Phlebotomy Technician Program
Application Instructions

The application process involves submission of a packet of materials. These materials will be evaluated by the HCMC Lab Education Team and students who meet eligibility requirements will be offered interviews for the available seats. Students are selected using a point system based on information contained in the application, GPA, biographical sketch, and the interview.

APPLICATION DUE DATES
The Phlebotomy Technician program accepts students two times each year.
- The application deadline for students wishing to enroll for the January start date is November 15.
- The application deadline for students wishing to enroll for the June start date is April 15.

APPLICATION PACKET CHECKLIST

- Read Instructions carefully (pages 1-2)
- Complete application form (pages 3-4)
- Review Technical Standards (pages 5-6)
- Complete Signature form (page 7)
- Include biographical sketch (see instructions below)
- Request 2 Letters of Recommendation (use pages 8-10 – Letter of Recommendation form)
- Request transcripts from most recent school attended or GED (see instructions below)

APPLICATION PACKET INSTRUCTIONS

- All pages of application must be filled out completely

- Official transcripts from most recent school attended. This can be either college or high school transcripts. Official means that the transcripts are sent to the Program Director directly from the college or High school, or are delivered in an envelope sealed by the school. GED transcripts/results are acceptable also. Students with a cumulative GPA of 2.5 or higher to given precedence for admission.

- Biographical sketch must be included. Prepare and attach a brief biographical sketch that includes your reasons for wanting to enter the phlebotomy technician program, your goals, what you feel you can contribute to the profession, what personal positive/negative qualities you feel would be an asset/detriment to you in this profession, and what reservations, if any, you have about the healthcare field. (maximum - 400 words).
Application for Admission to the Hennepin Healthcare Phlebotomy Technician Program

- **Signature page.** Must be signed by the student acknowledging and agreeing to the 4 statements found on that page.

- **Two or three recommendation forms** must be completed by instructors, work supervisors, or volunteer supervisors. Distribute the Letter of Recommendation form at the end of the application. Ask that they be mailed or emailed directly to the Hennepin Healthcare Phlebotomy Technician Program Director at the address on the bottom of the page.

Return applications, recommendation forms, and transcripts to:

Lynn Poth, MS, MT (ASCP)  
MLS Program Director  
Clinical Laboratories  
Hennepin Healthcare - HCMC  
701 Park Avenue, P4  
Minneapolis, MN  55415
Application for Admission to the Hennepin Healthcare Phlebotomy Technician Program

Please type or print clearly

Application Type:
☐ January start – due November 15  ☐ June start – due April 15  Date:________________________

Applicant Information

Name __________________________ (last) ________ (first) ________ (middle) ________ (former, if any appear on records)

*Provide information that will allow us to contact you over the next six months.

Address: __________________________________________________________ (street) __________________________________________ (city/state) ___________ (zip code)

Home phone: (_____)_________________  Social security number: ***-**-______ (Last 4 digits only)

Cell phone: (_____)_________________  Email address:________________________________________

Qualifications

1. **Education**: Contact the last academic institution that you attended (college, trade school, or high school) and request that your official transcripts be sent directly to the Program Director (name/address at end of application).

<table>
<thead>
<tr>
<th></th>
<th>Name and location of institution</th>
<th>Dates attended (From – To)</th>
<th>Quarter or semester hours completed</th>
<th>Major, degree, or certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td>3</td>
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<tr>
<td>4</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

2. **Work Experience**: List previous work experience within the past four years

<table>
<thead>
<tr>
<th></th>
<th>Company</th>
<th>Position held</th>
<th>Dates of Employment</th>
<th>Healthcare related?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

May we contact your previous employers?  Yes ☐ No ☐

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Letters of Recommendation

List the people to whom you have distributed the attached Letter of Recommendation forms. (At least two must be received from instructors or employers.) References must be sealed or mailed by the person writing the reference.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTICE: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C § 1232g; 34 CFR Part 99) specified that students have the right to inspect and review their education records including recommendations within 45 days of the date the Hennepin Healthcare MLS Program receives a request for access.

This law also permits you to sign a waiver relinquishing your right to inspect letters of recommendation. Your signature in the Applicants Waiver of Right to Inspect References box below this notice constitutes a waiver. No signature means you have the right to inspect the recommendations secured from the above references.

Applicants Waiver of right to inspect references:

<table>
<thead>
<tr>
<th>Printed name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Finances

Tuition is $2000.00 plus approximately $80.00 for the textbook. $780.00 must be paid by the first day of class, an additional $700.00 must be paid by week 4 of the program, and the final $600.00 must be paid by week 8 of the class. Failure to pay amounts due will be cause for termination of your program and forfeiture of all amounts previously paid. The refund/cancellation policy is available on the website.

Are you prepared to meet the expenses of the program costs, as discussed in the program information? Yes ☐ No ☐
Technical Standards

Technical Standards represent the essential non-academic requirements of the program. Therefore all applicants would be expected to be able to do the following upon completion of the Program requirements:

1. Perform phlebotomy related skills.
2. Perform specified laboratory procedures that require manual dexterity.
4. Read, understand, and perform tasks from written procedures.
5. Distinguish color changes on indicators.
6. Follow Standard Precautions at all times to decrease risk to the individual.
7. Follow safety guidelines to protect the individual.
8. Follow regulations in regard to patient confidentiality.
9. Communicate with patients.

The positions available in the field of phlebotomy may require all combinations of the following physical, sensory, and environmental conditions:

<table>
<thead>
<tr>
<th>Key: Rare</th>
<th>Occasional</th>
<th>Constant</th>
</tr>
</thead>
<tbody>
<tr>
<td>= Less than once or twice per week</td>
<td>= 0-2.5 hours per day</td>
<td>= &gt;5.5 hours per day</td>
</tr>
</tbody>
</table>

**RARE:**
- Exposure to radiation (Dependent upon type of procedures)
- Toxic/caustic chemical exposure
- Fumes/Odors/Noxious smells from various types of specimens

**OCCASIONAL:**
- Carrying less than ten pounds
- Climbing stairs
- Reaching below shoulder
- Simple grasping
- Stooping/bending
- Far Vision (>20+ feet)

**FREQUENTLY:**
- Walking
- Standing
- Hand-arm controls
- Talking to co-workers/
  or on telephone
- Sitting
- Static neck positions
- Hearing oral information over telephone
- Carrying negligible amounts of weight
- Fingering

*Revision date: January, 2020*
Keying/typing/computer screen navigation
Fine manipulation
Writing

CONSTANT:
Blood Borne Pathogen Exposure - Standard Precautions are followed to decrease risk and protect the individual
Seeing
   Near Vision (Reading 20 inches or less)
   Depth Perception
   Color Vision

The following work situation factors may be present:
   Hygiene/appearance demands
   Possible shift work (dependent upon position)
   Customer/public contact
   Reading
   Writing
   Mathematics
   Attentiveness duration - maintaining alertness
   Attentiveness intensity - concentration
   Short term memory
   Long term memory
   Working under specific instructions (No independent action or judgement)
   Ability to problem solve
   Transferring knowledge to unique situations
   Performing multiple tasks concurrently
   Attaining precise set limits, tolerance, and standards (precision)
   Working under time constraints
   Perceive pertinent detail in objects, make visual comparisons and discriminations
1. I understand that upon successful completion of the course of study, I will be eligible to take a nationally recognized certifying examination.

2. I acknowledge that the information I have supplied in this application form is correct to the best of my knowledge and understand that any falsification of information on this form may be cause for rejection as an applicant. I understand that this information is subject to verification.

3. I authorize the director of the hospital phlebotomy technician program to verify my employment and academic history and release them from any liability in connection with this information.

4. I have read the Technical Standards (non-academic requirements) and fully understand them. Program representatives have answered any questions that I have concerning them, and how they apply to me, to my satisfaction. It is my belief that I can satisfy each of the Technical Standards based on my existing skills and abilities, or through the use of corrective devices.

I, ____________________________ have read, understand, and agree to the 4 statements above.

(Print name)

________________________________________  DATE ____________________

(Signature)

Return this signature sheet along with the Phlebotomy Technician application form to:

Lynn Poth, MS, MT (ASCP)
MLS Program Director
Clinical Laboratories
Hennepin Healthcare - HCMC
701 Park Avenue, P4
Minneapolis, MN  55415
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Hennepin Healthcare
School of Laboratory Science
Phlebotomy Technician Program

Letter of Recommendation

NAME OF APPLICANT ___________________________________________ Last First Middle Initial

How long have you known applicant? ____________________________ (Minimum of 3 months)

In what capacity is applicant known to you?
1. __________ employee
2. __________ student
3. __________ other (please specify) ___________________________________________

INSTRUCTIONS: Based on your knowledge of the applicant, select one response for each item by checking or filling in the circle.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUNCTUALITY: Would be on time for classes, work, or other events.</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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</tr>
<tr>
<td>INTEGRITY: Would report errors, check a result, assignment, or problem without being told to, etc...</td>
<td>○</td>
<td>○</td>
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<tr>
<td>ATTENTION TO RULES AND REGULATIONS: Follows rules without being reminded or prodded into doing so.</td>
<td>○</td>
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<tr>
<td>COMMUNICATION: Communicates well verbally and in writing.</td>
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<tr>
<td>INITIATIVE: Looks for things to do. Does extra reading. Tries to find solutions to problems. Shows leadership abilities.</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
</tr>
<tr>
<td>ITEM</td>
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<tr>
<td>EMOTIONAL MATURITY: Shows good judgement, is mature and self-reliant.</td>
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<tr>
<td>ABILITY TO FOLLOW INSTRUCTIONS AT WORK OR SCHOOL: Listens to or reads instructions carefully. Good attention to detail.</td>
<td>○</td>
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<tr>
<td>QUALITY OF WORK AREA, RECORDS, OR REPORTS: Work area is orderly and uncluttered. Records are neat, legible, and understandable. Reports are neat and correctly written.</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>ORGANIZATION IN LAB WORK, ASSIGNMENTS, OR CUSTOMER RELATIONSHIPS: Very efficient and well organized.</td>
<td>○</td>
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</tr>
<tr>
<td>SPEED IN COMPLETION OF WORK TASKS, LAB WORK, OR ASSIGNMENTS: Works quickly without loss of accuracy.</td>
<td>○</td>
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</tr>
<tr>
<td>QUALITY OF WORK WITH CONSIDERATION TO NEATNESS AND ACCURACY REGARDLESS OF VOLUME: Work is accurate and complete with no spoilage or waste.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>COOPERATION AND ATTITUDE TOWARD WORK, OTHER STUDENTS, AND EMPLOYERS: Shows ability to work with others. Goes out of the way to cooperate. Does not have to be asked. Adapts to situations cheerfully. Thoughtful of others.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>DEPENDABILITY: 100% dependable on the job and conscientious. Can be trusted to work alone without supervision.</td>
<td>○</td>
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</tbody>
</table>
**Application for Admission to the Hennepin Healthcare Phlebotomy Technician Program**

**ITEM** | **Strongly disagree** | **Somewhat disagree** | **Neither agree nor disagree** | **Somewhat agree** | **Strongly agree**
--- | --- | --- | --- | --- | ---
**PHYSICAL DEXTERITY (Especially hands):** Markedly agile with good control | ○ | ○ | ○ | ○ | ○

*While the following categories will not be applicable for evaluation by all persons completing this form, if you have observed the student in any of the following capacities, it would be beneficial for us to review your comments.*

**ABILITY TO WORK UNDER PRESSURE:** Works carefully and calmly in an organized manner. | ○ | ○ | ○ | ○ | ○

**JOB KNOWLEDGE AND VERSATILITY:** Thorough grasp of the job and more. Able to work out own problems that arise. | ○ | ○ | ○ | ○ | ○

**REACTION TO UNPLEASANT SITUATIONS:** Actively seeks solutions. | ○ | ○ | ○ | ○ | ○

**COMMENTS:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

EVALUATED BY: __________________________________________________________  __________________________

<table>
<thead>
<tr>
<th>Printed name</th>
<th>Title</th>
<th>Phone number</th>
</tr>
</thead>
</table>

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Application for Admission to the Hennepin Healthcare Phlebotomy Technician Program

Place of Employment

____________________________________  __________________________

Department

____________________________________

Signature

Date