CR COLLEGE OF THE REDWOODS

Adult & Community Education
Program Office: 525 D Street, Eureka, CA 95501
707-476-4500

Phlebotomy Program
Application

The College of the Redwoods' Phlebotomy Program is a <u>one (1) semester</u> program with admission by application / random lottery. Upon successful completion of the Program, the student will take the National Healthcareer Association (NHA) Certified Phlebotomy Technician (CPT) exam followed by a 40 hour clinical externship (unpaid).

General Information

1. **Application Packet**: All applicants must submit a completed criminal background check and proof of High School Diploma or Equivalency with their application. Applications received without a criminal background check and proof of High School Diploma or Equivalency will be deemed incomplete and will not be processed. Criminal background check must be completed through CastleBranch. Instructions provided on program webpage.

2. **Eligibility**: is contingent upon a **cleared and approved** criminal background check and proof of High School Diploma or equivalency.

3. **Computer Literacy:** all Phlebotomy students must possess sufficient computer literacy skills to complete Internet research, communicate by email, create, and upload electronic documents, manage data storage devices, and use web–based instructional materials and applications.

4. Completed application packets will be reviewed for admittance to the program lottery. If your criminal background check is not satisfactory you will be contacted via email. Criminal background checks and proof of high school diploma or equivalency must be included with your application. Incomplete application packets **will not be processed.**

5. You will receive an email confirming your application packet has been received and is under review by College of the Redwoods Adult & Community Education Office.

6. **Cost of the Program**

- **$1,995.00, includes the following:**
  - Registration
  - Books, supplies and materials are included
  - National Healthcareer Association – Six practice tests and Certified Phlebotomy Technician (CPT) exam

    Not included:
- Criminal Background check
- Physical Exam – cost will vary based on your doctor's fee and your insurance.
- Immunizations/screenings
  For students who do not have their immunization records or proof of immunity, total costs of approximately $220.
  - Immunizations can be obtained from your doctor, a local pharmacy, or the Public Health Department. If you have no medical insurance or are underinsured, you may qualify for greatly reduced vaccine costs through the Public Health Department.
  - **Public Health Clinic: 400 L Street, Crescent City, CA 95531 Phone: 707-464-0861** Other costs may occur as needed for successful completion of the class. Healthcare requirements are subject to the requirements of the clinical site and CR's policies and are subject to change
    These vaccines are absolutely required – no exceptions.
- **Application to CDPH for CPT 1 state license**

Selection Process

Applicants are placed in the lottery and assigned a number for the program. If there are more qualified applicants than available seats, the remaining applicants will be assigned a waitlist number based on their initial lottery number. The Adult and Community Education Office will notify students via email and **US mail** of their **conditional** acceptance into the Phlebotomy Program, or their program waitlist number.
---Notifications will be sent no later than Monday, November 25th, 2024.
---To secure your spot, you must complete and return the enclosed registration form and payment by the assigned date,
---Required immunizations/screenings. If these requirements are not met by the deadline, we will assume forfeiture of your spot. In the event of extenuating circumstances, please contact our office at 707-476-4500.

Important Dates to Remember

- <mark>**11/22/24: Application Packet Due**</mark>
  - Completed application packet including criminal background check & proof of high school diploma or equivalency must be received by the College of the Redwoods, Adult and Community Education Office.
  - Application packets can be mailed, emailed, or faxed:
    - **Mail to:**
      - Adult and Community Education
        - 525 D Street, Eureka, CA 95501
    - **E-Mail:** ace@redwoods.edu
    - **Fax:** 707-443-3417

  - Application and supporting documents available on program website: www.redwoods.edu/communityed/healthcareclasses

- <mark>**11/25/24: Notification of Acceptance or Waitlist**</mark>
  - Acceptance/Waitlist letters will be mailed, you will also be notified via email.
  - If moved from the waitlist to the accepted list, you will be notified by phone and email.

- <mark>**12/13/24: Registration form and payment due. Secure your spot!**</mark>
  - If accepted, you must confirm acceptance by submitting your registration form (enclosed with your letter) and payment to the Adult & Community Education Office by **12/13/24.**
  - **If you do not respond by this deadline, you will forfeit your spot.**

- <mark>**12/31/24: Copies of ALL Immunizations/Screenings Deadline**</mark>
  - <mark>**Failure to submit all requirements will be considered a forfeiture of your spot in the program.**</mark>

Locations:

Classroom: CR's Del Norte Education Center; 883 W Washington Blvd, Crescent City, CA 95531

Location of Clinical Rotations: At your assigned local Healthcare Facility.

Student Code of Conduct:

This is a job training program, and you are expected to treat this training as a job. This means you must adhere to the following:

- Attend all class meetings and all skills labs.
  - Must call instructor or clinic manager if an absence cannot be avoided.
- Attend all Clinical days.
- Arrive on time and stay for the entire class day.
- Keep your cell phone always put away during class or at the clinical site.
- Treat classmates, the instructor, office staff, and clinical staff with respect.
- Meet all requirements to enter the clinical rotation:

  - Background check
  - Immunizations – must be a record showing dates received.
  - Signed documents (these will be sent via Adobe Sign / electronic signature):
    - Release of Medical Information form
    - Student Contract
    - Student Acknowledgement of Patient Confidentiality
    - Practicing on Others
    - Health History Form
    - Release of Information
  - Other Required Items:
    - Physical Exam – we will provide the form to be used
    - Name Badge – can be processed at the Del Norte Education Center Office, Monday – Friday, 9:00a-4:30p. Please call 707-465-2300 to confirm availability.

All applicants must comply with the College of the Redwoods Student Conduct Code and Disciplinary Procedure Board Policy AP 5500 otherwise; they will be referred to the College Disciplinary Officer. The Student Conduct Code and Disciplinary Procedure Board Policy AP 5500 can be accessed at the following link:
https://www.boarddocs.com/ca/redwoods/Board.nsf/goto?open&id=ARKSTR7410A2

Questions??

Please call our office: 707-476-4500.

College of the Redwoods
Adult and Community Education
Phlebotomy Program – Del Norte
Application Period:
October 16, 2024 – November 22, 2024

Name:_____
　　　　　First　　　　　　　　　Middle　　　　　　　　　Last

Former Names Used: _____

Mailing Address: _____
　　　　　　　# and Street　　　　Apt. or Space #　　City　　　State　　　Zip

Phone (home):_____ Phone (cell):_____

College of the Redwoods Student ID (if you have one): _____

E-mail address (Used for ALL electronic class communications): _____

We are asked by the California Community Colleges Chancellor's Office to gather the following information about our applicants and students. This information is not used for application purposes. Providing it is optional.

Gender:____Male____Female___Transgender___Gender Non-Conforming _____ Prefer to not state

Ethnic Origin: ___African America ____ American Indian or Alaska Native _____Asian ____Hispanic or Latino ____Pacific Islander ___Multi ethnic _____ White ____Unknown

Veteran: _____ Yes ___ No

Languages spoken other than English (please specify) _____

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Application Checklist:

☐ Completed Application
☐ Completed Criminal Background Check from CastleBranch (Attached)
☐ Proof of High School Diploma or Equivalency (Attached)

I declare under the penalty of perjury that the above information is true and correct.
Name (print)_____
Name (signature)_____
Date_____

Office Use Only:

Received by: (College of the Redwoods, staff name) _____

Date Received_____
☐ Walk-in ☐ USPS Mail ☐ E-mail ☐ Fax

All data entered on tracking sheet by: _____

Lottery #_____