



Phlebotomy Program

Information Guidelines 2020-2021

Last Revised: 9/2020

**Arkansas Northeastern College
Phlebotomy Certificate Program
2020-2021**

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.

COVID-19 Pandemic

Due to the COVID-19 pandemic, the ANC Phlebotomy Course is currently offering courses utilizing the "ZOOM Optional" delivery method. Students seeking admission into the 2020 - 2021 academic year should check the ANC portal for any official updates & announcements related to the pandemic and possible changes to the delivery methods and schedules.

Currently social distancing guidelines along with wearing a face mask are required for all ANC employees and students. Other guidelines are in place to assist in providing our students a safe learning environment. Refer to the ANC Return to Campus Plan 2020-2021:

<http://www.anc.edu/docs/covid/Return-to-Campus-Plan.pdf>

Seating in each classroom may be limited and students may be assigned to either the live classroom or the ZOOM classroom. Faculty will present course content in the classroom face-to-face while connecting with students in the alternate classroom live via ZOOM. Students may be instructed to bring their laptops/tablets and earbuds or headphones to class daily to connect using ZOOM. In the event that a student needs to connect remotely to ZOOM from a location outside of campus, approval will be required by the faculty. Campus lab and clinical activities will provide students the opportunity to complete course outcomes in small groups while wearing appropriate personal protective equipment (PPE) such as masks, face shields, gloves and gowns as indicated. Students receive a detailed course calendar for all courses, campus lab, and clinical activities.

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.
7. Complete required reading and sign Phlebotomy Statement of Responsibility & Understanding of Functional Abilities and submit with Phlebotomy Admission 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 are also 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.

CP Phlebotomy Minimum Scores Required			
Test:	Math	English	Reading
ACT	11	11	13
ACCUPLACER-CL	26A	52	36
ACCUPLACER-NG	216A	224	224

Certificate of Proficiency in Phlebotomy
Course Number Course Name Credit Hours Pre-requisites/Co-requisites

Course Number	Course Name	Credit Hours	Pre-requisites or 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	

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:
<http://www.healthy.arkansas.gov/programsServices/infectiousDisease/Immunizations/Documents/2017-2018%20College%20Immunization%20Exemption%20Application%20Packet.pdf>

Other Immunizations Requirements:

Students admitted to the Phlebotomy 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 Phlebotomy 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 Phlebotomy 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; but 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 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
Certificate of Proficiency (CP) in Phlebotomy
Cost List 2020-2021 Final

Tuition	Per Credit Hour	
Mississippi County Residents	\$72.00	
Out of County Residents	82.00	
Missouri Bootheel & Tennessee Border	\$82.00	
Out-of-State	132.00	
International	132.00	
Estimated Tuition: In County Fees		Totals
Phlebotomy Course (6 credit hours x \$72.00)		\$432.00
Medical Terminology Course (1 credit hour x \$72)		\$72.00
Technical Fee (\$11.00 per credit hour x 7)		\$77.00
Registration Fee (\$25.00/semester)		\$25.00
ZOOM/INET Course Fees (\$20/credit hour x 7)		<u>\$140.00</u>
	Total In-County	\$746.00
	Total Out-of-County	\$816.00
Course Fees		
Phlebotomy Study Guides/Supplies		\$115.00
Professional Liability Insurance		<u>\$25.00</u>
		\$140.00
Other Phlebotomy Program Costs		
Criminal Background Screening		\$55.00
Uniforms & Shoes		\$100.00
Required Textbooks		\$150.00
TB Skin Test, flu vaccine		\$130.00
CPR		\$45.00
Phlebotomy Certification Exam (optional)		<u>\$120</u>
		\$600.00
Total Program Projected Cost:	Total In-County	\$1,486.00
	Total Out-of-County	\$1,556.00

**Costs are estimated at time of document completion and are subject to change. Updated 08/2020*

Arkansas Northeastern College
Statement of Responsibility & Understanding of Functional Categories
Phlebotomy Course

Please hand-deliver or complete and mail with Application:

Arkansas Northeastern College
ATTN: Attention: Mr. Jack Neil, Advising Specialist
P. O. Box 1109
Blytheville, AR 72316-1109

Statement of Responsibility and Understanding:

The following statements of responsibility indicate your understanding of the requirements necessary for evaluation of your file for possible admission into the ANC Phlebotomy Course. Please sign and submit with program application to the Nursing & Allied Health Advising Specialist.

- I have received information from Arkansas Northeastern College concerning admission requirements for the NA Course. I understand that it is my responsibility to ensure that all entrance criteria are met.
- I acknowledge I have read, understand, and will abide by the policies and guidelines in the ANC Return to Campus Plan 2020-2021 and any subsequent COVID-19 pandemic related updates and or announcements posted on the ANC Portal.
- I accept the responsibility to validate that all copies of my transcripts and test scores are received by the Advising Specialist (including those on file in other ANC offices). I also accept the responsibility to have all transcripts from other colleges submitted and evaluated by the ANC Registrar.
- 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) 762-3180 to request accommodations.
- I have read and I understand the Functional Ability Categories specific to a student in the Phlebotomy program and am able to meet the Functional Abilities as presented, and have been provided with information concerning accommodations or special services if needed at this time.

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

Name of Student **(Please Print)**

Signature **(legible please)**

Date

**Arkansas Northeastern College
Phlebotomy Certification Program
Application for Admission**

Date of Application: _____ Application Received (*Office Only*): _____

Submit Application to:

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

Name: _____

Last / Middle / First / Maiden

Home Phone (_____) _____ Cell (_____) _____ Work (_____) _____

Mailing Address _____

City / State / Zip

Physical Address _____

Street Number / City / State / Zip

Date of Birth _____ Student ID #: _____

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
(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 _____ Student ID # _____
 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":

Condition	Have you ever had:		Do you presently have:	
	Yes	No	Yes	No
Orthopedic (Bone) Problems	Yes	No	Yes	No
Chemical Dependency (Alcohol/Drugs)	Yes	No	Yes	No
Chronic Communicable Disease	Yes	No	Yes	No
Psychiatric (Mental Health) Problems	Yes	No	Yes	No
Dental Problems	Yes	No	Yes	No
Neurological (Nerve) Problems	Yes	No	Yes	No
Cardiovascular (Heart) Problems	Yes	No	Yes	No
Respiratory (Lung) Problems	Yes	No	Yes	No
Other Significant Health Problems List:	Yes	No	Yes	No

Please describe any health problems below. Include duration, treatments, and resolution of the health problems.

Please list any medications you are currently taking (prescribed and over-the-counter)

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 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

For Instructor use only:

After review of the Student's Health Statement and in consultation (if indicated) with the student, I am requesting Medical Clearance: Yes _____ No _____

Comments/Notes:

Instructor Signature

Date

**Arkansas Northeastern College
Division of Nursing & Allied Health
Documentation for Medical Clearance**

Medical Clearance is being requested following review of the student's Medical History. The student's Healthcare Provider (Physician, Nurse Practitioner or Physician Assistant) must complete and sign this form providing Medical Clearance to participate as a student in the:

Name of Program: _____

Medical Clearance is necessary to ensure that any noted or found medical condition will not impede the student's ability to participate in their respective program of study and perform the duties of a Nursing Assistant and/or Phlebotomist. Additional documents from the healthcare provider may be necessary and should be attached to this form for submission back to Director/Instructor. Both the student and health care provider are required to sign this form for medical clearance.

I have conducted a review of systems, reviewed the provided ANC Health Statement and have examined the following applicant/student:

Print Name of Applicant/Student

As a result, I hereby approve medical clearance for the student to participate in their program of study. To the best of my knowledge and abilities, as determine by physical assessment, the student can perform duties as required of a Nursing Assistant or a Phlebotomist.

Healthcare Provider notes/comments if indicated:

Healthcare Provider (Print)	Healthcare Provider (Signature)	Date
Student's Printed Name	Student's Signature	Date

**Arkansas Northeastern College
Allied Health Programs
(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 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