains tribal affiliation or community attachment.
- Native Hawaiian or Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Gender

- Male
- Female

Citizenship

- US Citizen
- Non Citizen
- Eligible Non Citizen

Is English your second or third language? Yes No (If yes, indicate your first language) _____

Have you ever served in the U.S. Military or are you a veteran? Yes No

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Phlebotomy Payment Payment Instructions

Phlebotomy Application Handling Fee - \$55.00

There are two payment options, **Check** or **PayPal**.

Payment by PayPal - Copy the correct link below directly into your internet browser:

Phlebotomy application PayPal Link

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=UL27897KKFR6L

Payment by Check - Checks are to be made payable to **KPSAHS** and must be mailed directly to the School's lockbox address below:

Regular Mail

The Permanente Medical Group Inc.
P.O. Box 742102
Los Angeles, CA 90074-2102

Overnight Mail (e.g., UPS FedEx)

Bank of America Lockbox Services #5195
P.O. Box 742102
CA9-705-01-03
1000 W Temple St
Los Angeles, CA 90012

Include a copy of the Registration Form in remittance envelope.

In the memo section of the check include the applicant name, name of the course and the date of the course, for example, Jane Doe, CT, Winter 2013.

NOTE: All returned checks are subject to an additional \$25 non-refundable fee.

Note: If another person is paying for your Phlebotomy Application Fee through PayPal, have that person enter your name in the comments section. Directly under their name and address, there is a small section called "Add special instructions to the seller". Have the payer enter your name in that section