

## Phlebotomy Certificate Admission Process and Checklist

To begin the admissions process, the following items will need to be completed. **Applicants must first submit an application form and \$20.00 application fee to the Admissions Office. The Health Record Form and Criminal Background Study Form listed below should be submitted to the instructor the first week of class. Official transcript(s) must be sent directly from the previous institution(s) to the Registrar's Office.**

**Please note: The Phlebotomy Certificate is available on the Winona Campus only.**

### CHECKLIST

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

- \_\_\_\_\_ **Application form**
- \_\_\_\_\_ **\$20.00 application fee**, a one-time fee for new enrollees (Fee waived for students who attended credit courses at MSC-ST, Red Wing or Winona campus)
- \_\_\_\_\_ **Health Record Form: PAGES 2-4**
- \_\_\_\_\_ **Criminal Background Study Form: PAGES 5-6.** The study will be run prior to your clinical experience, which is during the last month of the certificate.

## Phlebotomy Certificate Health Record Form (Pages 2-4)

Minnesota State College Southeast is asking you to provide private information in order to process your MLT/Phlebotomy Health Record Form. This information will be used to update your health records. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent: to other schools in which you seek or intend to enroll, or are enrolled; to federal, state or local officials for purposes of program compliance, audit or evaluation; as appropriate in connection with your application for, or receipt of, financial aid; if the information is sought with a court order or subpoena; or as otherwise permitted by other state or federal law. If you have any concerns or questions about this form, please contact the Medical Laboratory Technician Program Director at 507-453-1478. Please return completed form to the instructor the first week of class.

### Part A: Student completes

Name \_\_\_\_\_  
Last First Middle/Maiden

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Birth date \_\_\_\_\_  
City, State, Zip

In Emergency  
Notify: \_\_\_\_\_  
Name Address Phone

*Health Insurance is strongly recommended. Any hospital or medical costs incurred while a student are the responsibility of the student.*

### Please read carefully and sign:

I understand that there are conditions for which accommodations may be appropriate under the Americans with Disabilities Act and that the Phlebotomy Certification will make all reasonable accommodations required by law for otherwise qualified individuals. To receive accommodations, I must contact the counselor's office.

I understand that any health care costs incurred during the period of time I am a student in the Phlebotomy Certificate will be my responsibility.

I hereby grant Minnesota State College Southeast permission to share information contained in the HEALTH RECORD FORM with those clinical institutions with whom I affiliate in my student role, should the clinical institution request or require it.

I understand that failure to sign this form or to provide the information requested could mean that a clinical site may refuse me placement at their facility. The Phlebotomy Certificate does not guarantee an alternative facility placement. I also understand that if no alternative facility placement is available, I may be unable to complete the Phlebotomy Certificate.

I certify that the information I have provided on this form is complete, accurate, and true to the best of my knowledge.

\_\_\_\_\_  
(Signature of Student) (Date)

*(Continued next page)*

## Phlebotomy Certificate Health Record Form Immunity Requirements

### Tuberculosis Immunity

Mantoux test: A licensed person must read the Mantoux

Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_

Name of person reading Mantoux \_\_\_\_\_ Credential \_\_\_\_\_

Signature of person reading Mantoux \_\_\_\_\_

Administrating Agency \_\_\_\_\_

**Chest X-ray:** required only if your Mantoux result is positive. The Phlebotomy Certificate requires a chest x-ray for individuals with a positive Mantoux

Date of x-ray: \_\_\_\_\_ Results: \_\_\_\_\_

**MMR Immunity:** All students must have ONE of the following:

Documentation of two MMR's      Dates of Vaccination: \_\_\_\_\_

OR

Rubella titer indicating immunity      Date Titer Read: \_\_\_\_\_ Result \_\_\_\_\_

**Hepatitis:** All students must be vaccinated against hepatitis B

\_\_\_\_\_ Date of 1st dose of vaccination  
\_\_\_\_\_ Date of 2nd dose of vaccination  
\_\_\_\_\_ Date of 3rd dose of vaccination

**Diphtheria – Tetanus (Adult Type):** All students must know their diphtheria-tetanus status

\_\_\_\_\_ Date of last vaccination  
Inoculation for tetanus within the last 10 years is required

*(Continued next page)*

**Chicken Pox:** All students must know their chicken pox status either by:

- \_\_\_\_\_ having had chicken pox
- \_\_\_\_\_ have not had chicken pox

OR, if you do not know your chicken pox status you must have a titer.

Chicken pox titer                                      Date Titer Read: \_\_\_\_\_

- \_\_\_\_\_ Chicken pox titer indicates immunity
- \_\_\_\_\_ Chicken pox titer does not indicate immunity

**Annual Influenza Vaccine (flu shot):** All students must have an annual Influenza Vaccine to attend the clinical experience.

\_\_\_\_\_ Date of Influenza Vaccine

\*\*Attach documentation from healthcare provider

***Immunity Requirements: please do not submit this form until all requirements are met\* and data are provided (except Influenza vaccine for Fall semester \*\*)***

**\*Exception—Hepatitis B has been initiated**

**\*\*For fall semester provide documentation of Influenza vaccine prior to clinical experience (vaccine usually available in October)**

## Phlebotomy Certificate Criminal Background Study Form (Pages 5-6)

Minnesota law **requires** that any person who provides services that involve direct contact with patients and residents at a health care facility licensed by the Minnesota Department of Health have a criminal background study. An individual who is disqualified from having direct patient contact as a result of the background study **and whose disqualification is not set aside by the Commissioner of Health**, will not be permitted to participate in a clinical placement in a Minnesota licensed health care facility.

The clinical experience is an integral and essential part of our program. Minnesota law requires health care facilities licensed by the Minnesota Department of Health to check or have knowledge of a student’s criminal background and could use the results to refuse to accept a student’s placement at its facility. **If the student refuses to participate in the background study, the clinical facility will refuse to accept the student.** We cannot guarantee an alternative facility placement. If no alternative facility placement is available, the student will be unable to fulfill the requirement to successfully complete the program and may be terminated from the program.

Minnesota State College Southeast is in compliance with Minnesota law which requires criminal background studies be conducted for all students prior to acceptance in the program, as well as annually while the student is in a clinical experience.

**THIS IS A LAW DETERMINED BY THE STATE OF MINNESOTA. IT IS NOT A POLICY DETERMINED BY MINNESOTA STATE COLLEGE SOUTHEAST, HOWEVER; OUR COLLEGE MUST COMPLY WITH THE STATE LAW.**

IN ORDER TO PROCESS YOUR CRIMINAL BACKGROUND STUDY, the college requires the following information:

**PLEASE PRINT**

Print Name	
Other First or Last names you have used	
Gender	
Date of Birth	
Minnesota Driver’s License Number	
Race (optional)	
SSN	

Phone number	
Address	
City	
State and Zip code	

**AUTHORIZATION FOR THE RELEASE OF BACKGROUND INFORMATION:**

I hereby authorize **Minnesota State College Southeast** to release information contained in its files (including but not limited to reports, records and letters or copies thereof) regarding a background study performed by the Department of Human Services, or a request to the Commissioner of Health for reconsideration of a disqualification, to determine my eligibility to participate in clinical placements to fulfill the requirements of the program at Minnesota State College Southeast. This information may be released to any of the clinical facilities.

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

Name (print) \_\_\_\_\_

Date \_\_\_\_\_