



DARTON COLLEGE OF HEALTH PROFESSIONS
HEALTH SCIENCES DIVISION

Phlebotomy Application Packet

Dear Prospective Student,

Thank you for your interest in the Phlebotomy Program. Included in this packet is an application for entrance as well as additional information about the program.

Phlebotomists are important members of the healthcare team. The laboratory depends on the phlebotomist to collect quality samples from the patient in order to produce quality laboratory results. Phlebotomists collect blood primarily by performing venipunctures and by fingerstick or heel stick capillary puncture. Phlebotomists are trained in the use of syringes, vacutainers, lancets, butterfly sets, single and multiple sample needles. They receive instruction in safety and standard precautions, aseptic technique, collection priorities, and routine and special collection procedures.

Variations in wages may occur by U.S. region, laboratory type, hospital size, testing volume, type of test performed, on experience and job responsibilities.

The Albany State University Phlebotomy Program consists of two program courses: PHLE 1101: Phlebotomy I and PHLE 1102: Clinical Phlebotomy II.

Curriculum Guide

- **Fall Semester:** PHLE 1101 (*Full Term*)
- **Spring Semester:** PHLE 1102 (*A- and B-Terms*)

PHLE 1101 consists of course content in lecture format with a student lab for practice of phlebotomy procedures. This program is available in the traditional on-campus format only.

Admission to PHLE 1102 is limited to the number of available current clinical affiliates. Program participants must have dependable transportation to assure attendance in clinical affiliate laboratories.

Current Clinical affiliates include Phoebe Putney Memorial Hospital-North, Phoebe Putney Memorial Hospital-Main Campus, Phoebe Sumter, and Crisp Regional Medical Center. Affiliations with other sites will be considered but must be established prior to program participation.

Accepted applicants will be classified as full status or alternate status. Alternate status students may register for PHLE 1101 but are not guaranteed registration in PHLE 1102 or clinical placement.

Students interested in applying for admission into the Phlebotomy Program must first be accepted into Albany State University. An additional Phlebotomy Program application must be

Albany State University 
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submitted to program coordinator. The Phlebotomy Program applications must be received by the application deadline of **June 1st** to be considered for entry into the fall matriculating class. Applications can also be found on the [Phlebotomy Program Homepage](#).

Program participants must be at least 18 years old, are required to show proof immunizations including of Hepatitis B Immunization and are required to submit to a background check fall semester after course registration. Clinical affiliates may also require a drug screen, additional immunizations and/or physical exam prior to training in their facility.

Students who successfully complete the two part program (42 clock hours of instruction + 200 clinical hours) may apply for national certification with the ASCP, AMT and AAB. Other certifying organizations may require additional hours of instruction.

If you have any questions feel free to contact me at quontasha.glover@asurams.edu or by phone at 229-500-2238.

Sincerely,

Quontasha Glover

Quontasha Glover, M.Ed. MLS (ASCP)^{CM}
MLT/Phleb Program Director

Albany State University Phlebotomy Program Application Process

Phlebotomy Program Admission Requirements

Prior to being considered for admission into the Albany State University Phlebotomy Program, a student must be admitted to Albany State University. In addition, the following requirements must be met:

1. The student must have exited any required learning support courses.
2. Completion and submission of all immunizations including Hepatitis B x3, Varicella x2 and MMR x2
3. Completed Phlebotomy Program application
4. Professional recommendations desirable but not required

Applicant Evaluation

Once an applicant meets the general admission criteria for the program and has submitted all the required paperwork, the student is then ranked among other applicants according to the following criteria:

Criteria	Points
Prior laboratory work experience	10 points
GPA	
Professional recommendations (max of three)	10 points

**Albany State University
Darton College of Health Professions
Phlebotomy Program Application**

Name: _____
Last *First* *Middle*

Albany State University Student ID#: _____

Address:

Street _____ Apt. _____
City _____ State _____ Zip _____
Email _____

Telephone:

Home () _____
Work () _____
Cell () _____

How did you learn about the Albany State University Phlebotomy Program?

Have you shadowed or spent time in a medical laboratory?

Yes No

If yes, please indicate with whom and for how long.

Do you plan to relocate after graduation?

Yes No

Please give the names and numbers for your two professional references

Letters preferred.

1) _____ () _____
2) _____ () _____

I am applying for admission to the phlebotomy program for the fall _____ matriculating class

Yes No

I understand the application and selection criteria and that the full status class size is limited

Yes No

Signature

Date

Mandatory Student Health Insurance

Beginning Fall Semester 2014, all new students accepted into ANY Darton College of Health Professions will be required to show proof of active Medical Insurance coverage. This is a new Board of Regents of the University System of Georgia mandate, and not an Albany State University mandate. Proof of coverage must be submitted between August 1 and September 5 or as otherwise posted. Submissions CANNOT be done BEFORE August 1 or AFTER September 5. **Submission is done via the following website only:**

[Click here for student's health insurance link](#)

Proof of coverage must be provided in one of the following ways:

- 1) Through a currently active parent plan.
- 2) Through a currently active individual or family plan.
- 3) Through a currently active Employer-Sponsored plan.
- 4) Through a currently active Darton State College Student Health Insurance Plan (SHIP).
- 5) Through a currently active Government-Sponsored Plan.

If a student fails to provide appropriate proof of coverage during the dates stated above, the student will be ***automatically enrolled*** (via the Business Office) into plan #4 above. As of May 1, 2014, the Annual Premium rate for Plan #4 was as follows:

Student – Age 26 and Under \$1,381.00

Student – Age 27 and Older \$1,782.00

***These rates and dates are subject to change without notice.**

Additionally, Health Insurance coverage must be maintained by the student throughout the entire time that he/she remains enrolled and is actively progressing through his/her respective Health Sciences or Nursing Program. If a student fails to maintain Health Insurance coverage, then he/she will be immediately dismissed from his/her respective Health Sciences or Nursing Program for failure to maintain the mandatory coverage as required by the Board of Regents of the University System of Georgia. If you have any questions regarding this requirement, please contact your respective Program Director, the Health Sciences Division Office, or the Nursing Division Office.

I have read the above statement, and I understand the requirements as listed above and understand that my acceptance into any Darton College of Health Professions requires Mandatory Medical Insurance coverage.

Student Signature

Date

Printed Name

Recommendation Form Phlebotomy Program

Part 1 – To be completed by the applicant

Applicant's name: _____
Last First Middle

Albany State University Student ID#: _____

Waiver of right-of-access to recommendation form content:

- I waive my right of access to any information contained on this recommendation form.
 I do not waive my right of access to information contained on this recommendation form.

Applicant's Signature (Required)

Date

I understand that recommendation from family and friends are not permitted and will not be considered.

I understand that I must supply the person that I have chosen to give my recommendation form to an envelope to put the completed form in as well as a stamp for mailing. A sealed envelope containing the completed form may be returned by the applicant to the Phlebotomy Program office. If the envelope has been tampered with in any way, the contents will be void and not considered for entrance into the Phlebotomy Program.

Applicant's Signature (Required)

Date

Please use the following address for returning your completed recommendation forms. It is recommended that you pre-address the envelopes.

Quontasha Glover, BS MLS (ASCP)^{CM}
MLT/Phleb Program Director
Albany State University – West Campus
2400 Gillionville Road
Albany, GA 31707-3098

Applicant's Name: _____

Part 2 – To be completed by the evaluator

The above individual is applying to a professional program at Albany State University. We value your comments and ask that you give a full and candid appraisal so that fair consideration may be given to the applicant.

5 = Outstanding	4 = Good	3 = Average	2 = Fair	1 = Poor	0 = N/A
Academic motivation	_____	_____	_____	Ability to cope with stress	_____
Attitude toward authority	_____	_____	_____	Analytical and problem solving ability	_____
Adaptability to change	_____	_____	_____	Ability to work with people	_____
Organizational skills	_____	_____	_____	Leadership ability	_____
Integrity	_____	_____	_____	Personal appearance	_____
Dependability/Reliability	_____	_____	_____	Ability to communicate effectively	_____
Emotional maturity	_____	_____	_____		

Please check one:

I have known the applicant for: Less than one year 1-3 years 4 or more years
My relationship to the applicant is/was: Employer/Supervisor Educator Counselor Other

Summary:

We invite additional comments and observations about the applicant. If the applicant is already functioning as a healthcare provider, comment on this individual's technical skills and professional knowledge base.

Evaluator Information *(Please print)*

Name: _____

Position: _____

Place of employment: _____

Address: _____

Telephone: (Work) _____ **(Home)** _____

Signature

Date