



Empowering the Masses

Phlebotomy Program Application

Applicant Information

Full Name: _____ Birth Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

I live in the following zip code; 75216, 75241, 75232, 75208, 75224, 75233, 75203, 75211, 75237 , and can provide supporting documentation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a <i>felony</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a <i>Class A misdemeanor</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Health Questionnaire – (to be completed by applicant)

Do you have any physical limitations which would affect your ability to lift, turn, or transfer patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any limitations in the use of your senses, such as sight or hearing, which would limit your ability to practice a health profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any other condition which might interfere with your ability to practice as a health professional?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered “yes” to any of the above, please explain your limitations in detail below:



I certify that the information provided by me is complete and accurate. I give ETM permission to submit my personal information, this includes criminal background, drug screening results, immunization records, and TB documentation to any potential employer in which I seek to gain employment while I am a student at ETM.

Applicant's Signature

Date

STUDENT CHECKLIST

Empowering the Masses Phlebotomy Program

Name: _____ Date: _____

Email: _____ Phone: _____

I am submitting a complete application packet for the next available class. I used the checklist to double-check my packet and have signed all necessary forms. **Submit in a 9x12 inch envelope.**

Reminder: *CLEAR COPIES* of documentation only. Do not submit original documents.

_____ Phlebotomy Application

_____ High School Diploma or GED

_____ A valid, non-expired, U.S. or State Govt. Issued Identification

_____ TB Skin Test (Current TB Test within 12 months)



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_____ Flu Shot (Current flu strains – August – September Flu Shot to coincide with the Practicum)

_____ Immunization Signature Form or Separate Documents for required Immunizations

_____ Statement of Student Responsibility

_____ Student Responsibility Contract

For Office Use Only:

Reviewed by: _____ Date: _____

Comments: _____

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GENERAL COURSE INFORMATION

What do Phlebotomists do?

Phlebotomists draw blood from individuals in clinical/hospital settings.

What classes do I have to take?

- Financial Literacy
- Soft Skills Training
- Phlebotomy lecture and lab

When is it offered/when does it start?

See schedule for dates and times. Schedule may be viewed online at:
empoweringthemas.org

Am I certified when I finish the courses?

These courses will provide you with the knowledge and skills required by the National Healthcareer Association for certification as a Certified Phlebotomy Technician (CPT). To become certified requires passing the phlebotomy exam offered by the National Healthcareer Association. You will be given information on the exam in class.

Where are the classes held?

- Classes will be held at *For Oak Cliff* with time TBA.

This information packet contains specific application guidelines and requirements. By submitting an application packet, an individual verifies that they have (1) read the packet thoroughly, (2) obtained all necessary documents, and (3) understood the policies and procedures for application and acceptance to the PHLEBOTOMY program.

Application packets with incomplete materials will be disqualified.



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The Phlebotomy program application materials must be submitted in a 9x12 inch envelope and include the following documentation to be considered.

What do I need to submit for application consideration?

1. Phlebotomy Application

Information Sessions

Information sessions will be held virtually.

2. ALL students accepted to the Phlebotomy Program MUST achieve specialized admissions requirements, including a high school diploma or GED.

3. Identification

A Valid (non-expired) U.S. or state government-issued photo I.D. (i.e., passport, driver's license, state identification card)

4. Immunization Record (Phlebotomy students are required to have the 1st, 2nd, and 3rd shots of the 3-shot Hepatitis B Series before submitting an application packet for Phlebotomy). TB screening and proof of immunity from Measles, Mumps, and Rubella. Combination tetanus/diphtheria/pertussis (TDaP), Varicella/Chickenpox, and Hepatitis B series. Detailed information on immunizations is included in this packet.

5. Statement of Student's Responsibility

6. Student Responsibility Contract

7. Student Checklist

You may email or hand-deliver a complete application packet. Submit a complete packet to Empowering the Masses via email to awhitefield@empoweringthemas.org. All in-person submittals will require an appointment. Students are advised to retain a photocopy of all materials submitted. There are no deadlines for submitting an application; students are approved on a first-come, first-served basis with complete packets. Once the class is full, students will be added to a waiting list.

How do I know if my application packet was approved?

You will receive an email informing you of your approval and registration instructions and deadline from our Student Liaison.



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If you are approved for registration, a valid email address is required. Once you have received registration approval, you will be responsible for the following items:

TUITION – Tuition must be paid in full at the time of registration.

LIABILITY INSURANCE

TEXTBOOK – Phlebotomy Essentials by Ruth McCall and Cathee M. Tankersley, 5th or 6th Edition, ISBN-10: 1605476374 or ISBN-10: 9781451194524



IMMUNIZATION INFORMATION

Immunizations for ETM Health Career Students

In order to comply with the Texas Administrative Code (Title 25 Health Services, Rules 97.61-97.72) regarding immunization records for students enrolled in health-related courses, the following guidelines are now enforced for students at Empowering the Masses CTE Health Career courses and programs. Health Career students must present the following documentation with their application:

I. Immunization Record Form

An immunization record form is included in this application packet. The completed form verified by a physician or nurse practitioner will document dates of all required immunizations and/or date of positive titer result for each.

NOTE: If immunization records have been recorded on a separate form of documentation such as a hospital printout, health department card, office call invoice, etc., a clear photocopy of that documentation may be attached to the Physical Examination and Immunization Record form.

A. Tuberculosis Screening

An intradermal PPD (Mantoux) “skin” test is required for all applicants. The PPD must be current within (12) months of the applicant’s anticipated entry into a Health Careers course. If the PPD indicates a positive reaction, documentation must indicate the induration of the test site and the applicant must also obtain a chest x-ray verifying the absence of active disease. The chest x-ray will then be valid for two (2) years while the student is enrolled. Individuals who have received the BCG injection or who have a history of tuberculosis or a positive PPD result should obtain a chest x-ray rather than the PPD.

B. Immunizations

An applicant must have completed the following immunizations according to the indicated guidelines and schedules. Documentation of a titer (blood test) with specific lab values verifying immunity or seropositivity is also accepted for Measles, Rubella, Varicella, and Hepatitis B.

1. **Measles** – Two (2) doses of measles (“rubella”) vaccine is required either in a separate injection or in combination with mumps and rubella (“MMR”). Both measles immunizations must have been received after January 1, 1968. Individuals who were born prior to 01/01/1957 are exempt from the measles immunization requirements.
2. **Mumps** – One (1) dose of mumps vaccine is required either in a separate injection or in combination with measles and rubella (“MMR”). Individuals who were born prior to 01/01/1957 are exempt from the mumps immunization requirement.
3. **Rubella** – One (1) dose of rubella vaccine is required either in a separate injection or in combination with measles and mumps (“MMR”). There is no exemption from the rubella immunization requirement for individuals who were born prior to 01/01/1957.



4. **Tetanus/Diphtheria/Pertussis (“TDaP”)** – One (1) dose of the Tdap is required within the past ten (10) years. The documentation must clearly indicate that a TDaP was received. Note: a standard Tetanus or Tetanus/Diphtheria (Td) is not accepted.
5. **Varicella (chickenpox)** – Two (2) doses of varicella vaccine are required or documentation of a positive titer (blood test) with lab values report. NOTE: A statement from a physician or parent indicating the student’s previous varicella disease history is no longer accepted.
6. **Influenza** – One (1) dose of a flu vaccine is required with flu strains that start in August of each year.
7. **Hepatitis B series** – Three (3) doses of Hepatitis B Vaccine are required per the timetable;
 - Initial dose
 - 2nd dose one month after initial dose
 - 3rd dose five months after the second dose OR twin RIX series

If an applicant fails to adhere to the above schedule, the series may have to be repeated.

II. Exceptions

Exceptions from meeting certain immunization requirements are allowed for such circumstances as medical conditions, religious beliefs, etc. Applicants must present documentation as indicated below. Requests for exceptions are reviewed on an individual basis.

A. Medical Exceptions

The applicant must present a statement signed by their physician with personal knowledge of the applicant’s medical history. The statement must indicate in detail that a specific vaccine poses a significant health risk to the individual. If the statement requests exemption from the Hepatitis B series, the applicant must also complete a separate waiver form to accompany the physician’s statement. Unless the statement specifies that a lifelong condition exists, the exemption is valid for one year only from the date of the signed statement. The signed statement must be submitted with an applicant’s Physical Examination and Immunization Record form.

B. Exceptions Based on Religious Belief/Reasons of Conscience

The applicant must obtain an Exclusion Affidavit from the Texas Department of Health by submitting a written request and including the applicant’s full name and date of birth. The written request must be mailed to the following agency;

Texas Department of Health
Bureau of Immunization and Pharmacy Support
1100 West 49th Street
Austin, Texas 78756

The affidavit form will be mailed to the applicant who must complete and sign the form which must include the basis for exception. The affidavit will be valid for a two-year



period. The signed affidavit must be submitted with the applicant's Physical Examination and Immunization Record form.

NOTE: These exemptions may not be recognized by all hospital affiliates at which health students are assigned for their clinical experiences. A student may be required to receive all screenings and immunizations for a healthcare facility.

III. Empowering the Masses Health Center Services

Empowering the Masses does not offer immunizations, physical examinations, or chest x-rays; however, we will provide a list of physicians and clinics which offer the physical examination at a reasonable cost. Immunizations may be obtained at urgent care clinics, some pharmacies, and at the Dallas County Health and Human Services office.

The following clinics may have low-cost vaccines available. These are suggested clinics you may call to inquire about immunizations. Feel free to contact your primary physician and/or search for other low-cost immunizations in your community.

Dallas County Health & Human Services

2377 N Stemmons Freeway
Dallas, TX 75207
(214) 819-2000
*Flu shots for \$10

Los Barrios Unidos Community Clinic

809 Singleton Blvd
Dallas, TX 75212
(214) 651-8739

City of Mesquite Health Clinic

1616 N. Galloway Ave.
Mesquite, TX 75149
(972) 329-8326

The Martin Luther King, Jr. Family Clinic

2922 Martin Luther King Jr Blvd
Dallas, TX 75215
(214) 426-3545

Mission East Dallas

9706 La Prada Dr.
Dallas, TX 75228
(214) 393-6700

City of Garland Public Health Clinic

206 Carver St.
Garland, TX 75040
(972) 205-3370



FREQUENTLY ASKED QUESTIONS

1. *What is considered acceptable vaccination records?*

Documents submitted from any private clinic, Dallas County Health Clinic, or Hospital. All records must include the date of vaccine and doses for the Hep B series. Your vaccination documentation must include a physician/nurse/PA signature or official stamp for verification. Phlebotomy students can submit an official high school transcript that may include most vaccinations verification on the back of the transcript.

2. *Where can I obtain my shot records?*

Dallas County Health & Human Services if you lived in Dallas and were immunized in Dallas County. <http://www.dallascounty.org/department/hhs/immunizations.html>

3. *Do I still need the varicella vaccine if I had chickenpox as a child?*

Yes, a statement from a physician or parent indicating previous varicella disease history is no longer accepted.

4. *Where can I obtain a copy of my high school diploma or GED?*

Contact the high school or organization you completed your secondary education with in order to obtain a copy of those records. A high school transcript is also acceptable.



Statement of Student's Responsibility

Review and initial each section as verification that you have read and understand this information:

_____ I acknowledge that this information packet contains policies, regulations, and procedures, existence at the time of this publication went to press. I also acknowledge that Empowering the Masses reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Empowering the Masses.

_____ I accept full responsibility for submitting a complete application packet and understand that incomplete materials including missing or incomplete forms, immunizations records, and CPR certification will disqualify my application. I also accept the responsibility of informing Empowering the Masses of any change in my status, address, telephone, or other information that would affect my application status.

_____ I understand that if accepted to Empowering the Masses Phlebotomy Program, all forms, immunization records, etc. submitted with my packet becomes the property of Empowering the Masses and will not be returned nor photocopied for me. Therefore, I am responsible for keeping my own photocopies of these documents before I submit them with program application packet materials. I also authorize the release of these records to any of my clinical sites which may require them.

_____ I acknowledge that I must comply with class and clinical requirements, if I am absent from clinical for physical or mental illness, surgery, or pregnancy reasons, I must present a written release from a physician before being allowed to return to the clinical setting.

Applicant's Signature: _____

Date: _____



Student and Instructor Contract

Parties

This STUDENT RESPONSIBILITY CONTRACT (“Contract”), made as of August 25, 2021, is by and between _____ (“Student”) and _____ of Empowering the Masses (“Assigned Instructor”).

In consideration of the mutual promises and covenants in this Contract, of which the receipt and sufficiency are hereby acknowledged, the Parties further agree to the terms as follows:

The purpose of this Contract is to improve the Student’s academic performance and behavior during the Phlebotomy Course to help the Student reach their academic potential. The Assigned Instructor shall formulate and assign learning and behavioral activities for the Student.

Terms and Conditions

TERM.

This Contract shall be effective starting from the first day of the course until the last day of the course, which encompasses the twelve (12) week program term.

Instructor’s Responsibilities.

Aside from formulating the activities for the Student, the Assigned Instructor shall also be responsible for the following:

- Determine the knowledge level of the Learning Student;
- Monitor the Learning Student’s progress with diligence and patience; and
- Make shared evaluations with the Learning Student regarding the academic and behavioral progress and/or improvements of the Learning Student.
- Inform the students of opportunities available in the community upon successful completion of the training program.



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Student's Responsibilities.

The Student shall be responsible for the following:

- Procure and submit all documents for the Assigned Instructor to have sufficient knowledge about what the learner needs;
- Maintain punctual and reliable attendance to classes, with the exception of only two classes missed per academic session and;
- Successfully deliver all learning activities agreed on this Contract with utmost diligence.
- Pay all applicable tuition and fees associated with the program.
- Obtain Liability Insurance prior to the first day of labs and;
- Obtain CPR training and certification from an American Heart Association (AHA) approved provider.

Class Schedule.

6:30 pm – 8:30 pm Tuesdays & Thursdays (2 hours, 2 days a week, 4 hours weekly) Labs **REQUIRED** (in-person) are TBD each session by instructor. May include Saturdays.

Start Date: _____ Last Class Day: _____

Assignment.

This Contract shall not be assigned to any third party unless consented by all parties and authorized by the foundation.

Entire Agreement.

This Contract bears the entire agreement of the parties regarding the purpose and its subject matter and supersedes any previous oral or written arrangements between the parties.

Governing Law.

This Contract shall be interpreted and governed by the state laws of Texas.

Student Signature: _____ **Date:** _____

Instructor Signature: _____ **Date:** _____

IMMUNIZATION FORM

Two ways to submit immunizations: (1) Use this form, each line requires a doctor's signature or verification form from your health center and date of immunization dates of lab results indicating a positive titer (seropositivity) required. You must include the lab results. (2) Or immunization records recorded on a separate document such as a hospital printout/health department card.

	Date of Immunization	If Seropositive, Date of Positive Titer (Attach Lab Results)	Doctor's Signature or Health Center Signature valid only if injection was given
Measles – 2 doses since 01/01/1968 or positive Titer ; Exempt if born on or before 01/01/1957	#1		
	#2		
Mumps – 1 dose if born on or after 01/01/57; or positive Titer ; Exempt if born on or before 01/01/1957			
Rubella – 1 dose or positive Titer			
Tetanus/diphtheria/pertussis (TDaP) – 1 dose within the past 10 years		DOES NOT APPLY	
Varicella (chickenpox) – 2 doses or positive Titer	#1		
	#2		
Hepatitis B series <ul style="list-style-type: none"> ◇ 1st initial dose ◇ 2nd dose after 1 month ◇ 3rd dose after 5 months ◇ OR, Twin RIX series Or Positive Titer 	#1		
	#2		
	#3		
Influenza – 1 dose within the past 12 months		DOES NOT APPLY	

TUBERCULOSIS SCREENING

Documentation requires a **physician's signature** or verification from the Health Center.

Intradermal PPD (Mantoux) – within six (6) months unless previously positive

Date _____ Results _____
_____ Physician's Signature

Chest X-ray – within one (1) year if PPD positive (Must also include positive PPD verification above.)

Date _____ Results _____
_____ Physician's Signature