# *Phlebotomy Program Acceptance / Application Packet Fall 2024(202520)*

A maximum of 12-15 candidates are accepted for the HPR 1020 class on a competitive entry basis every semester for the Phlebotomy Technician Certificate Program at Pikes Peak State College, Colorado Springs, CO **CHES campus**.

*Applicants must have the following documents (Step 1) submitted to the Program Coordinator’s email at* *melissa.serna@pikespeak.edu* *by* ***March 15th, 2024,*** *to be considered for admission to the* ***Fall 2024 class.***

***Only electronic (e-mailed) application submissions will be accepted*. Department chair will make a decision by April 1st, and will reach out via email to all applicants at that time.**

***Step 1: Required Documentation with Application for conditional acceptance:***

* + - 1. Application form – appendix A. Page 3
1. Clear copy of your College ID, driver’s license or government issued ID – document must ***verify date of birth***.
2. Current Work Resume.
3. Letter of interest essay:

State what it is about the phlebotomy program and the phlebotomy profession that makes you want to participate (about 300-500 words).

5. Completion of a 100-level college English course with a grade of C or better

(Copy of unofficial transcript),

***OR***

A copy of testing center results of assessment testing for testing out of College Reading & Writing Literacy within 1 year.

6. Applicants need at least one (1) letter of recommendation (a professional reference who can attest to your dependability and character). **No more than 3 references.** (Appendix B). Page 4

* + - * + These must be filled out on the form provided.
				+ **These are to be kept confidential and should be sent directly to the phlebotomy program by the person providing the reference**
				+ These must be e-mailed to melissa.serna@pikespeak.edu
* **No applicant will be considered unless all Step 1 requirements are met by the due date**.
* The program director **will not** contact you for missing information.
* All documentation must be in writing.
* Admission requirements are evaluated by the use of a rating scale based on the application documents, references, and essay.
* Meeting the minimum requirements does not guarantee admission into the program. The number of applicants accepted is limited due to the nature of the program.
* Applicants will be notified by e mail of their conditional acceptance.
* The Medical Science Division is moving to a new data repository for all step 1 & 2 documents. This is a one lifetime fee for this repository $27.00. Students will have access to their documents for their lifetime.

***Appendix A***

# *Phlebotomy Program / Course Application Form: Fall 2024 (202520)*

***Student information:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: (include area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Alternate contact number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E mail address:

Personal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be at least 18 years of age prior to the start of the phlebotomy class? Yes No

(Justification: invasive procedures are performed in phlebotomy and the liability insurance coverage, and the laboratory clinical sites require the student be 18 yrs. of age).

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Appendix B***

# *Reference Form: Fall 2024 (202520)*

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As Phlebotomy Technologist and health care professional, the candidates applying to Pikes Peak State College Phlebotomy Program must possess certain qualities that will allow them to handle all the responsibilities that the profession demands.

Your reference will assist us in selecting the best possible candidates for our program. This reference will be held in the strictest of confidence, and the candidate will not view or be informed of any portion of your reply.

Please evaluate the above candidate using the following scale:

E = Excellent, V = Very good, G = Good, F = Fair, P = Poor, U = Unknown.

QUALITY OF WORK \_\_\_\_\_ INTIATIVE \_\_\_\_\_

DEPENDABILITY \_\_\_\_\_ INTELLECTUAL ABILITY \_\_\_\_\_

MATURITY \_\_\_\_\_ ABILITY TO FOLLOW INSTRUCTIONS \_\_\_\_\_

PERSEVERANCE \_\_\_\_\_ ATTENDANCE/PUNCTUALITY \_\_\_\_\_

RELIABILITY \_\_\_\_\_

Considering this candidate’s general qualifications for admission into our program, please rate him/her as:

\_\_\_\_Very desirable \_\_\_\_Desirable \_\_\_\_Fairly desirable \_\_\_\_Undesirable

How well do you know this candidate and what contact have you had with him/her? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use other side for more comments:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail this form to**: melissa.serna@pikespeak.edu

* ***Step 2*: DO NOT BEGIN STEP 2 UNTIL YOU HAVE BEEN NOTIFIED THAT YOU HAVE PASSED STEP 1. You can start looking into your vaccines, to make sure you are up to date prior to being notified to move on to Step 2. *Upon conditional acceptance into the program, students must complete all Step 2 listed requirements between April 1st and April 30th, 2024. Late submissions are not accepted.***
	+ - 1. Receive instructions for criminal background check and urine drug screen via e mail from the program coordinator.
* Online submission of data for Criminal background check to Castlebranch

Castle branch will send e mail with a form to take to lab to submit urine specimen. You will have to provide a photo ID when submitting the urine specimen.

The college does ***NOT*** schedule any part of these screenings.

Average cost for criminal background & drug screen is $73.00.

Cost of the data repository is $27.50. **Cost is subject to change.**

* In-person submission of a urine specimen to a local laboratory. Appointment with lab required.

2. Submit a copy of the **receipt only, not the results,** via e mail to melissa.serna@pikespeak.edu as written proof of submission for:

* + - * + Criminal background check.
				+ Urine drug screening.

3. Submit a copy of current certification for Cardiopulmonary Resuscitation (CPR)-

 paper copy or e mail attachment are accepted.

* Online classes are not accepted.

* Current CPR certification: **BLS (Basic Life Support)** certification through an **American Heart Association** affiliated vendor or HPR 1011 – see page 9.

4. Proof of current vaccinations. (Appendix C). PAGE 7. Paper copy or e mail attachment are

 accepted.

* Hepatitis B at least the 1st vaccination in the 3 shot series.

Must complete at least the 1st Hepatitis B vaccination for HPR 1020.

At least # 2 Hepatitis B vaccinations of the series to enter HPR 2020.

Please specify:

Heplisav-B is routinely administered in 2 doses given at least 4 weeks apart.

It can be used as a substitute in a 3-dose series with a different hepatitis B vaccine, but a valid 2-dose series requires 2 doses of Heplisav-B with at least 4 weeks between doses.

* Tetanus DTAP (within 10 years). Must be dated after June 2015.
* Tuberculin skin test within 1 year. Must be dated after January 2024.
	+ - * 1 step (TST) PPD test is required for civilian sites.).
			* 2 step PPD or Quantiferon documentation for any student working on the military

site).

* MMR (second shot in series) if you were born after January 1957.

 (You should have received your 1st MMR when you were 15 months of age.)

If you cannot produce the vaccination record – you must obtain a blood titer.

* Current Flu Vaccination. Current year 2023/2024 or a physician’s note stating why you cannot take this vaccination (allergic?).

***Or***

* Blood titers indicating immunity for the above conditions.

***If you cannot produce any vaccination records, you must obtain blood titers to show proof of immunity.***

***Do not wait until the last few days prior to the deadlines to obtain necessary materials or documentation.***

Vaccinations may have a 28-30 day waiting period between administrations.

This will ***NOT*** be an accepted reason to delay providing documentation.

***This program follows*** [**CDC guideline**](https://www.cdc.gov/vaccinesafety/index.html) ***recommendations on vaccinations.***

***Appendix C***

# *Certification of Immunization: Fall 2024 (202520)*

***Instructions for Office Staff:***

The person bearing this form is enrolled in the Phlebotomy Certification program at Pikes Peak State College:

To participate in the clinical portion of their training, it is necessary for the candidate to demonstrate that he or she is free of any medical conditions that could endanger the health or well-being of patients.

At the expense of the student, please update, document immunizations, and complete the form below. In the

event that you feel the student cannot complete the necessary immunizations, please contact:

Phlebotomy Director: Melissa Serna at melissa.serna@pikespeak.edu or 719-502-3407.

Name of patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***IMMUNIZATIONS***

Please provide documentation of the following vaccinations:

1. Hepatitis B Vaccine (3-shot series)-One Dose Required Prior To HPR 1020 & two doses for HPR 2020 courses.

Date 1st vaccine received \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Titer Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date 2nd vaccine received \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date 3rd vaccine received \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OR Heplisav-B vaccine date 1st received \_\_\_\_\_\_\_\_\_\_ date 2nd received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. Chicken pox or Varivax vaccination -- Date of illness or vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Titer Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_

3 Tetanus -- Date of last vaccination or booster: \_\_\_\_\_\_\_\_\_\_\_\_\_ (Must be within the last 10 years)

Titer Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. MMR -- Last vaccination or booster Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Students born after 1957:* Dates of no fewer than two MMR vaccinations at least one month apart at age 12 months or older.

*Student born before and during 1957:* Age contracted or date of exposure to.

Titer Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Seasonal Influenza Vaccine -- Date of vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR LAIV – live attenuated influenzas – Date of vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adults to 49 yrs. for immunocompromised conditions- contact with compromised persons, asplenia, pregnant, received influenza antiviral meds within previous 48 hours, cerebrospinal fluid leak or cochlear implant.

6. Tuberculosis Testing (PPD only acceptable test; ***complete just prior to clinical as test must < 1 yr. old)***

Date Tested: \_\_\_\_\_\_\_\_\_\_ Date Read: \_\_\_\_\_\_\_\_\_\_\_ Positive/Negative (circle one)

If positive, date re-tested: \_\_\_\_\_\_\_\_ Date Read:\_\_\_\_\_\_ Positive/Negative (circle one)

If positive, date of Chest X-Ray: \_\_\_\_\_\_ If positive, start date/end date of treatment: \_\_\_\_\_\_\_\_

 BCG vaccination (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *IPV if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *COVID If available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of RN, LPN, NP, PA, MD, DO. & Printed name & Office Telephone number*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Please attach a copy of available vaccination records.

***Step 3***: ***Final acceptance to program shall be determined:***

1. Successfully passing the PPSC program approved criminal background check.
	1. Failure to pass the Federal Criminal background investigation shall be denied admission to the program.
2. Satisfactory documentation of vaccinations.
3. Submission of a copy of the required current CPR certification-**Must be an in-person, BLS course.**
4. Successfully passing the PPSC program approved urine drug screening.
	1. If an accepted student tests positive on their drug screening, the student shall be denied admission for 2 consecutive semesters.

***Step 4***: ***Students will be issued a registration form.***

* Student will be notified by email to pick up registration form to be able to enroll into the course.

Students who are accepted into the program ***must***:

* Physically Attend the First Day of Class for the Phlebotomy class registered.
* If you do not attend, you will be dropped from the class and not allowed reentry for the Fall 2024 term.

Students who are accepted into the program ***must be aware***:

* In addition to the regular college fees, Phlebotomy Technician students will incur expenses for such items as: Fees are not limited to those listed:
	+ Scrubs.
	+ Books.
	+ Supplies.
	+ Liability insurance – included in course fees.
	+ Vaccination – required for class entry.
	+ Background check / urine drug screening.
	+ CPR certification – required for class entry.
	+ National certification examination fees – completed after program completion.
* Be responsible for their own transportation to the college campus and clinical agencies.
* Review and agree by signature pages to the Phlebotomy Student Handbook.

* Criminal background checks or drug screening from other agencies are not permitted.
* All information for supplies will be available the first-class meeting and online in D2L and the course syllabus. Students may also contact the PPSC College Bookstore (Centennial Campus) for information for supplies needed.
* Students are required to maintain a “C” average (grade of 70) or better in both academic and clinical aspects of the program to obtain course credit and receive a certificate of completion.
* Students entering HPR 2020 Advanced Phlebotomy who have successfully completed their HPR 1020 the previous bimester will not have to repeat the application process/criminal background or drug screening.
* Any vaccinations, CPR certification which expires prior to semester end, will require additional written documentation of renewal to continue in a class / clinical. CPR must be BLS (Basic Life Support) certification through an American Heart Association affiliated vendor or HPR 1011.

For any questions please contact:

Melissa Serna

Phlebotomy Program Coordinator

Pikes Peak State College

1850 Cypress Semi Drive

Colorado Springs, CO 80921

Medical Science Division

719-502-3407

melissa.serna@pikespeak.edu

**We do not keep applications for individuals that want to be considered for future years nor previous applications that were denied. All application packets for student not selected will be securely shredded.**

Students are advised to maintain a copy of all application documents for their own records.