Phlebotomy Program
Information Packet
2016-2017
Welcome to Phlebotomy at Washburn Tech!

This semester-long program was created in response to high area demand for trained phlebotomists. This 11-credit hour program is designed to prepare you to sit for the credentialing exam offered by the American Medical Technologist organization. Please note: this program is not eligible for financial aid, but scholarship opportunities are available.

Please review the content of this packet to get an overview of the program requirements. This is information that is critical to enrollment in the program. **Please read the entire packet carefully.** Students will not be allowed to participate in the laboratory/clinical setting without this information. If you have any questions regarding the packet, forms or program please feel free to contact the instructor via e-mail at kimberly.young2@washburn.edu.

If you would like to set up a campus visit, contact the Admissions Office at 785-670-2200. The college website at [www.washburntech.edu](http://www.washburntech.edu) also provides additional information about program offerings.

We look forward to having you in the classroom!

**Program Checklist to be completed:**

- Student Information Sheet (included in this packet)
- Class Expectations Sheet with Signature (included in this packet)
- Consent for treatment form (included in this packet)
- Physical form-to be filled out by your physician or nurse (included in this packet)
- Submit immunization records
  - Flu vaccination
  - Hepatitis B Series vaccination
  - TB test
- Purchase scrubs
- Purchase textbooks
- Purchase supplies for class
Washburn Tech
Phlebotomy
Classroom/Lab/Clinical Expectations
To be signed and submitted to instructor on first day of class

**Attendance** is important, days missed will negatively affect your success in this course. It is important that you arrive to class on time. You will lose your attendance point for that day if you miss or you are tardy. Attendance is 10% of your grade. If you have to be absent or late for clinicals you are required to notify your preceptor and your instructor (I prefer a text, the preceptor will need a phone call). **Note:** High school students are not required to attend class if their home high school has been cancelled for inclement weather.

**Behavior:** Professional behavior is expected during class and clinicals. Students will be respectful to the instructor(s), peers and host facilities at all times. Students not complying with this policy will be dismissed immediately from the classroom, further disciplinary action at the discretion of the instructor, can include dismissal from the program.

**CELL PHONES:** Are to be stored in your book bag or your purse, **NOT** in your pocket. No headphones are allowed during class. Use of these items **WILL** result in confiscation of the device and loss of class points. Your device will be returned to you at the **END** of class period.

**SMOKING** is permitted on campus **BUT ONLY** at designated smoking areas. Offenders will be reported to the Campus Police.

**BREAKS** will be 10 minutes long unless otherwise specified.

**PARKING:** Students should park on the side of the building in designated student parking spaces. (Any of the yellow spaces.)

**DRESS CODE:** Students must follow all dress code expectations for class, labs and clinicals.

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*I understand the information as written above. I agree to follow the rules and policies of Washburn Institute of Technology. Failure to follow these rules may result in probation and/or suspension from the program.*

Student Signature ____________________________ Date _____________
Phlebotomy Student Information Sheet
To be submitted to instructor on first day of class

Full Name: ________________________________________________

I like to be called: _________________________________________

Cell Phone Number: _______________________________________

Phlebotomy session (circle one)   AM   PM   Summer (Full Day)

Address: ________________________________________________

Email Address: ___________________________________________

Parent/Guardian Names: ___________________________________

High School (if applicable): ____________________________   Grade: ___________
Washburn Tech Phlebotomy Uniform Requirements

**Class**
- Scrubs are required. (Black pants, red top and black lab jacket)
- Non-slip black or black and red tennis shoes
  *See next page for pricing and vendor information*

**Lab Days (In Class)**
- If you have long hair it must be tied back and any loose hair pinned up
- No acrylic nails
- No facial piercings
- All visible tattoos must be covered at all times

**Clinicals**
- The following jewelry must be removed prior to arriving at the host facility: hoop earrings, facial piercings, tongue piercings, and long dangly necklaces
- Long hair must be tied back and any loose hair pinned up
- Acrylic nails are not permitted. Nails can be polished but must be kept neat and fresh with no chips or flaking
- All visible tattoos must be covered at all times
## SCRUB PRICES

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**Vendor:**
Similar Mode Uniforms
915 SW 6th Ave
Topeka, KS 66606

*Note: Similar Mode is the required vendor to purchase uniform. If you tell Similar Mode that you are a Washburn Tech student, they will be able to help you. Please make sure your scrub bottoms are not too long. Hemming is free of charge. It is highly recommended that having two or three sets of scrubs for less laundry time.*

Updated 5.11.16
Washburn Tech Physical Examination and Health Record for Phlebotomy

Name: ________________________________  DOB: __________________
Ht________ Wt________ Temp________ Pulse________ B/P ____________

PLEASE NOTE: All areas must be filled in!

History: (circle conditions applicant has or has had)

CVA    HIV/AIDS    Allergies    Anxiety Attack    Diabetes
TB    Hepatitis    Heart Disease    Epilepsy    Cancer

Asthma    Alcohol or substance abuse    other ____________________________
Remark_______________________________________________________________________________
____________________________________________________________________________________
Current medications/Therapies:________________________
____________________________________________________________________________________
____________________________________________________________________________________

must have a current tetanus and TB test prior to the first day of class and is current throughout completion of class.

Date of test__________ Date read__________ Induration____________
Erythema____________

Ready by :________________________________ (or) negative CXR____ on (date) ________________

Date of last Tetanus________________________

I examined ___________________________ on _______________ and in my professional opinion I find him/her to be free of communicable disease and his/her health status is satisfactory to the Phlebotomy course.

Additional Comments:_______________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Physician, PA or APRN Name __________________ Signature __________ Date

Office Address __________________ City, State __________ Phone

Updated 5.11.16
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Required Textbooks & Supplies

Textbooks:


Supplies:
Notebooks/Paper
Colored Pencils
Pencils
Pens
Journal
8 x 10 Manilla Envelope
3 Ring Binder – not mandatory but very helpful

Required Immunizations and Records

☐ Physical Form (attached)
☐ Vaccination/Immunization Records
  o Flu vaccination
  o Hepatitis B Series
  o TB Skin Test
IMPORTANT MISCELLANEOUS INFORMATION
This information will be reviewed with your instructor and the deadlines for dates will be filled in.

I must have proof by ________________ that you received the flu vaccination, the Tuberculosis skin test and the Hepatitis B series vaccination to be able to attend clinicals.

I must have your parental consent form in my hand by ____________ to be able to stick with or be stuck by a needle.

There will be a national certification examination test that you will take after you’ve passed the class, the cost is $120.00. This amount will need to be paid when you apply to take the certification examination. We will talk more about this in a few weeks.

Clinicals start on _______________________ and the last day of clinicals will be on ____________________.

OSHA is an on-line course. We will meet together once to set up usernames and passwords and also to make sure you are able to log on. We will work on this together in class starting in June. This class takes the entire 10 hours, there is no way around it! Please allow yourself the time to finish and pass the exam. If you fail the exam you cannot continue in the phlebotomy program. The class opened today at 8:00 am and will end ______________________________ at 8:00 am.
WASHBURN TECH
PHLEBOTOMY PROGRAM PARENTAL
CONSENT AND CONSENT FOR TREATMENT

Please sign and return by the first day of class

Program Semester: __________________________________________________

Instructor: _______________________________________

During the Phlebotomy Program the students will be performing venipunctures and capillary punctures on each other. Some soreness, bruising and/or needle marks can occur. The students that participate in the described activity will be in compliance with all rules and regulations governing students of Washburn Tech.

Precautions will be taken to assure the safety of all students.

____________________________
Supervising Instructor

PARENTAL CONSENT TO PARTICIPATE AND CONSENT FOR TREATMENT

I hereby give my permission for my son/daughter, ____________________________, to participate in the activity described in the permission slip for Phlebotomy. I further give my legal consent and hereby authorize any representative of Washburn Tech to authorize emergency medical treatment, including necessary hospitalization or surgery for my above-named child, for any injury or illness of an emergency nature incurred while participating in this program as stated herein by any physician licensed in accordance with the provisions of the Kansas Healing Arts Act, K.A.A.65-2801, or any hospital or clinic.

I hereby acknowledge and agree that Washburn Tech is not responsible for any medical or hospital expense or other charges incurred for medical treatment of my child. I understand that a photocopy of this document shall have the same force and effect as the original. I also understand that school personnel will make a reasonable effort to contact me to seek permission and authorization prior to authorizing medical treatment.

SIGNATURE___________________________________________ DATE________________________

(Parent or Guardian)