

**2012 PHLEBOTOMY PROGRAM APPLICATION
(FORM A)**

Program Dates: Spring Quarter 2012

April 2nd – June 19th 2012

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 - Please refer to the **Phlebotomy Application Instructions [pdf]** where the Application Procedure outlined below is explained in detail. All applicants must be at least 18 years of age to apply.

1. Application Packet – Applicants must collect all documents required to submit an Application Packet.

A completed application packet includes the following:

- Current application, completed, signed, and dated to be turned in no later than the specified deadline.
- To verify completion of prerequisites, all educational information provided must be validated by **officially sealed** (unopened) academic transcripts and accompany the application packet. *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 diploma, GED, or 12 college credits.
- Immunization and Physical Exam documentation
- Valid CPR card (AHA health care provider, basic life support, 2 year certification)
- \$25.00 **non-refundable** handling fee for each program. Cash will not be accepted.

2. Submit the Completed Application Packet – Deliver your completed Application Packet (must be hand carried) to:

**Kaiser Permanente School of Allied Health Sciences
938 Marina Way South, Richmond, CA 94804**

- Only completed application packets will be accepted.
- KPSAHS will not assume responsibility for mailed applications.
- KPSAHS will not accept separately mailed transcripts or letters of recommendation.
- **KPSAHS is closed to the public during the inter-quarter break: Dec. 24, 2012-Jan. 1, 2013. Applications will not be accepted.**
- **No mailed applications will be accepted**

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 main/branch campuses 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.*

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.

Application and Acceptance Schedule

Program Dates		04/02/12 – 06/19/12
Application Deadlines		2/10/12
Panel Interviews Begin		Week of 2/13/12
Background Drug Screening Deadline		3/09/12
Orientation KPSAHS Richmond Campus		03/29/12

*Dates and hours are subject to change due to recognized holidays and KPSAHS events.



**2012 PHLEBOTOMY PROGRAM APPLICATION
(FORM A)**

8. This form must be completed by authorized medical personnel and included in the application packet. You must attach official immunization documentation displaying immunization dates and results.

IMMUNIZATION FORM

Name (Last Name, First Name, Initial)			Patient Medical Record Number		
Social Security Number		Date of Birth		Phone 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
Mumps	Titer Results:	Date:	OR		Vaccine #1
Rubella	Titer Results:	Date:		OR	Vaccine #1
Varicella (Chicken Pox)	Titer Results:	Date:	OR		Vaccine #1
TB Skin Test (PPD)	Results:	PPD 1 Date:		AND	Results
Chest X-Ray (Required if PPD +)	Results:	Date:	KPSAHS Verification Date: _____ Initials: _____		
TDAP within 10 years (Tetanus/Diphtheria)	Titer Results:	Date:			
Hep B Within 10 years. Series must be started before applying to program	Series	Declination			
	#1				
	#2				

This form must be completed in detail and signed by authorized personnel. Return this form with original documents to KPSAHS at the time of registration.

Authorized Signature: _____ **Date:** _____

Valid with Medical Facility Stamp:



**2012 PHLEBOTOMY PROGRAM APPLICATION
 (FORM A)**

Student Support Services

- **Eligible students may also qualify for assistance through the Workforce Investment Agency**
<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				Handling Fee
				Score	Date	Photo ID	Intl.	
		HSD <input type="checkbox"/>						Check #
		HST <input type="checkbox"/>						CC Cnf#
		GED <input type="checkbox"/>						M/O#
		CT <input type="checkbox"/>						
Verified	Verified	Verified	Verified					