

Phlebotomy Certificate Student Information Packet

Please note: The Phlebotomy Certificate is available on the Winona Campus only.

The student should bring this COMPLETED packet to the first day of PHLEBOTOMY class.

CHECKLIST

Student Name: _____

- Step One – Admission to Minnesota State College Southeast**
 - Students that are not current MSCS must fill out an application and pay a \$20.00 application fee.
 - Current students do not need to complete this process
- Read and complete the Phlebotomy Certificate Health Record: Pages 2-3.**
 - You will need to provide proof of your current vaccination status the first day of class.
 - Vaccinations are required for clinical rotations which are a required part of certificate completion.
 - All vaccinations will be uploaded to Verified Credentials for verification.
- Read and Sign the Essential Functions Form: Pages 4-5**
 - The essential functions form is a list of the functions you will need to be able to perform as a phlebotomist working in the field.
 - You must be able to complete all the essential functions listed to participate in the phlebotomy certificate program.
- Complete and Sign the Background Study Form: Pages 6-7**
 - A clear background study is required for participation in clinical experience.
 - Students are also required to have fingerprinting as part of the background study. You will be given a requisition for fingerprinting to be done at an offsite collection center. Fingerprinting is not offered by MSCS.

Phlebotomy Certificate Health Record Form (Pages 2-3)

Minnesota State College Southeast is asking you to provide private information in order to process your MLT/Phlebotomy Health Record Form. This information will be used to update your health records. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent: to other schools in which you seek or intend to enroll, or are enrolled; to federal, state or local officials for purposes of program compliance, audit or evaluation; as appropriate in connection with your application for, or receipt of, financial aid; if the information is sought with a court order or subpoena; or as otherwise permitted by other state or federal law. If you have any concerns or questions about this form, please contact the Medical Laboratory Technician Program Director at 507-453-1478. Please return completed form to the instructor the first week of class.

Part A: Student completes

Name _____
 Last First Middle/Maiden

Address _____ Phone (_____) _____

_____ Birth date _____
 City, State, Zip

In Emergency
 Notify: _____
 Name Address Phone

Health Insurance is strongly recommended. Any hospital or medical costs incurred while a student are the responsibility of the student.

Please read carefully and sign:

I understand that there are conditions for which accommodations may be appropriate under the Americans with Disabilities Act and that the Phlebotomy Certification will make all reasonable accommodations required by law for otherwise qualified individuals. To receive accommodations, I must contact the counselor's office.

I understand that any health care costs incurred during the period of time I am a student in the Phlebotomy Certificate will be my responsibility.

I hereby grant Minnesota State College Southeast permission to share information contained in the HEALTH RECORD FORM with those clinical institutions with whom I affiliate in my student role, should the clinical institution request or require it.

I understand that failure to sign this form or to provide the information requested could mean that a clinical site may refuse me placement at their facility. The Phlebotomy Certificate does not guarantee an alternative facility placement. I also understand that if no alternative facility placement is available, I may be unable to complete the Phlebotomy Certificate.

I certify that the information I have provided on this form is complete, accurate, and true to the best of my knowledge.

 (Signature of Student) (Date)

(Continued next page)

Phlebotomy Certificate Health Record Form

Vaccinations Required for Clinical Experience

These vaccinations are required. Student will have to provide documentation within two weeks from start of semester. Vaccinations will be uploaded and verified by Verified Credentials. Your instructor will give you an access code the first day of class.

MMR (Measles, Mumps, Rubella)	Documentation of two MMR's OR Titers indicating immunity
Hepatitis B	Documentation of three doses (at least two doses must be given by start of clinical) OR Titer indicating immunity
Diphtheria-Tetnus (Tdap)	Inoculation within the last 10 years
Chicken Pox (Varicella)	Documentation of two doses OR Titer indicating immunity
Polio	Documentation of vaccination OR Titer indicating immunity
TB	Mantoux Skin Test (one step) within last 12 months AND If skin test is positive, then must provide a negative chest X-ray within last 12 months OR Negative Blood Test within the last 12 months
Influenza	All students are REQUIRED to receive the annual influenza vaccination and provide proof of vaccination before clinical experience.**

****For fall semester, provide documentation of Influenza vaccine prior to clinical experience (vaccine usually available in October)**

Phlebotomy Certificate Essential Functions Form (pages 4-5)

Essential functions are the nonacademic requirements of the program a student must be able to perform/exhibit to succeed in the program's didactic, applied and clinical arenas. The curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative and interpersonal skills. If you have any questions regarding these, you should contact the Program Director or the Admissions advisors. Please sign and turn in this completed form.

Observation

1. See details at close range and at a distance.
2. Characterize the color, odor, clarity and viscosity of biological specimens, reagents and chemical reaction products.
3. Recognize alarm sounds.

Communication

1. Able to interact with others in English, both verbally and in legible written form.
2. Demonstrate sensitivity, confidentiality and respect when communicating with faculty, students, healthcare professionals and patients.

Psychomotor Skills

1. Perform fast, simple, repeated movements of the fingers, hands, and wrists.
2. Obtain patient specimens in a timely, safe and professional manner.
3. Grasp, hold and transport, with gloved hands, specimens, reagents, hazardous chemicals and equipment in a safe manner as needed to perform laboratory testing.
4. Move from room to room, maneuver in small spaces, stand and walk for extensive periods of time, and able to move close to benchtop clinical instruments.
5. Lift and manipulate/move a twenty-pound instrument or box of supplies.
6. Use laboratory equipment and instruments to perform laboratory procedures according to established guidelines.
7. Perform work accurately and precisely.
8. Travel to assigned clinical laboratory site.

Intellectual/Cognitive Abilities

1. Demonstrate a comprehension of the theory, procedural and technical aspects of laboratory tests.
2. Demonstrate critical-thinking and judgment skills appropriate to a given situation.

Behavioral/Social Attributes

1. Display honest, compassionate, ethical and responsible behavior.
2. Function as a team member and show respect for individuals of different age, social, emotional, cultural, and intellectual backgrounds.
3. Exercise independent judgment and accept responsibility for own work.
4. Be flexible and adapt to professional and technical changes.
5. Comply with safety procedures, including the ability to wear safety glasses, face mask/shield, protective clothing and protective gloves.

(Form continued next page)

6. Exhibit a professional attitude in dress, attendance, punctuality and conduct.
7. Follow all established policies and procedures of the program and clinical practicum sites.

Ethical Standards

1. Follow patient confidentiality guidelines.
2. Must be forthright about errors or uncertainty and accept and act on constructive criticism and look for ways to improve.

If you have a documented disability, there may be accommodations that can be made to assist in your successful completion of the program, please see a college counselor.

Yes No *I have read and understand the Program Essential Functions relative to the Phlebotomy Certificate.*

The Americans with Disabilities Act bans discrimination of persons with disabilities, and in keeping with this law, Minnesota State College Southeast makes every effort to insure quality education for all students. It is our obligation to inform students of the essential functions demanded by the program and of the occupation. Students with documented disabilities which require accommodations or special services to meet the Essential Functions of the program should contact Disability Services (507-453-1443) for assistance, advising and arrangement of appropriate accommodations.

Sign and turn this completed form in to Phlebotomy instructor within first week of semester.

Student Signature _____

Print your name here _____

Date _____

Phlebotomy Certificate Criminal Background Study Form (Pages 6-7)

Minnesota law **requires** that any person who provides services that involve direct contact with patients and residents at a health care facility licensed by the Minnesota Department of Health have a criminal background study. An individual who is disqualified from having direct patient contact as a result of the background study **and whose disqualification is not set aside by the Commissioner of Health**, will not be permitted to participate in a clinical placement in a Minnesota licensed health care facility.

The clinical experience is an integral and essential part of our program. Minnesota law requires health care facilities licensed by the Minnesota Department of Health to check or have knowledge of a student's criminal background and could use the results to refuse to accept a student's placement at its facility. **If the student refuses to participate in the background study, the clinical facility will refuse to accept the student.** We cannot guarantee an alternative facility placement. If no alternative facility placement is available, the student will be unable to fulfill the requirement to successfully complete the program and may be terminated from the program.

Minnesota State College Southeast is in compliance with Minnesota law which requires criminal background studies be conducted for all students prior to acceptance in the program, as well as annually while the student is in a clinical experience.

THIS IS A LAW DETERMINED BY THE STATE OF MINNESOTA. IT IS NOT A POLICY DETERMINED BY MINNESOTA STATE COLLEGE SOUTHEAST, HOWEVER; OUR COLLEGE MUST COMPLY WITH THE STATE LAW.

IN ORDER TO PROCESS YOUR CRIMINAL BACKGROUND STUDY, the college requires the following information:

PLEASE PRINT

Please check which program you are applying for:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Practical Nursing | <input type="checkbox"/> Radiography | <input type="checkbox"/> Med Lab Tech |
| <input type="checkbox"/> ADN Nursing | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Phlebotomy |

DISCLOSURE – PREPARATION OF A CONSUMER REPORT

To process your application with Minnesota State College Southeast, a background check will be conducted by NetStudy 2.0. In accordance with the U.S. Fair Credit Reporting Act SS 606, we notify you of the following: A background check report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing, information may include, but is not limited to: employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

Please read the following and, if acceptable, authorize us to order an investigative report to be prepared by NetStudy 2.0.

