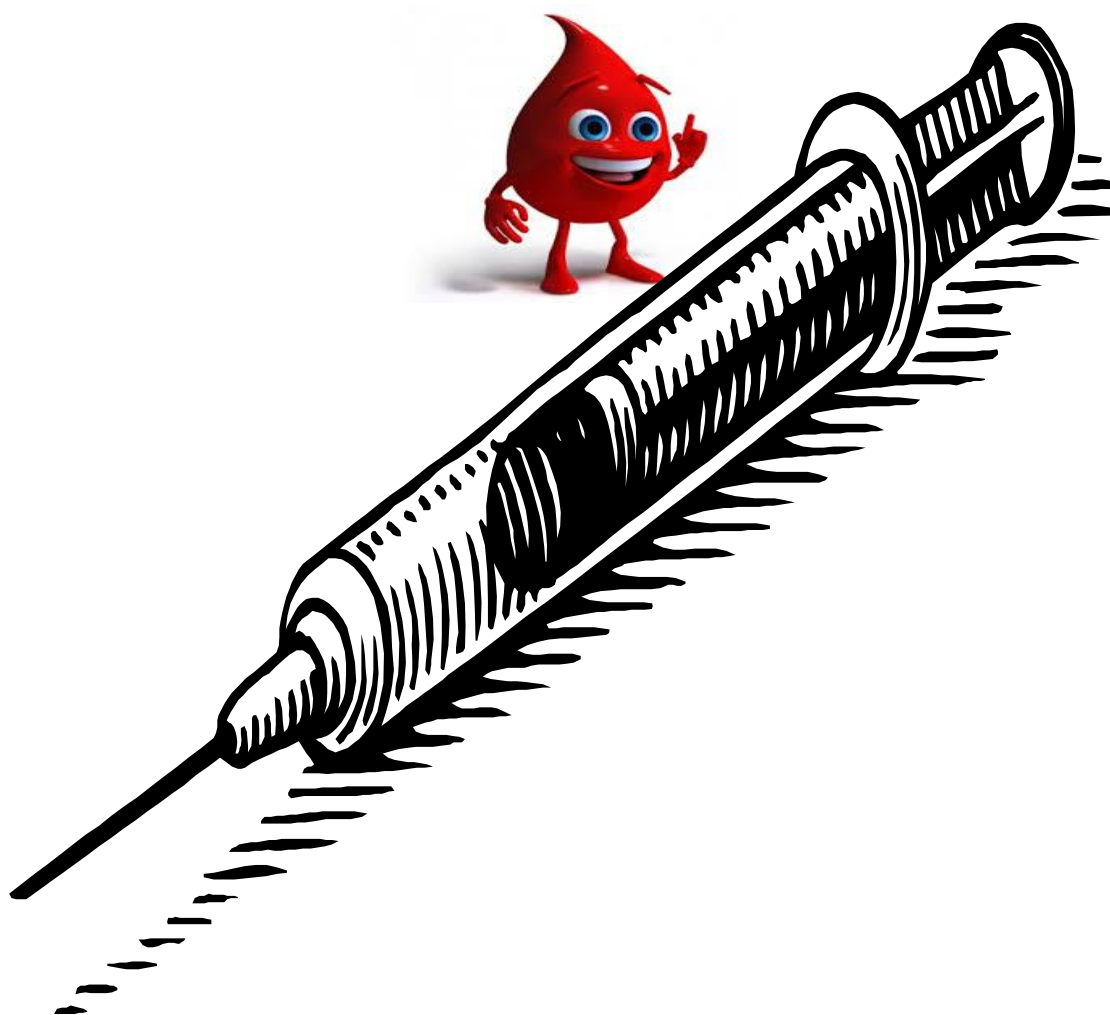




PHLEBOTOMY PROGRAM CLINICAL APPLICATION



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 30th --- Fall Semester acceptance
- December 1st --- Spring Semester 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 SUSLA-Phlebotomy). Must be submitted with your application.
2. If you have not attended college, please submit: High school diploma or equivalent. A Sealed Official Transcript from High School
3. If you have attended college, please submit: An official college transcript(s) if applicable from ALL colleges attended (including SUSLA). E-Scripts are acceptable to be sent to www.pbrown@susla.edu.
4. Completed application returned by the deadline date.
5. Official Immunization record or immunization records
6. Brief narrative of intent- "Why I Chose to be a Phlebotomist"
7. Three (3) letters of reference (Forms are included in the application packet)
8. Interview with Phlebotomy Interview Committee (TBA)
9. 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.

Please return application and all paperwork in an 8"X11" envelope

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. **Phlebotomy students must have abilities and skills as follows:**

- 1. Observation:** The applicant/student should be able to characterize color, odor, clarity and viscosity of biological, reagents or chemical reaction products. Therefore, the student must possess functional use of the senses of smell, vision and somatic sensation.
- 2. Communication:** The applicant/student must be able to communicate effectively and sensitively orally and in writing with all members of the healthcare team. The student must have the ability to read and comprehend written material in order to correctly and independently perform laboratory test procedures.
- 3. Psychomotor Skills:** The applicant/student must possess gross and fine manual dexterity sufficient to handle specimens or reagents and phlebotomy equipment and perform analytical procedures requiring the use of small, delicate tools, equipment and instruments. The applicant/student must possess vision and dexterity which allows him/her to focus and view specimens using a binocular microscope.
- 4. Intellectual/Conceptual and Cognitive Abilities:** The applicant/student must be able to measure, calculate, reason, analyze and synthesize, integrate and apply information. The applicant/student should be able to use sufficient judgment to recognize and correct performance and problem solve unexpected observations or outcomes of laboratory procedures.
- 5. Behavioral and Social Attributes:** The applicant/student must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to the performance of laboratory testing. Candidates must also be able to tolerate taxing workloads, function effectively under stress, adapt to a changing environment, display flexibility and function independently in the face of uncertainties or problems that might arise.
- 6. Ethical Standards:** The applicant/student must demonstrate professional demeanor or behavior and must perform in an ethical manner in dealing with peers, faculty, staff and patients.
- 7. Academic Performance:** The applicant/student must be able to obtain relevant information from lectures, seminars, laboratory sessions or exercises, clinical laboratory practicums and independent study assignments.

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.

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 Students 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 Raphiel-Brown

Associate Professor Patricia' Raphiel-Brown, MLT/Phlebotomy Program Director

Southern University at Shreveport

3050 Martin Luther King, Jr., Drive

Shreveport, LA 71107

(318) 670-9350

FYI

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

Phlebotomy Program Expenses

- **Tuition- \$2500 - \$3500**
- **Books – Required**

Additional Tuition fees added on as Program fees (INCLUDED IN TUITION)

- **Phlebotomy Program Entrance fee- (due the first day of class- NON-REFUNDABLE)**
- **Drug Screening**
- **Background Checks**
- **CRP Certification - (Healthcare Provider)**

Additional program requirements paid by the student- (NOT INCLUDED IN Program Fees)

- **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)**
- **National Registry Exam -\$90-\$135**
- **Practice Exams- \$50-\$100**
- **Medtraining Subscription (\$50-\$100)**
- **3' Binder**
- **Pen**
- **Paper**
- **sharpie**

Cost is subject to changes

REMINDER!!!!

*DO NOT FORGET
YOUR
ONE PAGE*

TYPED

*NARRATIVE
On*

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

DIVISION: ALLIED HEALTH SCIENCE/NURSING

Application for admission to:

Phlebotomy Technician

Southern University at Shreveport does not discriminate based on 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: _____

Banner U#: _____ Cellphone: _____

SUSLA E-mail: _____ Date of Birth: _____

Personal E-mail: _____ Last 4 of SSN# _____

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 **arrested, charged or convicted** of a felony or misdemeanor?

☐ No

☐ Yes

If yes, please explain: _____

Are you currently on Probation or Parole? _____

If Yes, please explain: _____

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

Mailing Address: MLT/ Phlebotomy Department

610 Texas Ave Suite #331

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 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 comply 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
- ☐ Copy of Immunization records
- ☐ Reference forms (3)
- ☐ Essential Function Line Signed. Included in application.
- ☐ Narrative Letter of Intent: (“**Why I chose to be a Phlebotomist**”)
- ☐ Application Fee (money order made payable to **SUSLA-PHLEBOTOMY**)

If any courses were taken at a school other than SUSLA, **you must provide a copy of the official 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.

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

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 faculty and staff of the Southern University at Shreveport Phlebotomy Program will read the information contained in this application.

Signature of Applicant

Date

For Faculty Use Only

NOTE: requires faculty initials

Completion Checklist:

_____ Application received on _____	_____ Immunization Record
_____ Letter of Intent	_____ MMR
_____ Reference Letters (3)	_____ Hepatitis B series
_____ Application Fee	_____ Varicella
_____ Transcripts	_____ 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?

Signature of Respondent

Date

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Southern University-Shreveport

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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)*** _____

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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***
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