

PHLEBOTOMY



The following items are required for your application to be considered complete:

- Copy of a valid Florida driver's license or photo ID
 - If you are a Co-Enrolled Student, you must speak to our guidance counselor and fill out a Co-Enrolled packet in Student Services
- Copy of your signed Social Security card (name must match the name on driver's license/photo ID)
- Copy of high school diploma or GED diploma (unless Co-Enrolled)
- Official, sealed high school transcripts
 - If you have your GED, official sealed high school transcripts are still required even if incomplete.
- Official college transcripts (if applicable)
- Copy of college diploma (if applicable)
- Essay telling why you are interested in the Phlebotomy program and what you know about the Phlebotomy profession
- Two (2) completed **Professional** Recommendation Letters (**Cannot be related to you; No family members, friends, boyfriends, girlfriends, coworkers, etc.)**
 - Should be signed by applicant and person writing the recommendation
 - Must know you or known you for a year or more
- Read, sign and date technical standards
- Must attend ONE (1) Information Session. Waived at this time...

PHLEBOTOMY

The following will be required **IF YOU ARE ACCEPTED** into the Phlebotomy Program:

- **PERT Test** –This test is **NOT** required for admission, however, it must be completed if you are looking to complete Phlebotomy and move on to take the Medical Clinical Laboratory Technician program. To schedule a testing appointment, please contact Student Services at (352) 671-4134.
- **MUST** bring in proof of your background check (we will provide paperwork upon acceptance) must be completed by **Mandatory Orientation**, prior to **First Day of class**. Co enrolled students are Exempt.
- Immunizations- **Proof of the following are due by Mandatory Orientation, prior to the first day of class:**
 - Hepatitis B (1st series), Tuberculosis (PPD), Tetanus, Measles Mumps Rubella (MMR), and Varicella Zoster (Chicken Pox) evidence of immunizations or positive titers.
 - If your TB Skin Test comes back positive, we will need a copy of the results from the chest X-Ray.
 - Physical Exam within the year
- A completely negative drug screen is required in order to be accepted into a health science program at Marion Technical College. Clinical settings affiliated with health science programs do not grant access to individuals with THC in their drug screen. Prescribed medical marijuana contains THC. Physician authorized use of medical marijuana is not acceptable to our clinical affiliates as it contains THC. In order to remain compliant with contractual requirements mandated in training agreements with clinical settings, students cannot be accepted into a health science program if they have THC in a drug screening, with or without a medical marijuana card.



HEALTH SCIENCE

Use the following section to tell us in your own words, why you are interested in the Phlebotomy Program, as well as what you know about the Phlebotomy profession. (This essay **MUST** be handwritten. Cursive is preferred. However, this essay must be legible or it will not be valid.) More than 10 full sentences.

Marion County Public Schools

1014 SW 7th Road, Ocala, Florida 34471 • tel.352.671.7219 • fax 352.671.7221
•website:www.mariontc.edu

Equal Opportunity Schools



TECHNICAL STANDARDS

HEALTH SCIENCE

Students who are accepted into the Health Science programs are required to be able to perform the following tasks:

- Walk the equivalent of five (5) miles a day.
- Grip, reach above shoulder level, bend at the knee, squat, stoop and crawl.
- Sit, stand for prolonged periods of time.
- Perform CPR/First Aid.
- Lift a minimum of 50 lbs.
- Manipulate small objects dexterously.
- Tolerate exposure to dust, fumes, chemicals, detergents, body fluids, and latex.
- Distinguish colors.
- See objects as small as 1mm.
- Hear subtle sounds, such as heart or lung sounds.
- Withstand varied environmental conditions such as heat, cold, and moisture.
- Cope with a high level of stress.
- Prioritize and make decisions fast under pressure.
- Cope with anger, fear, hostility and/or confrontation in a calm manner.
- Cope with death and dying.
- Concentrate.
- Be flexible and self directed.
- Problem solving.
- Demonstrate a high degree of patience and confidentiality.
- Communicate in writing and verbally.

By signing below, I acknowledge that I can perform all the tasks mentioned above.

Applicant Signature: _____

Print _____ Date _____

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Equal Opportunity Schools

Marion County School Public Schools "Equal Opportunity Schools"
Return to: Marion Technical College
Phlebotomy Program
1014 SW 7th Road
Ocala, FL 34471

RECOMMENDATION FORM

Applicant: _____

Please Print

Signature*

(*By my signature, I authorize the person below to answer the following questions to the best of their ability and submit this form to MCSRT).

**NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSIONAL REFERENCES
PLEASE. FORM MUST BE RETURNED DIRECTLY TO THE HEALTH SCIENCE OFFICE BY THE
PERSON COMPLETING IT.**

1) How do you know this individual? _____ # of years _____

2) Do you feel this individual would adapt and excel in a healthcare environment that is highly technological and highly patient? ____Yes ____No ____Not Sure

Explain:

3) I have observed the following attributes in this individual (only check those that apply)

<input type="checkbox"/> Cheerfulness	<input type="checkbox"/> Self-Motivation	<input type="checkbox"/> Good Attendance	<input type="checkbox"/> Critical Thinking
<input type="checkbox"/> Maturity	<input type="checkbox"/> Self-Confidence	<input type="checkbox"/> Team Player	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Dependability	<input type="checkbox"/> Initiative	<input type="checkbox"/> Multi-Tasking	<input type="checkbox"/> Effective
<input type="checkbox"/> Honesty	<input type="checkbox"/> Punctual	<input type="checkbox"/> Time Management	<input type="checkbox"/> Communication

4) What do you feel is this individual's greatest strength? Why?

5) What do you feel is this individual's greatest weakness? Why?

6) Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish something important.

7) Additional comments:

Signature: _____

(Person Making Recommendation)

Print Name: _____ Phone # _____

Title/Credential: _____ Date: _____

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____ Maturity	____ Self-Confidence	____ Team Player	____ Problem Solving
____ Dependability	____ Initiative	____ Multi-Tasking	____ Effective
____ Honesty	____ Punctual	____ Time Management	____ Communication

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6) Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish something important.

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Signature: _____

(Person Making Recommendation)

Print Name: _____ Phone # _____

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