



Southwestern Oregon Community College  
1988 Newmark Ave  
Coos Bay OR 97420  
541-888-2525  
www.socc.edu

## PHLEBOTOMY CERTIFICATE PROGRAM

This four-term course prepares participants for an entry-level career in phlebotomy. The material covers collecting, handling, transporting and processing blood specimens for analysis. Students will learn about laboratory information systems, anatomy and the physiology of body systems, as well as pathologic conditions, use and care of lab equipment and how to monitor quality control.

### **Beginning Fall 2012**

Required: Approved Application (see Application Process and Requirements below)

Required purchase: Textbook and disposable lab coat.

### **Application Process:**

1. **\_\_\_ Complete Southwestern Oregon Community College Application for Admission.** Submit it according to the instructions found at the following website:  
[http://www.oregonmentor.org/applications/southwestern\\_oregon\\_cc/apply.html](http://www.oregonmentor.org/applications/southwestern_oregon_cc/apply.html)
2. **\_\_\_ Placement tests** are given in the Educational Support Programs office located in Stensland Hall between the hours of 8:15 am – 3:00 pm Monday through Friday (Monday through Thursday during the summer). The tests are given on a walk in basis, and requires photo ID to be shown at the time of testing. (Educational Support Programs office at 541-888-7405 or 541-888-7371).  
  
Placement test scores in reading are required to be taken within three years of the date of application, and/or equivalent coursework. In evaluating placement scores, ASSET, and COMPASS scores are used. Minimum placement test scores in these areas have been established for admission to the Phlebotomy Program. (Reading ASSET  $\geq 39$  or COMPASS  $\geq 69$ )
3. **\_\_\_ Complete the Phlebotomy Certificate Program Application Packet** pages which are listed below.
  - Phlebotomy Certificate Program Application
  - Prerequisites
  - Employment and Volunteer history
  - Essential Functions Essay
4. **\_\_\_ Provide two letters of professional reference;** current or previous employers, instructors or someone with whom you have had a professional relationship. Must be less than two years old and signed by the letter writer. Please avoid personal references.
5. **\_\_\_ Provide documentation High School Completion:** Photocopy of Diploma/GED Certificate or Photocopy of College Transcripts
6. **\_\_\_ Submit copies of official documentation for required immunizations.** Official documentation includes State official documents of immunization, doctor's letterhead and prescription pads with applicant name and health care provider signatures, copies of actual test/x-ray reports, etc.)

- Tuberculosis test (PPD).** PPD's must be administered within the last year; if the year expires during the class, another PPD is required. Provide documentation of a negative tuberculosis test (PPD), with the results measured in mm (millimeters). If the PPD test is positive, documentation of a negative chest x-ray must be submitted with your completed application.
- Measles, Mumps, Rubella (MMR).** If immunization documentation is not available, obtain a Serum Titer for (MMR) to determine immunity. If immunity is not indicated, an immunization must be received. Proof of two doses of vaccine is required.
- Hepatitis B.** This is a series of three injections. Only the first dose must be completed prior to the start of the course.
- Varicella (Chickenpox).** Two immunizations are required. A Serum Titer may also be done to determine immunity. If an immunization is needed, the first dose must be completed prior to the start of the course, with the second dose being received during the course when the immunization is due to be given.
- Td Booster (Tetanus and Diphtheria) and/or Tdap (Tetanus, Diphtheria, Pertussis).** Td boosters are recommended every 10 years. Documentation of a Td Booster within the last 10 years is required.

7.      **Hand carry or mail completed application as a packet.** The packet must be received by 5:00 PM September 7, 2012. Hand carry or mail to: Phlebotomy Application, Southwestern Oregon Community College, Attn: Jade Stalcup, Nursing Department, Sumner Hall, 1988 Newmark Avenue, Coos Bay, OR 97420

Please note:

All students are required to undergo a **criminal background check** no sooner than six months prior to enrollment in the health occupations program. Students initiate (through the Nursing Department Administrative Assistant), at their cost, a national criminal background check through the Oregon State Police Department upon provisional acceptance into any health occupations program.

All students are required to undergo a Nine (9) panel urine **drug screen** is mandatory. Positive drug screen results may result in dismissal from the program.

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|      |           |      |
|------|-----------|------|
| Name | Signature | Date |
|------|-----------|------|

**Southwestern Oregon Community College  
Fall 2012 Phlebotomy Certificate Program Application**

**Student Information**

**Today's Date:**

Please type or print neatly in blue or black ink.

|   |               |                        |                          |
|---|---------------|------------------------|--------------------------|
| Last Name   | First Name    | Middle Initial         | Previous Last Name(s)    |
| SOCC ID Number  |               | Social Security Number | Date of birth (mm/dd/yy) |
| Male <input type="checkbox"/> Female <input type="checkbox"/> |               |                        |                          |
| Email address <i>*required</i>                                |               |                        |                          |
| Current mailing address                                       |               | City                   | State Zip                |
| Physical address (if different from mailing address)          |               | City                   | State Zip                |
| Daytime phone   | Evening phone | Message/Cell phone     |                          |
| High School Diploma or GED?                                   | Year received | City/State             |                          |
| College Attended  | Year          | Degree/Major           |                          |

**Prerequisites**

| SOCC Required Prerequisites | Grade Earned<br>(A, B, C, IP, NA) | Term / Year<br>Completed or Planned | Earned at<br>College/University<br>(Official transcripts must be attached if taken outside of SOCC) |
|-----------------------------|-----------------------------------|-------------------------------------|---|
| <b>CIS 101</b>              |                                   | /                                   |   |
| <b>MTH 70</b>               |                                   | /                                   |   |
| <b>WR 90</b>                |                                   | /                                   |   |
|                             | <u>ASSET</u>                      | <u>COMPASS</u>                      |   |
| <b>Reading Score</b>        | _____ (≥39)                       | _____ (≥69)                         |   |

## Employment and Volunteer History

Please list below your current employment and past employment. Also, please list any volunteer experience you would like to be considered.

### Position #1

|  |                |                       |              |
|--|----------------|-----------------------|--------------|
| Company Name of Present or Last Employer | Job Title      | Name of Supervisor    | ( )<br>Phone |
| Employer Address                         | City           | State                 | Zip          |
| Start Date Mo/Yr                         | End Date Mo/Yr | Hours worked per week |              |
| Reason for Leaving                       |                |                       |              |
| Describe Specific Duties                 |                |                       |              |
|  |                |                       |              |
|  |                |                       |              |

### Position #2

|                          |                |                       |              |
|--------------------------|----------------|-----------------------|--------------|
| Previous Employer        | Job Title      | Name of Supervisor    | ( )<br>Phone |
| Employer Address         | City           | State                 | Zip          |
| Start Date Mo/Yr         | End Date Mo/Yr | Hours worked per week |              |
| Reason for Leaving       |                |                       |              |
| Describe Specific Duties |                |                       |              |
|                          |                |                       |              |
|                          |                |                       |              |

### Position #3

|                          |                |                       |              |
|--------------------------|----------------|-----------------------|--------------|
| Previous Employer        | Job Title      | Name of Supervisor    | ( )<br>Phone |
| Employer Address         | City           | State                 | Zip          |
| Start Date Mo/Yr         | End Date Mo/Yr | Hours worked per week |              |
| Reason for Leaving       |                |                       |              |
| Describe Specific Duties |                |                       |              |
|                          |                |                       |              |
|                          |                |                       |              |

**Essential Functions Essay**

Please respond to the best of your ability to each of the following. Use additional paper if necessary. All responses will be reviewed by the selection board prior to application acceptance.

Explain your desire to learn Phlebotomy.

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Detail experiences you have had that highlight your manual dexterity.

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Describe a medical person you know that exhibits professionalism.

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Describe a communication issue you have experienced and the outcome. Also, describe if you would change anything about that situation now that it is past.

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How do you handle stress in the workplace? How do you wind down after a challenging day?

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Signature

Date

**Disabilities and Program Admissions Testing**

Federal laws designed to prevent discrimination of a persons with disabilities prohibits Southwestern Oregon Community College programs from making pre-admission inquires about disabilities. If you require special arrangements or accommodations to take the admissions examination, please contact the Office for Disability Services, Stensland Hall, telephone number 541.888.7439. Your request for accommodations with supporting documentation (students must provide documentation that establishes the existence of a disability and supports the need for accommodation) must be received by Disability Services at least three weeks prior to the examination date. This information will be kept in strict confidence, and has no effect on your admission to the program.