

PHLEBOTOMY CLASS REQUIREMENTS

- **Basic class:** 20+ hours (2 consecutive weekends plus mandatory homework hours)
- **Advanced Class:** 20+ hours (2 consecutive weekends plus mandatory homework hours)
- **Clinical:** 40 hours minimum (4 classroom sessions followed by several mandatory clinical laboratory rotations (scheduled separately with each student))

Registration Requirements: minimum 18 years of age by graduation from program

- High School Diploma w/ GPA of 2.0 or higher or GED, (ATB not accepted)
- Application for National Exam (to be provided in class)

*** Required prior to starting Clinical Rotations:** Current negative TB test/chest x-ray, along with a Health Exam (form will be provided for student)

Description: An ideal program for health professionals desiring to expand their skills or newcomers to the health care field to learn new skills. These classes will train the student to perform venipuncture and dermal puncture in a professional setting. The following topics will be included within the theory portion: lectures on medical terminology, lab safety, basic anatomy and physiology, the cardiovascular system, anatomy/physiology, pre-analytical errors, test tube designation and quality assurance in specimen control along with medico-legal issues related to the field.

PRICE BREAKDOWN

- **Registration Fee (All Fees Are Non-Refundable):**

\$200.00.

This covers textbook, background check, all hand-outs, lab coat, hazardous waste fees and clinical supplies.

- **Basic:** \$550.00
- **Advanced:** \$550.00
- **Clinical:** \$650.00

This fee includes Clinical Class and Externship Rotations*

(* Any student who is unable or unwilling to obtain clinical competency within the designated clinical days will be charged an extra fee-per day for every day he/she is required to have direct supervision.)

Additional Fees not included in Tuition:

- MalPractice Insurance: \$20.00 – This is mandatory. Forms provided or may be done online.
- HEALTH / IMMUNIZATION / TITER CLEARANCE: This is mandatory. Forms provided.
- CPR / American Heart Association / Healthcare Provider Card / BLS: \$50.00 - This is mandatory. Class is offered here but may be taken with someone else.
- NCCT (National Center for Competency Testing): \$100.00 for National Exam.

Upon completion of entire course:

State of California DHHS/LFS Certification Fees (online): \$100.00 – This application is done online after student has completed complete Phlebotomy Training's program, has passed a National Exam and has received certificates from NCCT and CPT.

*** Student will need to acquire: Official sealed transcripts from High School or GED**

It is mandatory each student to complete all hours of every class to be prepared for the national certifying exam. It is also mandatory for all students to complete Clinical (including performing at least 50 venipunctures, 10 dermal punctures and having observed at least 2 ABG's) to qualify for certification.

Being absent from theory or clinical class will result in makeup days being assigned or the student being held over until the next session.

The experienced student (with at least 1040 hours or more of On The Job Experience, plus venipunctures and dermals) need only complete the Advanced class per DHHS regulations, but is encouraged to take both the Basic and Advanced classes to pass the national certifying exam. After this the student is eligible to apply online with DHHS.

Any question, please call: 951-672-2446 or E-mail: completephlebotomy03@msn.com

For questions specific to CEU's, send your e-mail to: ceusatcpt@live.com

Thank you for your interest in our program.

COMPLETE PHLEBOTOMY TRAINING – REGISTRATION FORM (PLEASE PRINT)

I am currently licensed yes no

If yes, License # _____

EMT LVN RN PA NP MD CLS Other _____

Student Name _____

Address _____ City _____

State _____ Zip _____ Phone () _____ - _____ Cell () _____ - _____

E-Mail _____

Date Of Birth _____ Age _____ Gender _____

Social Security # _____ - _____ - _____

High School _____ City _____ State _____

Graduation: Month _____ Year _____ *Copy Of H. S. Diploma Or GED Will Be Required*

Or GED Completion Date _____

Session Requested _____ Registration Confirmation Via E-Mail yes no

EDUCATIONAL HISTORY

Field of Study _____

School Attended _____

City _____ State _____ Phone () _____ - _____

Dates Attended: From _____ To _____

WORK HISTORY

Institution _____

Address _____ City _____ State _____

Dates of Employment _____

Position(s) Held _____

Specific Duties _____

Online Payment or:

Please return completed form with *Deposit* *. Payments accepted in the form of Cash, Check, Money Order, Cashiers Check or *Credit Card* **. Tuition Balance must be Paid In Full, before Clinical Rotations.

*** A MINIMUM DEPOSIT FOR PHLEBOTOMY STUDENTS, DUE WITH THE REGISTRATION FORM IS \$475.00 (\$200 registration fee which includes; your text book, all handout materials, hazardous waste fees, and clinical supplies. This also includes 1/2 the Basic tuition, holding a place in class)**

IF PAYING BY CHECK PLEASE WRITE DRIVERS LICENSE NUMBER, OF CHECKING ACCOUNT HOLDER, ON CHECK. CHECKS WILL BE ELECTRONICALLY DEBITED WHEN RECEIVED. IF PAYING BY CREDIT CARD**, PLEASE LIST CARD NUMBERS AND EXPIRATION DATE BELOW.

MC/VISA/DISC. _____ - _____ - _____ - _____ EXP. DATE ____ / ____

SIGNATURE _____ ** AMT. TO BE CHARGED \$ _____

NAME ON CREDIT CARD _____

**** A CHARGE OF 3.5% + \$3.00 WILL BE ADDED = (Fees And Charges Incurred, Are Passed On To Consumer)**

PLEASE READ AND SIGN:

THIS REGISTRATION FORM IS CONSIDERED A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE ENROLLING STUDENT AND ACCEPTED BY COMPLETE PHLEBOTOMY TRAINING, INC.

PLEASE READ BELOW REGARDING OUR REFUND POLICY.

ANY QUESTIONS OR PROBLEMS CONCERNING THIS SCHOOL THAT HAVE NOT BEEN SATISFACTORILY ANSWERED OR RESOLVED BY THE SCHOOL SHOULD BE DIRECTED TO:

**The Department of Health and Human Services
California Department of Public Health
Laboratory Field Services
850 Marina Bay Parkway
Richmond, CA 94804
510-620-3800**

We are registered with the State of California to train unlicensed personnel in the field of Phlebotomy.

CPT's REFUND POLICY: *There are no refunds of any payment made to CPT for classes that the student is unable to attend.* Deposits and/or payments may be used towards future classes. A change in decision of Sessions will incur a fee of \$50.00.

As an adult signing this form, I fully understand that to successfully complete this course I will be required to complete the following:

Read and study the text book, complete the assigned homework and pass the final exams with a grade of 80% or higher. I will also be expected to attend the entire clinical program including rotations, with documented proof of completed requirements as assigned.

CPT Policy:

Students are encouraged to notify the Administrator, in a timely fashion, with any health or emotional problems which may inhibit or delay completion of the program. Medical complications accompanied by a doctor's note or release will be acknowledged accordingly.

Any student who falsifies documentation may be subject to disqualification from the program

Any student caught cheating may be subject to disqualification for the program.

Any student who willingly and knowingly goes against CPT Policy or Hospital Policy, as laid out in Orientation, may be subject to disqualification from the program.

Any student who is unable or unwilling to complete clinical class or clinical rotation will be subject to disqualification from the program.

STUDENT SIGNATURE

DATE

Complete Phlebotomy Training, Inc.

*Approved by the State of California
Department of Health Services
Laboratory Field Services Division
Registered with the B.P.P.V.E.*

POTENTIAL EXPOSURE TO CONTAGIOUS INFECTIOUS DISEASES

A portion of the CPT Phlebotomy training is conducted in the laboratory/classroom setting. Students will perform blood withdrawal where contagious/infectious diseases may be present in any specimen, on any used equipment or spilled on any surface area during practice or demonstration. Latex/vinyl gloves will be supplied for protection; however, gloves are no guarantee against exposure. Your signature indicates that you are aware of the potential exposure to contagious infectious disease within phlebotomy laboratory training. Your signature acknowledges that you have knowledge and understanding of contagious/infectious diseases, such as, but not limited to AIDS, and HEPATITIS A, B, and C.

I UNDERSTAND, THAT I AM ENROLLED IN A PHLEBOTOMY CLASS IN WHICH PARTICIPATION IN THE PRACTICE AND DEMONSTRATION OF VENIPUNCTURE AND BLOOD WITHDRAWAL EXPOSED ME TO THE POTENTIAL OF CONTAGIOUS / INFECTIOUS DISEASES. I ACKNOWLEDGE THAT I HAVE THE KNOWLEDGE AND UNDERSTANDING OF THE CONTAGIOUS / INFECTIOUS DISEASES TO WHICH I MAY BE EXPOSED.

_____ Initial

PATIENT CONFIDENTIALITY STATEMENT

I VERIFY, BY MY SIGNATURE, THAT I FULLY UNDERSTAND THAT ANY AND ALL PATIENT INFORMATION I MAY COME INTO CONTACT WITH, WHILE ATTENDING THIS CLASS, OR WHILE IN ANY HOSPITAL OR ANY LABORATORY, SHALL REMAIN CONFIDENTIAL. I UNDERSTAND THAT MANY DIFFERENT PEOPLE USE THESE HOSPITALS AND / OR LABORATORIES TO MEET THEIR HEALTHCARE NEEDS, AND THAT I MAY SEE PEOPLE THAT I KNOW OR KNOW OF, WHILE AT ANY FACILITY. I FULLY UNDERSTAND THAT ALL PATIENTS HAVE THE RIGHT TO PRIVACY AND CONFIDENTIALITY WHILE RECEIVING MEDICAL TREATMENT. I UNDERSTAND THAT IT IS A PRIVILEGE TO BE ABLE TO USE THESE FACILITIES FOR CLASS TIME AND FOR THE BENEFIT OF HAVING ACCESSIBILITY TO A CLINICAL LAB. I AGREE TO KEEP ALL PATIENT INFORMATION CONFIDENTIAL AND PRIVATE.

_____ Initial

RELEASE OF LIABILITY

MY SIGNATURE ON THE LIABILITY, CONFIDENTIALITY, AND EXPOSURE FORM INDICATES THAT I FULLY UNDERSTAND THE FOLLOWING:

1. I MAY BE EXPOSED TO BLOOD BORNE PATHOGENS WHILE PERFORMING VENIPUNCTURE ON MY CLASSMATES.
2. I WILLINGLY AGREE TO ALLOW MY CLASSMATES TO PERFORM VENIPUNCTURE ON ME WHILE SUPERVISED BY MY INSTRUCTOR OR OTHER QUALIFIED CPT PERSONNEL.
3. I UNDERSTAND THAT IF I AM INJURED WHILE ON THE AMR, VHS OR ANY HOSPITAL OR LABORATORY PROPERTY THAT I AM FULLY RESPONSIBLE FOR SEEKING MEDICAL HELP AT A LOCAL MEDICAL FACILITY.
4. I AGREE NOT TO HOLD WANDA TARDY, CPT, AMR, VHS OR DESIGNATED HOSPITAL OR LABORATORY OR THEIR EMPLOYEES RESPONSIBLE FOR ANY INJURY I MAY SUSTAIN.
5. I AGREE TO FOLLOW ALL SAFETY PRECAUTIONS THAT HAVE BEEN SET FORTH BY THE INSTRUCTOR.
6. I AGREE TO USE THE SHARPS CONTAINER APPROPRIATELY.
7. I AGREE ***NOT*** TO RECAP NEEDLES.
8. I AGREE TO WEAR GLOVES.
9. I AGREE TO WASH MY HANDS BEFORE AND AFTER USING GLOVES.

I UNDERSTAND MY NAME AND SOCIAL SECURITY NUMBER WILL BE USED TO OBTAIN A BACKGROUND CHECK AS REQUIRED BY HOSPITAL / LABORATORY CONTRACT.

REPLACEMENT FEE SCHEDULE:

Copy of Cert.	\$10.00
Original	\$30.00
Book Replacement	\$50.00

Complete Phlebotomy Training Inc.

*Approved by the State of California
Department of Health Services
Laboratory Field Services Division
Registered with the B.P.P.V.E.*

**Confirmation of Liability, Confidentiality, Potential Exposure
and Replacement Fee Statement.**

I have read and acknowledge the Release of Liability, the Patient Confidentiality, Potential Exposure, and the Replacement Fee Schedule. My signature below confirms my acceptance of the above mentioned policies and procedures stated in this Registration Packet.

I acknowledge that I must complete the entire program, which includes Basic, Advanced and Clinical courses. I understand that I must have all required documentation submitted, no more than 30 days from the last day of class or I will be subject to repeating and paying for, part or all of the above courses.

I understand, although our program is State certified, and the class hours completed lead to certification, as outlined by LFS guidelines; there are no academic credits or units that transfer to other educational institutions.

I understand my name and social security number will be used to obtain a background check as required by hospital/laboratory contract.

Student Signature

Student Name (Please Print Clearly)

Date (FIRST class session)