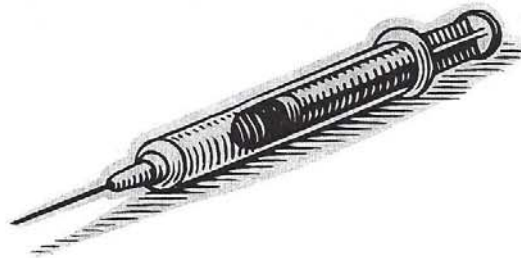


**SOUTHERN UNIVERSITY AT SHREVEPORT**



**ALLIED HEALTH DIVISION**



**PHLEBOTOMY  
CERTIFICATE**

# SOUTHERN UNIVERSITY AT SHREVEPORT



## *Phlebotomy*

*Dear Phlebotomy Candidate:*

*The time has come to apply for the Phlebotomy Program. This letter should be used as a date guideline for your application packet. I would advise you to be very observant of dates. Packets are due:*

- *July 30 for Fall Semester acceptance*
- *November 30 for Spring acceptance*

*Applications **will not be accepted** after the deadline date. Phlebotomy board interviews (Time and Date) will be sent to you via email. Make sure you submit a good email address in your packet.*

*This letter outlines the mandatory requirements for the Phlebotomy Application Process. The requirements are as follows:*

1. *A \$40 application fee (non-refundable) **MONEY ORDER** (made payable to MLT/Phlebotomy). Please **submit in package.***
2. *High school diploma or equivalent*
3. *High school GPA of 2.0 or higher*
4. *College transcript(s) if applicable, GPA of 2.0 higher*
5. *Completed application returned by the deadline date.*
6. *A Sealed Official Transcript from High School (if no college) or **ALL** colleges attended (including SUSLA). E-Scripts are acceptable to be sent to [www.pbrown@susla.edu](mailto:www.pbrown@susla.edu)*
7. ***Official Louisiana Immunization record***
8. ***Official Documents:** Hepatitis B titer, Varicella Titer, Mumps Titer, Measles(Rubeola) Titer, Rubella Titer, TB-Skin, and Flu Shot.*
9. ***Brief narrative of intent-“Why Chose to be a Phlebotomist”***
10. *Three (3) letters of reference (Forms are included in the application packet)*
11. *Interview with Phlebotomy Interview Committee (TBA)*
12. *Applicants must be at least 18 years of age and be in sufficient mental and physical health to meet the minimum Essential Functions and Technical Standards. The standards are listed below.*

## ***Essential Functions and Technical Standards***

*Health Sciences programs establish technical standards and essential functions to insure that students have the abilities required to participate and potentially be successful in all aspects of the respective programs. Successful students are those who are highly disciplined, self-motivated, self-reliant and capable of working independently.*

*Essential functions, as distinguished from academic standards, refer to those physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum, as well as the development of professional attributes required by the program officials and clinical faculty of all students upon completion of the program. The essential functions consist of minimal physical, cognitive, affective and emotional requirements to provide reasonable assurance that students can complete the entire course of study and participate fully in all aspects of clinical training.*

### ***Students with Disabilities***

*Qualified applicants with disabilities are encouraged to apply to the program. It is the responsibility of the student to contact the Office of Student Affairs/Counseling Center if they feel they cannot meet one or more of the technical standards listed. Reasonable accommodations for persons with documented disabilities will be considered on an individual basis, but a candidate must be able to perform in an independent manner. There will be no discrimination in the selection of program participants based on race, creed, color, gender, age, marital status, national origin, or physical or mental disability, providing mandatory standards can be met.*

*Completion of the above requirements **does not** in any way guarantee a candidate a place in the Phlebotomy Program. Please understand that the Phlebotomy Program is a very competitive program.*

*If you have any questions in regards to the application packet and requirements, please feel free to contact my office at (318) 670-9350. I would like to pause at this time and congratulate you for concerning Southern University at Shreveport's Phlebotomy Program. I only wish upon you much success and happiness as you pursue your Phlebotomy career.*

*Good Luck,*

*Patricia Raphael-Brown*

*Asst Prof Patricia' Raphael-Brown, MLT/Phlebotomy Program Director  
Southern University at Shreveport  
3050 Martin Luther King, Jr., Drive  
Shreveport, LA 71107  
(318) 670-9350*

***Please return application in an 8"X11" envelope***



**DIVISION: ALLIED HEALTH**

#  
Dssdfdwlrq#irur#lpg lwlrq#r#

# Phlebotomy Technician

*Southern University at Shreveport does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.*

**PLEASE PRINT OR TYPE**

Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name in Full: \_\_\_\_\_  
Last (Any Others Used) First Middle

Home Address: \_\_\_\_\_  
Number & Street Apt. # City County State Zip

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Student ID: \_\_\_\_\_ Cellphone: \_\_\_\_\_

SUSLA E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

Have you ever before made an application to any Southern University at Shreveport Health Sciences programs?

Yes  No

If yes, what program? \_\_\_\_\_

When: (approximate date) \_\_\_\_\_

Have you ever been **charged or convicted** of a felony or misdemeanor?

No  
 Yes

If yes, please explain: \_\_\_\_\_

Are you currently on Probation? \_\_\_\_\_

**It is the student's responsibility to:**

**Return this application to the department of Medical lab Tech/Phlebotomy: Metro Campus at 610 Texas Ave Suite #307. It may be returned by mail or in person. DO NOT FOLD. If you need further assistance, contact the Program Director's office at the Metro Campus or call at (318) 670-9350 or email: [www.Pbrown@susla.edu](mailto:www.Pbrown@susla.edu)**

**Mailing Address: Phlebotomy Department**

**610 Texas Ave Suite #307**

**Shreveport, La 71101**

**Give information concerning high school(s) attended or G.E.D.:**

Name of School	City & State

**Give information concerning college, university, vocational schools, allied health schools attended:**

Name of Institution	City & State	Number of Credits Earned

**You will be required to send one (1) official copy of your transcript(s) from all schools attended.**

List any scholastic honors:

\_\_\_\_\_

List any licenses or certificates held (ie, ARRT, EMT, etc): \_\_\_\_\_

\_\_\_\_\_

Certain minimum physical abilities and characteristics are required in health sciences professions. See [www.susla.edu/Phlebotomy](http://www.susla.edu/Phlebotomy) for specific requirements. Are you able to meet the Essential Functions (technical skills standards) for the program to which you are applying? Essential Functions are included in the application.

Yes       No

If "No," explain: \_\_\_\_\_

Please sign if you have read and understand the Essential Functions.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that to be compliant with clinical facility requirements, a mandatory criminal background check and Drug Screen is required for final admission to the program.

**Admission Checklist: (Please check off each item)**

- Complete Application and meet admission requirements
- Official Transcripts
- Reference forms (3)
- Essential Function Line Signed. Included in application.
- Narrative(Letter of Intent)
- Application Fee

If any courses were taken at a school other than SUSLA, you **must** provide a copy of the transcript with your application. An unofficial SUSLA transcript can be submitted with a receipt showing that an official transcript has been paid for. E-Scripts are acceptable.

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***Incomplete applications, as reflected by missing items from the checklist, will not be considered for selection into the program.***

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I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of the Southern University at Shreveport Phlebotomy Program.

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***Signature of Applicant***

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***Date***

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**For Faculty Use Only**

**NOTE:** requires faculty initials

Completion Checklist:

_____ Application received on _____	_____ Louisiana Immunization Record
_____ Letter of Intent	_____ MMR Titer
_____ Reference Letters (3)	_____ Hepatitis Titer
_____ Application Fee	_____ Varicella Titer
_____ Transcripts	_____ TB Skin
	_____ Flu Shot

# *Certificate of Technical Studies in Phlebotomy*

## *Southern University-Shreveport*

### *Recommendation of Applicant Form*

*This form comprises a necessary part of the student's application for admission to the Clinical Practicum Phase of the Phlebotomy Program. Please take a moment to complete the form and return it back to the applicant in a sealed envelope.*

**Note:** *Each applicant is asked to read and sign the following statement before distributing this form to references.*

*I hereby waive my right of access to such confidential material contained in my individual department file and hereby authorize the department and Southern University to use such letters, statements and recommendations in connection with my request for admission to the clinical phase of the Phlebotomy Program.*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

To be completed by the respondent:

**Applicant** \_\_\_\_\_

*Please Print*

**Name of Respondent** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address of Respondent** \_\_\_\_\_  
*Street City State Zip*

1. *I have known the applicant as a:*

\_\_\_\_\_ *Student*                      \_\_\_\_\_ *Patient*  
\_\_\_\_\_ *Friend*                      \_\_\_\_\_ *Employee*  
\_\_\_\_\_ *Volunteer*  
\_\_\_\_\_ *Other (Please specify)* \_\_\_\_\_

2. *I have known the applicant for* \_\_\_\_\_ *years and/or* \_\_\_\_\_ *months*

3. *I have served as the applicant's:*

\_\_\_\_\_ *Teacher*                      \_\_\_\_\_ *Employer*  
\_\_\_\_\_ *Friend*                      \_\_\_\_\_ *Pastor*  
\_\_\_\_\_ *Advisor/Counselor*  
\_\_\_\_\_ *Other (Please specify)* \_\_\_\_\_

4. Using the rating scales below, please check the box that best represents your opinion of how the applicant rate out of a typical group of students:

	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Good</i>	<i>Very Good</i>	<i>Outstanding</i>
	<i>Lowest 40%</i>	<i>Middle 20%</i>	<i>Next 15%</i>	<i>Next 15%</i>	<i>Next 15%</i>	<i>Highest 5%</i>
<i>Fundamental Knowledge</i>						
<i>Ability to use knowledge</i>						
<i>Speaking and writing skills</i>						
<i>Self-reliance and independence</i>						
<i>Motivation toward career</i>						
<i>Stability and Maturity</i>						
<i>Overall ability</i>						

5. What strong points and/or weak points does the applicant have that should be considered?

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\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date



# *Certificate of Technical Studies in Phlebotomy*

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\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

To be completed by the respondent:

**Applicant** \_\_\_\_\_

*Please Print*

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\_\_\_\_\_  
*Signature of Respondent*

\_\_\_\_\_  
*Date*

# *Certificate of Technical Studies in Phlebotomy*

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\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

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*To be completed by the respondent:*

**Applicant** \_\_\_\_\_  
*Please Print*

**Name of Respondent** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address of Respondent** \_\_\_\_\_  
*Street City State Zip*

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\_\_\_\_\_ *Friend*                      \_\_\_\_\_ *Employee*  
\_\_\_\_\_ *Volunteer*  
\_\_\_\_\_ *Other (Please specify)* \_\_\_\_\_

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5. What strong points and/or weak points does the applicant have that should be considered?

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\_\_\_\_\_  
*Signature of Respondent*

\_\_\_\_\_  
*Date*

# ***REMINDER!!!!***

*DO NOT FORGET  
YOUR  
ONE PAGE  
NARRATIVE!!!!*

## ***“WHY I CHOSE TO BE A PHLEBOTOMIST”***

# ***FYI***

***Once accepted into the Phlebotomy Program the student will incur the following  
Phlebotomy Program Expenses***

*Cost is subject to changes*

- Phlebotomy Program Entrance fee \$100 (due the first day of class- NON-REFUNDABLE)
- Uniforms and shoes (Price will vary depending on the number of set you purchase)
- Physical Examination (Price will vary depend on the quantity of immunization needed to be in compliance)
- Drug Screening - \$32-\$40
- Background Checks - \$40 -\$50
- CRP Certification - \$35 (Healthcare Provider)
- Books - Required
- Tuition
- National Registry Exam -\$85- \$135
- Practice Exams- \$50-\$100
- 3' Binder
- Pen
- Paper
- sharper