

# Phlebotomy

Name: \_\_\_\_\_

Class start date: \_\_\_\_\_

Course #(s): PLAB1023.

PLAB1060.

## Please provide copies of the following documents:

Office  
Initials

\_\_\_\_\_ Must be 18 yrs. old  
\_\_\_\_\_ Photo ID or Driver's License, and Social Security Card  
\_\_\_\_\_ High School Diploma/GED  
\_\_\_\_\_ CPR Certification - *within last 2 yrs*  
\_\_\_\_\_ (*Must be American Heart Association Basic Life Support*)  
\_\_\_\_\_ Health Insurance

---

## Immunizations:

\_\_\_\_\_ Date Tetanus (must be Tdap) *must be within last 10 years*  
\_\_\_\_\_ MMR - If born after 1957 must have 2 shots  
\_\_\_\_\_ Varicella (Chicken Pox) *2 doses*  
\_\_\_\_\_ Hepatitis B series *all 3 must be complete prior to registration*  
\_\_\_\_\_ Tuberculosis (TB) test (negative) *must be within last 1 year*  
\_\_\_\_\_ Influenza (flu) *during flu season*  
\_\_\_\_\_ Covid-19

\_\_\_\_\_ Drug Screen *to be completed on first night of class*

---

\*\*\*\*\*office records\*\*\*\*\*

## Notes

### Forms:

\_\_\_\_\_ Policies \_\_\_\_\_ Registered  
\_\_\_\_\_ Background Check Form \_\_\_\_\_ Paid cash check cc mo A/R  
\_\_\_\_\_ PLN Form \_\_\_\_\_  
\_\_\_\_\_ Release of Information Form \_\_\_\_\_  
\_\_\_\_\_ Venipuncture Consent Form \_\_\_\_\_ Background checks completed

**MIDLAND COLLEGE**  
**HEALTH SCIENCES CONTINUING EDUCATION**  
**COURSE/SEMINAR REGISTRATION FORM**

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Course Number(s)                      Course Name                      Course Fee                      Course Starting Date

\_\_\_\_\_  
Course Number(s)                      Course Name                      Course Fee                      Course Starting Date

\_\_\_\_\_  
Social Security Number                      Date of Birth                      Student ID Number

\_\_\_\_\_  
Last Name                      First Name                      MI

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code

\_\_\_\_\_  
Home/Evening Phone                      Cell/Pager                      Work/Day Phone

\_\_\_\_\_  
Email Address

The following information is requested by the State of Texas for reporting purposes:  
Sex: \_\_\_ Male \_\_\_ Female  
Ethnicity: \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian \_\_\_ American Indian \_\_\_ Other  
Education: \_\_\_ Continuing Education Student \_\_\_ GED \_\_\_ High School Grad  
                  \_\_\_ Associate Degree \_\_\_ Baccalaureate/+

How did you hear about this course? \_\_\_\_\_

Payment Method: \$\_\_\_ Check    \$\_\_\_ Cash    \$\_\_\_ Money Order    \$\_\_\_ Credit Card    † A/R

Midland College accepts VISA, MasterCard, American Express, and Discover cards.

*Refund Policy: 100% Canceled Course ~ 100% prior to first class day.  
80% Prior to second scheduled class meeting.  
**No refund after First day of class. All refunds subject to a \$10 processing fee.**  
Students will not receive a refund for a one-day course if they drop on the day of the class.  
It is the student's responsibility to cancel their registration.  
All refund forms must be completed in person, allow 30 days for processing. No cash refunds will be issued.*

**Advanced Technology Center, 3200 W. Cuthbert, Midland, Texas 79701**  
**(432) 681-6354**

Midland College is an equal opportunity employer/educator.

Midland College accredited by the Commission on Colleges of the Southern Association of Colleges and Schools toward certificates and associate and baccalaureate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Midland College.



Midland College  
Health Sciences Continuing Education  
Phlebotomy Program

**VENIPUNCTURE CONSENT FORM  
AND  
RESPONSIBILITY AGREEMENT**

I, \_\_\_\_\_ (Student Name), understand that during the course of my program of study, I will have the opportunity to practice specific invasive procedures such as venipuncture and skin puncture on consenting students. I understand that a clinical instructor must be in attendance during any practice session in which venipuncture or skin puncture is performed. I will not perform, nor allow to be performed on me, any practice session of such unless a clinical instructor is present.

I understand that receiving venipuncture or skin puncture administered by other students is strictly voluntary and will not impact my grade. I understand the risks of these procedures may include feeling light-headed, bruising, infection, or damage to tissue. I hereby release and will not hold Midland Junior College District, the instructors, employees, nor my classmates liable for any injury or complication that may result from any activity occurring in practice sessions.

I hereby agree to follow Standard Precaution guidelines as well as comply with regulations outlined in the OSHA Bloodborne Pathogen Standard in order to minimize the risk of exposure to bloodborne pathogens.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I hereby give my consent for students to practice, or faculty demonstrate, venipuncture and/or skin puncture procedures on me.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Midland College**  
**Health Sciences Continuing Education**  
**Release of Information Form**

Clinical Agencies require proof of compliance with health and safety requirements. The HSCE program director or their designee will provide this information to the clinical agencies which request that such information be provided.

I, \_\_\_\_\_, do hereby authorize the Midland College Health Sciences Continuing Education department to release any of the following information to clinical agencies as requested:

- Criminal Background Check Results (if applicable)
- Drug Test Results (if applicable)
- Proof of Immunization Records
- Lab Testing Results (such as blood titers indicating immunity to communicable diseases)
- Proof of CPR Training
- Proof of Insurance Coverage (if applicable)
- Personal Information

I understand that this authorization will expire when I am no longer enrolled in any Health Sciences Continuing Education classes.

Name of Student (please print) \_\_\_\_\_

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

Date \_\_\_\_\_

Program of Study \_\_\_\_\_



### Professional Licensing Notice

Student ID#: \_\_\_\_\_

Student DOB: \_\_\_\_\_

Completion of Midland College degrees and/or certificates does not guarantee eligibility to take a certification/registry/licensure examination. The eligibility of each person is determined on an individual basis by the regulatory body of the specific discipline. If you have a conviction of a crime other than a minor traffic violation, physical or mental disability/illness, hospitalization/treatment for chemical dependency within the past five years, current intemperate use of drugs or alcohol or a previous denial of a licensure or action by a licensing authority, you will need to contact the specific regulatory body for an individual ruling. Some programs require a criminal background check and urine and drug screen.

I have read and understand the statement above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Health Sciences Continuing Education

### **Cell Phone Policy:**

- Out of courtesy to instructors and students, it is the policy of the Health Sciences Continuing Education Department that use of cell phones in the classroom is prohibited.
- This becomes an interruption for everyone in the class and will not be tolerated by the HSCE Department.
- If there is an emergency event in your family, you need to do the following:
  1. Notify your instructor of such event
  2. Put your phone on vibrate
- There are breaks throughout the class period that will allow you to check your messages.

### **Refund Policy:**

- 100% Canceled Course 100 % prior to first class day 80% prior to second scheduled class day  
**No Refund after the Second Day of Class**
- Students will not receive a refund for a one-day course/seminar if they drop on the day of the class or do not attend.
- It is the student's responsibility to cancel their registration.
- All refunds are subject to a \$10.00 processing fee.
- Allow 30 days for processing.  
**No cash refunds will be issued.**

### **Grievance Policy:**

- A Student that has a grievance may take the following steps to resolve the issue:

*Step 1:* Contact your instructor and submit the grievance in writing.

*Step 2:* Contact the Director of Health Science Continuing Education with a written submission of the grievance. The office of the director is located in the Advanced Technology Center at 3200 W. Cuthbert.

*Step 3:* Contact the Dean of Distance Learning and submit your grievance in writing. This office is located on the Midland College Campus located at 3600 N. Garfield in the Aaron Medical Science Building.
- Refer to Midland College's policy regarding grievances in the Student Rights & Responsibilities.

**I have read this form, understand it completely and will comply with the rules and regulations of Midland College Health Sciences Continuing Education.**

---

**Printed Name**

---

**Date**

---

**Signature**



## Criminal Background Check

It is a state requirement that a criminal background check be conducted prior to students entering selected clinical settings dealing with children and individuals with mental illness, mental retardation, or physical limitations. Be aware that if you have had a misdemeanor or felony conviction (other than a minor traffic violation) you may not be able to go to certain clinical facilities and may not be able to complete your health science program.

In order to do a background check, the following information is required:

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Date of Birth

\_\_\_\_\_  
Ethnicity                      Gender                      Social Security Number

\_\_\_\_\_  
Signature                      Date