



Phlebotomy Program  
Information Packet  
2020-2021

## **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 our administrative assistant via e-mail at [Sheila.krumrey@washburn.edu](mailto:Sheila.krumrey@washburn.edu) or phone at 785-670-3351

We look forward to having you in the classroom and introducing you to the health care field.

Sincerely,

Dr. Lisa Blair, Ph.D  
Assistant Dean and Director of Technical Education  
Washburn Tech

## Required Textbooks & Supplies

### **Textbooks:**

ISBN: 978-1-496-38707-3	Phlebotomy Essential 7 <sup>th</sup> Edition
ISBN: 978-1-496-39987-8	Phlebotomy Essentials Student Workbook 7 <sup>th</sup> Edition
ISBN: 978-0134-98945-7	Medical Terminology: Get Connected 3 <sup>rd</sup> Edition

### **Supplies:**

Notebooks/Paper  
Colored Pencils  
Pencils  
Pens (1 red and 1 black or blue)  
Journal  
1 – Manilla folder  
1 – small flash drive  
300 3X5 notecards  
2 – Red Scrub Tops  
2 – Black Scrub Bottoms  
1 – Black Lab Jacket  
Black anti-slip shoes

**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 of your immunizations, physical, drug test and background check and health insurance on or before the first day of class.

I must have your parental consent form (if under 18) on the first day of class 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 and is included in your class fees.

**Please note: Certain criminal convictions could deny or restrict access to certification**

**Students in the Summer class must be 18 by June 1<sup>st</sup>**

**Students in the Fall class must be 18 by October 1<sup>st</sup>.**

**Students in the Spring class must be 18 by March 1<sup>st</sup>.**

## Washburn Tech Phlebotomy Uniform Requirements

Similar Mode is a recommended vendor from which to purchase your uniforms but you may also use the vendor of your choice. Similar Mode offers a discount on the jacket and the scrubs. They will hem them if needed and apply your patches at no extra charge, just let them know that you are a Washburn Tech Phlebotomy student. It is highly recommended having two or three sets of scrubs, this means less laundry time. The address for Similar Mode Uniforms is: 915 SW 6<sup>th</sup> Ave. Topeka, KS 66606

### Class

- Scrubs are required to be worn every day. (Black pants, red top and black lab jacket)
- Non-slip black or black and red tennis shoes

### 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

### Clinicals

- The school scrubs are to be worn every day to clinical (including the jacket).
- The following jewelry must be removed prior to arriving at the host facility: hoop or long dangly 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.

- **Students will not be allowed to attend Clinical without proof of health insurance and completed Verified Credentials account.**

## WASHBURN INSTITUTE OF TECHNOLOGY

Testing/ADA Accommodation Requests

### Statement of Accommodations

It is the policy of Washburn Institute of Technology to assure equal educational opportunity without regard to race, color, sex, religion, age, national origin, ancestry, disability, marital or parental status, sexual orientation/gender identity, or other factors prohibited by law. The Campus Advocate is responsible for assisting in arranging accommodations and identifying resources on campus for persons with disabilities. Qualified students with disabilities must register with the Campus Advocate to be eligible for services and provide written documentation in order to receive services. New requests for accommodations should be submitted two months or more prior to the date services should begin; however, please contact the Campus Advocate as soon as a need may arise. Each request is evaluated on a case by cases basis.

#### **PROCEDURES TO APPLY FOR ACCOMODATION (S):**

1. Voluntary disclosure by the student of the disabling condition(s) is the responsibility of the student. Students are responsible for registering with the Campus Advocate to be considered for accommodations. The student will need to complete, sign, and submit a **Self-Identification as a Person with Disability Application for Accommodation**. This may be initiated by calling the Campus Advocate at 785-670-3364. The form is also available on our website at:  
<https://washburntech.edu/admissions/ada%20forms/Application%20for%20ADA%20Accom%20Self-Identification.pdf>
2. The student **must provide medical documentation from a medical or other appropriate licensed professional** to the Campus Advocate prior to consideration of requested accommodations. A medical assessment or ADHD assessment form may be picked up from the Campus Advocate office. Medical documentation must include:
  - a. Diagnosis and description of the disability, how disability was diagnosed (testing information and diagnosis within the past 3 years, within the last 6 months for psychiatric disabilities), how the disability affects the student's academic performance, and suggested accommodations, if possible. Return appropriate documentation completed by the licensed professional.
3. The **Campus Advocate will schedule a personal Accommodation Interview with the student either in person or by email**. This interaction is essential, and the Campus Advocate needs to receive background information from the student and discuss potential appropriate accommodations.
4. Following the Accommodation Interview, the Campus Advocate will evaluate the accommodation request. The student will be informed in person, writing, or by phone as to what determinations were made. The student and instructor(s) will then sign the **Accommodations Confirmation Sheet** if accommodation request is approved.

Requests for accommodation should be submitted **two months** or more prior to the date approved services will begin.

Note: Students will need to re-apply for accommodations each semester. Medical Assessment must be current and no older than 3 years.

Washburn Tech follows the federal regulations awarded to qualified individuals (a student with a disability who meets the academic and technical standards requisite for admission or participation in the institution's educational program or activities) if they are reasonable modifications that do not lower or substantially affect the essential requirements of the program. However, before Washburn Tech will fund accommodations, the student should contact state vocational rehabilitation agencies and other private organizations to explore financial assistance. When alternative funding is not secured, Washburn Tech can generally assist with securing reasonable accommodations.

Examples of accommodation arrangements:

1. Visually Impaired – Reader services, cassette players, test needs, books on tape. Note: When possible, text books should be sent to appropriate agencies (e.g. Recordings for the Blind & Dyslexic) for taping PRIOR to the semester needed.
2. Hearing Impaired – Interpreter services, when available, note taker.
3. Learning Disabled – Accommodations based on assessment of each individual’s needs.
4. Testing Accommodation – Extended time for first tests, distraction reduced area for tests and test reader. Testing accommodations must be requested two months prior to test date.
5. Other Conditions – Accommodation will be determined on an individual basis following an interview between student and Campus Advocate. NOTE: The above list provided examples of accommodations, Washburn Tech reserves the right to provide assistance to meet individual needs.

Contact Information:

Campus Advocate  
Washburn Institute of Technology  
5724 SW Huntoon Street  
Topeka, KS 66604  
785-670-3364  
Email: [Shelley.bearman@washburn.edu](mailto:Shelley.bearman@washburn.edu)

#### Appeal Procedure

The Campus Advocate is authorized by Washburn Institute of Technology to provide reasonable accommodations. Should the student disagree with the recommendation of accommodations, the student may appeal in writing to a committee including the Associate Director of Student Services, Washburn Tech and the Equal Opportunity Director, Washburn University. The committee will meet with the student as soon as practicable. Final determination of the accommodation (s) will be implemented by the committee.

Washburn University Institute of Technology [prohibits discrimination](#) on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Pamela Foster, Equal Opportunity Director/Title IX Coordinator, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, [eodirector@washburn.edu](mailto:eodirector@washburn.edu).

## **STUDENT HEALTH SERVICES**

Student Health is located in **Morgan Hall Room 140** (785) 670-1470

Open Monday through Friday 8:00 A.M. - 5:00 P.M.

The last walk-in is accepted approximately 30 minutes prior to closing dependent upon patients' census.

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All Washburn University students are eligible to visit Student Health Services free-of-charge with a valid WU ID. No appointment is necessary with the exception of pre-participation physicals and well woman exams. There is a fee for laboratory testing (including PAP), X-rays, immunizations, TB testing and prescription medications. Our services include:

- Urgent care for illness and injury
- Primary care for chronic stable conditions
- Pre-participation physical exams (Sports, Nursing, Allied Health, Study Abroad)
- Well-woman exams
- Sexually transmitted infection treatment
- Diagnosis and care of emotional problems
- Immunizations including meningitis immunizations (Required of all students living on campus). [\*\*Download immunization forms.\*\*](#)
- TB testing
- Patient assistance program for prescriptions
- Health education
- Referrals to community resources when necessary (at student expense). [\*\*Download Release of Information.\*\*](#)

### **Payment Method**

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Services with a fee can be paid with an I-card, credit card, check or cash.





## Student Health Services Test and Immunizations Prices

Please bring your Washburn Tech Photo ID

Test	Price
Syphilis (blood draw)	\$10
Gonorrhea/Chlamydia (urine, urethra or cervical swab)	\$18
HIV (blood draw)	\$17
Herpes Simplex Virus 1 / 2 (blood draw)	\$72
Urine analysis (dipstick)	\$1
Blood glucose (finger stick)	\$2
Urine pregnancy test	\$1
Streptococcus test (throat swab)	\$2
Mononucleosis test (finger stick)	\$3
Influenza test (nasal swab)	\$15
TB skin test	\$6
Tdap Vaccine (tetanus, diphtheria, and pertussis)	\$35
Hepatitis A Vaccine (series of two)	\$67 (per dose)
Hepatitis B Vaccine (series of three)	\$57 (per dose)
Meningitis Vaccine	\$111
Influenza Vaccine	\$15
MMR Vaccine (Measles, Mumps, and Rubella)	\$72
QFT (Quantiferon – TB) (blood draw)	\$51
PAP Smear	\$28

\*Prices as of 7/23/19. **These prices are subject to change.** Other laboratory testing is also available. Please ask Student Health Services staff if you have questions.

## Phlebotomy Program Checklist

To be completed by the 1<sup>st</sup> day of class:

- ┌ Purchase textbooks
- ┌ Purchase supplies for class
- ┌ Purchase scrubs, and wear to class on the 1<sup>st</sup> day
- ┌ Student Information Sheet (page 11)
- ┌ Liability Release Statement (page 12)
- ┌ Class/lab/clinical Expectations Sheet (page 13)
- ┌ Consent to Lab Participation and Treatment (page 14)
- ┌ Physical Exam Form (page 15) ~ You must use our form
- ┌ Confidentiality Statement (page 16)
- ┌ **Submit immunization records via Verified Credentials**
  - Flu vaccination
  - Hepatitis B Series vaccination
  - TB test (within 1 year), IGRA blood draw, or Chest X-ray
  - MMR
  - Tdap
  - Varicella (Chicken Pox)
  - Physical Examination form ~ You must use our form
  - Proof of Health Insurance
  - Background check
  - Drug Screen

Washburn Tech has partnered with *Verified Credentials* to track student health clearance records, and conduct pre-entrance background checks and drug screens.

**Students will be assessed a fee upon signing up on the *Verified Credentials* website and will be responsible for paying the fee.**

**Washburn Tech Phlebotomy  
Student Information Sheet**

**Demographic Information**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

High School Diploma? \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

**Student Preferences**

I like to be called: \_\_\_\_\_

Preferred Session (circle one)            a.m            p.m.            Summer

**Emergency Contact Information**

Parent/Guardian Name(s): \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact's Phone:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

(Required if student is a minor)

## Washburn Tech Liability Release Statement

*Read the following statement and if there are any questions contact the Director of Practical Nursing and Health Occupations before signing the Liability Release Form.*

Students entering the health care programs should be aware that they will be in close contact with other individuals having a variety of health problems in which the cause may or may not be known. The health care programs have specific precautionary requirements based on the type of exposure and/or clinical agency policies. It is the responsibility of each student to know and follow the program guidelines for necessary precautions against contracting and transmitting disease.

Students enrolled in health care programs at Washburn Tech who experience any injury or who have been diagnosed with an infectious disease which could place their patients at risk should immediately inform their instructor. During an educational assignment, if barrier precautions are compromised and an exposure occurs, a written Incident Report must be completed by the student and instructor and the student will be required to complete the post-exposure prophylaxis (PEP) protocol lab testing. All health care costs are to be assumed by the individual student. Washburn Tech and any affiliating agencies are not responsible for the provision of any healthcare, for any payment, or costs related to an injury or the exposure to an infections or a disease.

All matters surrounding students, with or exposed to, an infectious disease will be held in strict confidence. A decision about student participation in program activities will be made on an individual basis by the coordinator and instructor. Students are responsible for meeting all course, clinical and program objectives.

TO BE READ AND SIGNED BY THE STUDENT, and/or PARENT OR GUARDIAN IF STUDENT IS A MINOR:

***"I acknowledge that neither the Washburn Tech and/or any of its affiliations are responsible for health care provisions or costs in the care of any injury or the exposure to or infection with a disease while I am (or my student) participating in the program-related activities. I hereby waive and release Washburn Tech and the affiliating agencies from any and all claims or responsibility for insurance and hospital or health insurance benefits for health care services.***

***If a student refuses to adhere to any of the above stated guidelines or fails to notify the program instructor upon awareness of a condition, he/she may be dismissed from the health occupations program.***

Student Name: \_\_\_\_\_

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Required if student is a minor)

**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. If you have to be absent or late for clinical you are required to notify your preceptor and your instructor in a timely manner.

**Behavior:** Professional behavior is expected during class and clinical. Students will be respectful to the instructor(s), peers and host facilities at all times.

**CELL PHONES:** Are to be stored in your book bag or your purse, **NOT** in your pocket both in the classroom and clinical sites. Headphones may not be used during class.

**TABACCO USE** is **ONLY** permitted 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 in designated student parking spaces. Yellow curbs and areas designated by signs are for Washburn tech employees only. Parking in these areas may result in a fine.

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

*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 \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

(Required if student is still a minor)

**WASHBURN TECH**  
**PHLEBOTOMY PROGRAM**  
**Consent to Lab Participation and Treatment**  
*Please sign and return by the first day of class*

Student Name: \_\_\_\_\_

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. Additional risk associated with venipuncture include: exposure to infectious disease, fainting, nerve damage, arterial puncture, petechiae, fear, excessive bleeding, edema, thrombus, sepsis, etc. (Buowari, 2013).

All skills are demonstrated by the instructor and/or performed by the students. The students that participate in the described activity will be in compliance with all rules and regulations governing students of Washburn Tech.

I hereby consent to participate in the activity described above 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 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. I understand that a photocopy of this document shall have the same force and effect as the original.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

(Required if student is a minor)





## Confidentiality Agreement

Students in the Washburn Tech Health Care Programs work with medical records of actual patients in health care facilities and in the classroom. Students may receive direct or indirect information about current or former patients from other employees, other students, or faculty. Any information, whether written, oral or in electronic format, having any relevance to patient care, is strictly confidential and is to be maintained in a secure manner. It is imperative that confidentiality of the patients' records be maintained for legal and ethical reasons, including confirmation that a patient is receiving treatment.

### Pertaining to Student Confidentiality

1. A student file will be kept electronically in verified credentials and/or in our administrative office for the purpose of reference as well as having personal information on hand in the event of an emergency. Student records and personal information will be kept in strict confidence by all faculty and staff.
2. All clinical evaluation forms shared internally will be kept in strict confidence by all faculty and staff.

### Pertaining to Classroom and Clinical Patient Information/Confidentiality

1. Students agree to keep all patient/client information confidential according to HIPAA Privacy laws.
2. Students who breach patient confidentiality in any manner, where sufficient evidence exists, may be dismissed from the clinical education site and from my program of study.

By signing below, I acknowledge that I have read and understand the foregoing statement on the confidentiality of medical records. In consideration of and as a condition precedent to, I hereby agree to maintain the confidentiality of all patient information of which I may be made aware as a student in my program of study.

_____	_____
<b>Student Signature</b>	<b>Date</b>
_____	_____
<b>Parent Signature (if a minor)</b>	<b>Date</b>



# Washburn University

## Phlebotomy Program

Required Qualifications for Your Program

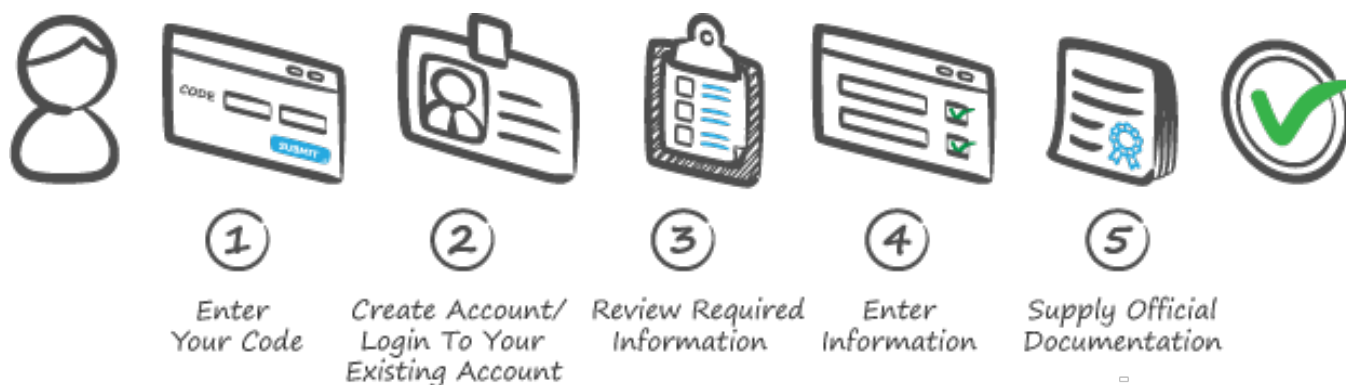
**TIME SENSITIVE**

DO NOT DELAY

### ATTENTION Students:

We've partnered with Verified Credentials, Inc. to help you supply the required qualifications for your program. To get started, carefully follow the instruction below:

### How it Works:



**IMPORTANT** – Use the CODE below to get started:

Program:	Code:
Background Check & Additional Requirements – Phlebotomy Program	JJDDF-42333

**GET STARTED NOW** at:

<http://scholar.verifiedcredentials.com/washburn>

**For Best Results - Use a laptop or desktop computer to complete this process.**