

The following items are **REQUIRED** for your application to be considered complete.

- Copy of a valid FL driver's license or photo ID.
 - If you are a high school student interested in dual-enrollment, contact your guidance counselor for further instruction.
- Official, sealed high school transcripts.
 - GED transcripts (if applicable). Must also provide official sealed high school transcripts even if incomplete.
- Official college transcripts (if applicable) or copy of college diploma.
- Essay telling why you wish to become a Phlebotomist, what you know about Phlebotomy as a healthcare profession, and your goals upon completion of the program.
- Two (2) completed Professional Recommendation Letters.
 - Signed by the applicant and the person writing the recommendation
 - References cannot be related to you; no relatives or friends.
- Read, sign and date technical standards form.

Acceptance: Upon receiving an acceptance letter into the program, you will need to complete the following:

- **Background Check** - due prior to the first day of class. Students who have not completed their background check prior to the first day of class will not be able to attend class.
- **Drug Screening** – A drug screening is conducted unannounced some time near the early phase of the program. **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.
- **Physical Exam** – Use the MTC Physical Form (attached). Must be signed by physician and completed prior to the first day of class.
- **All Immunizations** –
 - Hepatitis B, Tuberculosis (PPD), Tetanus, Measles Mumps Rubella (MMR), Varicella Zoster (Chicken Pox).
 - Covid vaccine is optional.



Phlebotomy Program

Return To: Marion Technical College
1014 S.W. 7th Road, Ocala, FL 34471
FORM MAY BE FAXED TO: (352) 671-7221.

PROFESSIONAL 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 MTC).

NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSIONAL REFERENCES.

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 centered? Yes No Not Sure

Comments: _____

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 Communication |
| <input type="checkbox"/> Honesty | <input type="checkbox"/> Punctual | <input type="checkbox"/> Time Management | |

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 _____ Title/Credential _____ Date _____

Contact Phone Number _____



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7) Additional comments: _____

Signature (person making recommendation): _____

Print Name _____ Title/Credential _____ Date _____

Contact Phone Number _____



TECHNICAL STANDARDS

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.
- Distinguish colors.
- See objects as small as 1mm.
- 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.
- 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 the above tasks.

Signature: _____

Print _____ Date _____