Phlebotomy Certificate Program

Information Guidelines
2017-2018

Revised 8/2017
The Certificate of Proficiency (CP) in Phlebotomy is a 16 week course at Arkansas Northeastern College that prepares students for entry level competencies as phlebotomists in hospitals, clinics, blood donor centers, and other health care settings. Students develop skills in performing phlebotomy procedures, specimen collection and processing in various health care settings. The CP in Phlebotomy is also a component of the Patient Care Technologist Technical Certificate Program and is approved by the Arkansas Department of Higher Education. The program includes 58 hours of theory and laboratory practical in the clinical lab and didactic instructions utilizing computer aided technology. The Clinical practicum (also referred to as “Clinical Rotation”), provides 120 hours of clinical experience in real clinical settings as students are supervised by professional Medical Technologists and/or Phlebotomists.

Admission Criteria for the CP in Phlebotomy:
Admission to the Arkansas Northeastern College Phlebotomy Program is selective and is based on students meeting the following minimum enrollment requirements:
1. Complete ANC application for admission and submit to Admissions in the Registrar’s Office.
2. Submit updated immunization records to the ANC Registrar’s Office.
3. Submit official transcripts from any college(s) previously attended to the Registrar’s Office and unofficial copies to the Allied Health Department.
4. Must submit official High School Transcript or GED with scores to the Registrar’s office and unofficial copies to the Allied Health Department on the Main campus.
5. Meet with the Nursing and Allied Health Advising Specialist to ensure admission criteria is met including required ACT or ACCUPLACER scores meet the minimum skill level.
6. Complete and submit the Phlebotomy Application for Admission as indicated on the application.
8. Attend all scheduled Advising sessions and complete required Advising Check List as verified by the Nursing & AH Advising Specialist.
9. ANC students applying for admission/re-admission into one of ANC’s Nursing or Allied Health Programs or Courses must have a written letter of recommendation from the previous program Director validating the student’s professional good standing.
10. A student requesting transfer from another college into ANC’s Nursing or Allied Health Programs/Courses is required to meet the ANC Transfer Policies as outlined in the ANC Catalog.

Selection Process:
The Phlebotomy program may have more applicants that meet the minimum requirements for admission than positions available. Admission is therefore competitive. Students will be ranked according to their admission testing scores (ACT, ACCUPLACER); however grade point average, completion of required developmental courses, and total number of College courses completed may also be reviewed for class selection.

It is the student’s responsibility to keep the Allied Health Department updated with all information pertinent to maintaining accurate records. Please notify the Allied Health Secretary of any changes in name, address and telephone numbers. Incomplete files will not be reviewed for admission into the program.
Personal Health Data and Medical History
Students are required to complete the Personal Health Data and Medical History Form and submit during the scheduled orientation day prior to the first day of class. The requested health data and history information is kept confidential and will be used only as an aid in providing necessary health care if an emergency were to arise or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

Health Insurance
Arkansas Northeastern College does not provide medical related services, nor does the College assume responsibility for injuries incurred by students during any College activity. Medical services may be obtained from local doctors, clinics, and hospitals at the student’s expense. All students are encouraged to carry their own health and accident insurance throughout the program.

Immunization Requirements for all Enrollees at Arkansas Colleges and Universities:
Arkansas State Law, Act 141 of 1987, requires college students born after 1/1/57 to provide proof of immunity against measles, mumps, and rubella within 30 calendar days of enrollment. Two MMR immunizations are required. Exemptions shall be granted only by the Department of Health and must be applied for each academic year. Forms can be obtained by e-mail only at www.immunization.section@arkansas.gov after July 1, each year.

Nursing and Allied Health MMR Immunization Policy: Arkansas law requires all full-time students born on or after January 1, 1957 to provide proof of immunization against measles, mumps, and rubella (MMR) or immunity, or medical or non-medical exemption, or birth before 1957.

- **Proof of Immunization:** The immunization must be given in two doses. The first dose of the MMR must be given before the first birthday and after 1/1/1968. The second dose must be given at least 28 days after the first. Refer to Table III of the Arkansas State Board of Health, Rules and Regulations Pertaining to Immunization Requirements, page 16. Accepted proof of immunizations shall be those on an immunization record provided by a licensed physician, health department, military service or an official record from another educational institution in Arkansas. All accepted immunization records shall state the vaccine type and dates of vaccine administration.

- **Proof of Immunity:** In lieu of receiving vaccine students may provide proof of immunity. Students must submit serological test results (titers) appropriate for all three diseases (measles, mumps, and rubella) to the Arkansas Department of Health (ADH) along with a letter requesting approval of immunity. Please send letter and test results to:
  
  Arkansas Department of Health
  ATTENTION: Immunization Section
  4815 West Markham Street
  Little Rock, AR 72205

  After the Medical Director of the Immunization Section of the ADH has reviewed the letter and results, the student will receive either an approval or denial letter. If approved, it is the student’s responsibility to provide ANC Registrar a copy of the letter for placement in the student’s permanent file. Thereafter, annual approval is not required. If denied, the student
must receive the required immunization or request an exemption (see below) through the
Arkansas Department of Health.

- **Medical or Non-medical Exemption:** Students may apply for an authorized exemption (medical,
  religious, or philosophical) from the Arkansas Department of Health. Exemptions must be
  applied for each academic year. Forms can be obtained after July 1, each year by e-mail only at:

**Other Immunizations Requirements:**
Students admitted to the EMT Program must have a tetanus or tetanus booster if it has been greater
than 7 years since the last booster. As a condition of admission and continuing enrollment in the EMT
Program, all students are required to submit to a tuberculin (TB) skin test prior to beginning the clinical
component. Skin tests are performed annually and must be maintained during the entire program,
which indicates freedom from active tuberculosis. A chest x-ray is required for any student who has
tested positive to a previous TB skin test.

Students entering the EMT Program must realize the potential for exposure to the Hepatitis B virus.
Faculty recommends appropriate documentation of a completed series of Hepatitis B immunizations or
consent to and be in the process of receiving the series of the 3 injections prior to any contact with
patients. If a student refuses or has reason to believe that the vaccine is contraindicated for him/her,
the student must sign a declination form acknowledging the risk of Hepatitis B infection in a healthcare
setting.

**Conviction of a Crime**
Persons convicted of a crime may not be eligible to take National or State Certifications. A criminal
background check is required of all Phlebotomy students. Having a criminal background may not
prohibit you from participation in the program; buy may prevent you from attending clinicals and
meeting required clinical course objectives.

**BACKGROUND VERIFICATION POLICY**

**Policy Statement:** Arkansas Northeastern College Allied Health Department requires students selected
for admission into the Phlebotomy Program to complete a criminal background investigation by a third
party vendor prior to beginning of clinicals.

All background verification information and results will be treated confidentially but will be accessible to
the Phlebotomy Instructor, the Dean of Nursing, Allied Health & HPER and clinical agencies as
warranted. All adverse or negative outcomes on the background verification checks will require
permission from the clinical affiliate before a student is scheduled at that agency for a clinical rotation.
This requires each clinical affiliate to independently determine if an adverse or negative outcome on the
criminal background verification check will prohibit a student from being assigned in their facility.

Students will be responsible for all fees associated with any components of the background verification
process. Students must authorize the background check verification by completing the background
authorization form provided by the vendor.

Students found to be ineligible to complete clinical rotations due to an adverse or a negative outcome
from the criminal background check will not be able to meet clinical and program objectives and
therefore dismissal from the program will be necessary.
The background investigation is completed through a third party vendor. The investigation will include:

- Criminal History Search
- National Sex Offender Registry
- Office of Inspector General (OIG)
- General Services Administration (GSA)
- Excluded Parties List System (EPLS)
- Elder Abuse Registry
- Child Abuse Registry
- MO Department of Health and Senior Services Family Care Safety Registry

Academic Progression
The Phlebotomy Program is competency based in skills and theory. In order to complete the Phlebotomy Program, a student must have satisfactory clinical performance and achieve an overall average of 70%. Any student not maintaining a "C" or better will need to repeat the course depending on seat availability. Probation and suspension will occur based on regular college policies.

Course Number | Course Name | Credit Hours | Pre-requisites/Co-requisites
--- | --- | --- | ---
AH-16011 or | Medical Terminology or Medical | 1 | Co-requisite for Phlebotomy or Nursing Assistant
AH-16006 | Phlebotomy | 6 | Co-requisite Medical Terminology

Total Courses: (2) Total Hours: 7

Course Descriptions:
AH 16006 Phlebotomy
This course includes skill development in the performance of blood collection methods using proper techniques and universal precaution. Emphasis is on infection prevention, proper patient identification, labeling of specimens and quality assurance, specimen handling, processing, and accessioning. The course has a 48-hour lecture/lab and includes a 120-hour clinical externship.

AH 16011 Medical Terminology *(Pre or Co-requisite to AH 16006 Phlebotomy)*
This course is designed to provide the basic structural background of prefixes, suffixes, and roots necessary for analyzing medical and scientific words. Emphasis is on structural analysis, pronunciation, pluralization, and spelling.

Functional Abilities
The functional abilities are the non-academic requirements of the program, and they comprise physical, emotional and professional demands of a nurse. Take into consideration whether you can perform the following functions, with or without accommodations. If you determine that you are unable to do any of the skills listed and have a documented disability, you will need to determine if a reasonable accommodation can be provided. To request an accommodation, you will need to contact Arkansas Northeastern College’s Student Services office and present documentation of your disability. *Students are required to read and sign understanding of the established Functional Abilities.*
The prospective student must have:

1. **Normal, compensated, or corrected vision** to participate actively in all demonstrations, laboratory exercises, classroom activities and clinical experiences in the various program. The student must be able to independently perform microscopic work; read charts, graphs, manuals, and instruments; and, make color comparisons and interpretations.

2. **Normal, compensated, or corrected hearing** to independently communicate with patients, colleagues, and other health care practitioners.

3. **Sufficient and appropriate eye-hand coordination and manual dexterity** to independently and safely perform phlebotomy techniques.
   a. Have full range of motion of joints, ability to perform repetitive tasks and the ability to walk, stoop, bend, twist, reach, and occasionally kneel and squat.
   b. Have fine motor abilities to use electronic keyboards to input and transmit data.
   c. Have the ability to lift and move up to 50 pounds of weight daily.

4. **Physical stamina to work long periods of time (4-8 hours) at tasks that demand bending, stooping, standing, and sitting.**
   a. Move freely and safely about the laboratory and the clinical setting.
   b. Perform moderately taxing continuous physical activity.
   c. Reach laboratory counters, shelves, patients lying in hospital beds or patients seated in blood collection furniture.

5. **Mental, psychological, and emotional health** to independently perform with speed and accuracy in potentially and occasionally stressful situations. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.
   a. Demonstrate rational and appropriate behavior.
   b. Tolerate taxing workloads, function effectively under stress, adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent to the clinical problems of many patients.
   c. Recognize own stress level and communicate need for assistance appropriately.
   d. Perform multiple tasks and establish priorities.
   e. Calmly react to urgent situations.
   f. Exercise good judgment in addition to the development of mature and sensitive relationships with patients.
   g. Demonstrate compassion, integrity, concern for others; interest and motivation are personal qualities each applicant should possess.
Arkansas Northeastern College  
Phlebotomy- Certificate of Proficiency (CP)  
Cost List 2017-2018

<table>
<thead>
<tr>
<th>Cost List 2017-2018 Tuition</th>
<th>Per Credit Hour</th>
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<tbody>
<tr>
<td>Mississippi County Residents</td>
<td>$69.00</td>
</tr>
<tr>
<td>Out of County Residents</td>
<td>$79.00</td>
</tr>
<tr>
<td>Missouri Bootheel &amp; Tennessee Border</td>
<td>$79.00</td>
</tr>
<tr>
<td>Out-of-State</td>
<td>$129.00</td>
</tr>
<tr>
<td>International</td>
<td>$129.00</td>
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</tbody>
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**Estimated Tuition: In County Fees**

<table>
<thead>
<tr>
<th></th>
<th>Totals</th>
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</thead>
<tbody>
<tr>
<td>Phlebotomy Course (6 credit hours x $69)</td>
<td>$414.00</td>
</tr>
<tr>
<td>Medical Terminology Course (1 credit hour x $69)</td>
<td>$69.00</td>
</tr>
<tr>
<td>Technical Fee ($11.00 per credit hour x 7)</td>
<td>$77.00</td>
</tr>
<tr>
<td>Registration Fee ($25.00/semester)</td>
<td>$25.00</td>
</tr>
<tr>
<td><strong>Total In County</strong></td>
<td>$585.00</td>
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<tr>
<td><strong>Total Out of County</strong></td>
<td>$655.00</td>
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**Phlebotomy Course Fees**

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<table>
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<tbody>
<tr>
<td>Phlebotomy Lab Fee</td>
<td>$50.00</td>
</tr>
<tr>
<td>Professional Liability Insurance</td>
<td>$25.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$75.00</td>
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**Other Phlebotomy Course Costs**

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<tbody>
<tr>
<td>Criminal Background Screening</td>
<td>$50.00</td>
</tr>
<tr>
<td>Uniforms &amp; Shoes</td>
<td>$100.00</td>
</tr>
<tr>
<td>Required Textbooks</td>
<td>$150.00</td>
</tr>
<tr>
<td>TB Skin Test or as required by ADH</td>
<td>$50.00</td>
</tr>
<tr>
<td>CPR Course</td>
<td>$40.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$390.00</td>
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**Program Completion Fees**

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<tbody>
<tr>
<td>Certification Study Guide and Exam Fee</td>
<td>$180.00</td>
</tr>
<tr>
<td>(Optional-not included in total program expenses)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Program Projected Cost:</strong> Total In-County</td>
<td>$1230.00</td>
</tr>
<tr>
<td><strong>Total Program Project Cost:</strong> Out-of-County</td>
<td>$1120.00</td>
</tr>
</tbody>
</table>

* Expenses are estimated and in effect at the time of this document but are subject to change. Revised 08/2017
Statement of Responsibility:
The following statements of responsibility indicate your understanding of the requirements necessary for evaluation of your file for possible admission into the ANC Phlebotomy Program. Please sign and submit with program application to the Nursing & Advising Specialist.

I have received information from a representative of Arkansas Northeastern College concerning admission requirements for the Phlebotomy. I understand that it is my responsibility to ensure that all entrance criteria are met.

I accept the responsibility to validate that all copies of my transcripts and test scores are received by the Allied Health Secretary (including those on file in other ANC offices). I will inform the Allied Health Secretary of courses in which I am currently enrolled each semester. I also accept the responsibility to have all transcripts from other colleges submitted and evaluated by the ANC Registrar.

I understand that my Application for Admission in the Phlebotomy Program will not be filed or considered unless my signature is on this form.

________________________________________
Print Name
________________________________________
Signature (legible please) Date

Understanding of Functional Categories:
I have read and understand the Functional Ability Categories, Descriptions, and Representative Activities and Attributes.

I understand that Phlebotomy is a discipline with cognitive, sensory, affective, and psychomotor performance requirements. I understand that, if necessary and if I meet certain documentation requirements of a disability, I must contact ANC Student Services at (870) 762-1020 to request accommodations.

________________________________________
Print Student Name
________________________________________
Signature (legible please) Date
Arkansas Northeastern College
Phlebotomy Certification Program
Application for Admission

Please check Campus of interest and mail as directed.

_____ ANC Main Campus Admission:  
Arkansas Northeastern College
Attention: Jack Neil, Advising Specialist
2501 South Division
P.O. Drawer 1109
Blytheville, AR 72316-1109

_____ ANC Paragould Center Admission:  
Arkansas Northeastern College- Paragould Center
Attention: Jack Neil, Advising Specialist
1032 West Kingshighway
P.O. Box 458
Paragould, AR 72450

Date of Application: ____________________  Application Received (Office Only): ____________________

Name: __________________________________________________________________________
   Last / Middle / First / Maiden
Home Phone (______) ___________  Cell (______) ___________  Work (______) ___________
Mailing Address__________________________________________________________
   City / State / Zip
Physical Address__________________________________________________________
   Street Number / City / State / Zip
Date of Birth_______________________________  Social Security #: ______ - ______ - ________

This data is for statistical purposes only and does not affect admission status. (Information is optional)

Gender: Male_____Female_____  Marital Status: ____________________  Age: __________
Do you consider yourself Hispanic or Latino? Yes___  No ___  Check all that apply:
□ American Indian/Alaskan Native       □ Asian/ Pacific Islander       □ Black/African American
□ Native Hawaiian/Pacific Islander       □ White                                   □ Other (specify) ________

High School Attended___________________________________________ Date of Graduation ____ ____
   Name / City / State

Colleges, Universities or other Schools Attended (May use back of application if needed):

1. ____________________________________________  (Institution)  (Dates Attended)  (Hrs. Attended)  (Degree) (GPA)

2. ____________________________________________  (Institution)  (Dates Attended)  (Hrs. Attended)  (Degree) (GPA)

Have you ever held a license in any healthcare profession? Yes_______ No_______
Have you ever been convicted of a crime? Yes _______ No _______

I acknowledge that all information provided is true and that misrepresenting the truth may lead to dismissal from
the Phlebotomy Certification Program.  I understand that if I have been convicted of a crime I need to meet with
the Program Director and that I may not be eligible to work in certain clinical settings or in some cases set or hold
certain certifications.

_______________________________           ________________           ______________
Print Name                                Student Signature (legible please)     Date
Arkansas Northeastern College
Allied Health Programs
(Patient Care Technology, Nursing Assistant & Phlebotomy)
Personal Health Data and Medical History

The information provided on this form is confidential and will be used only as an aid in providing necessary health care if an emergency were to arise while a student in the one of the Allied Health Programs or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

Name_____________________________________________ Social Security #_____________________
Last       First       Middle
Address_________________________________________________________Phone #______________
Street       City       State       Zip
Date of Birth___________Age_________Gender_________Height_________Weight_________

Physician__________________________________________
Name
Address
Phone #
Known Allergies_______________________________________________________________________
_____________________________________________________________________________________

Person to Notify in Case of Emergency       Phone#       Relationship

Attach proof of current Tuberculosis skin test or chest x-ray, as appropriate.

Students are responsible for their own Health and Accident Insurance.
ANC does not provide medical related services, nor does the College assume responsibility for injuries incurred during any College related activity.

Please respond to the following health related questions by indicating “yes” or “no”:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Have you ever had:</th>
<th>Do you presently have:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic (Bone) Problems</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Chemical Dependency (Alcohol/Drugs)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Chronic Communicable Disease</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Psychiatric (Mental) Problems</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dental Problems</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Neurological (Nerve) Problems</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cardiovascular (Heart) Problems</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Respiratory (Lung) Problems</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other Significant Health Problems</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Please describe any health problems below. Include duration, treatments, and resolution of the health problems.

_____________________________________________________________________________________

_____________________________________________________________________________________

Medical clearance is required on any health problem that could interfere with the ability of the student to meet the performance criteria for the program, endanger the safety of a patient and/or jeopardize the health of the student if he/she attempts to meet the performance criteria.

I understand that being a student in the Allied Health Programs and to practice as a PCT, NA or Phlebotomist will require me to have certain functional abilities as documented in the respective Program’s Information Guidelines.

_____________________________________________________________________________________

_____________________________________________________________________________________

Student Printed Name  Student Signature  Date

Documentation for Medical Clearance

This form is not complete without attachments, as appropriate and the signature of both the student and physician if medical clearance is needed.

I have examined ____________________________________________ and give him/her medical clearance to enroll in the Allied Health Programs at Arkansas Northeastern College. To the best of my knowledge and abilities, as determined by physical assessment, he/she can perform duties as required of a PCT, NA or Phlebotomist.

Physician notes if indicated:

_____________________________________________________________________________________

_____________________________________________________________________________________

Physician’s Printed Name  Physician’s Signature  Date

_____________________________________________________________________________________

Student’s Printed Name  Student’s Signature  Date
Arkansas Northeastern College
Allied Health Programs
(Patient Care Technology, Nursing Assistant & Phlebotomy)
Hepatitis B consent/Waiver Form

I understand that due to my occupational exposure to blood and other potentially infectious materials during any on the Allied Health Programs and in my career as a PCT, NA or Phlebotomist, I may be at risk for acquiring the Hepatitis B Virus (HBV) infection and/or other infectious diseases. I am being encouraged to take advantage of the ability to receive the Hepatitis B vaccination at the clinician of my choice. The following documentation is record that I am in the process of receiving the vaccine. I understand that after each vaccine, documentation will be provided to my instructor so that this record may be updated.

Hepatitis B Vaccine # 1: _________________________________
Date received: By:

Hepatitis B Vaccine # 2: _________________________________
Date received: By:

Hepatitis B Vaccine # 3: _________________________________
Date received: By:

__________________________________________
Printed Student’s Name  Student’s Signature  Date

I have previously received the Hepatitis B Vaccine on the following dates:

#1____________________  #2____________________  #3____________________

__________________________________________
Printed Student’s Name  Student’s Signature  Date

I choose not to take the Hepatitis B Vaccine:
I understand that by declining this vaccine I continue to be at risk for acquiring Hepatitis B, a serious infectious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I desire to be vaccinated with the Hepatitis B Vaccine, I will do so at that time.

__________________________________________
Printed Student’s Name  Student’s Signature  Date