

CISCO COLLEGE

Phlebotomy

****Selection is on a first come, first serve basis, 10 students per class****
BASED ON COMPLETION OF ALL ITEMS ON THE CHECKLIST
AND FULL PAYMENT.

- Students MUST complete the Cisco College Application.
 1. Go to : www.cisco.edu
 2. Select ADMISSIONS
 3. Complete the online application
- Complete Background check through: www.precheck.com/student. ** Student must pass a criminal background check before acceptance in this course.
- All students must have current health insurance at the time of registration.
- All students must have current immunization records at the time of registration.
- Required paperwork must be presented at the time of registration.
- Student will be required to take a 10-panel drug screen at Any Lab Test Now, after all paperwork is turned in. Student will be notified by Mindy Ross when to take this test.
- Reminder :
Cost for course:
\$800.00 (includes National test)
MUST be paid in full at the time of registration.

ALL INFORMATION MUST BE RETURNED TO:



Cisco College

Cisco • Abilene
www.cisco.edu

Janna Anderson, BBS
Coordinator of Workforce
& Economic Development
janna.anderson@cisco.edu

717 E Industrial Blvd
Abilene, Texas 79602
Tel (325) 794-4408
Fax (325) 692-2530



Instructions for Precheck

Attached you will find the instructions for completing the on-line application for your required background check.

1. Go to: www.precheck.com/student
2. Page 1- Order My Background Check or Drug Screen. Click on the red "click here" link.
3. Page 2- Scroll down to the "**School" drop box. From the drop down menu select "Cisco College-Background Check".
 - A. Under the "**School" drop box, there is a "**Program" drop box. From the "**Program" drop down menu select "Phlebotomy".
 - B. Click Submit
4. Page 3- Complete the entire background application. The end of the application is where you will need to complete your method of payment

ANY TEST

Home

Home Locations

CLOSEST LOCATIONS TO 'ABILENE, TEXAS'

It's easy to find the ANY LAB TEST NOW location closest to you. Simply enter your zip code, home address or the address from where you will be traveling from, then click on "Search". Once you have chosen a location, you can get driving directions via "click on Open Location Page" to view a store's local website. Schedule an Appointment online, call for assistance, or simply walk in - no appointment is necessary!

ANY LAB TEST NOW is a franchise, and all store locations are independently owned and operated.

Abilene, Texas

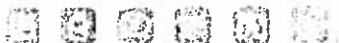
ABILENE, TX

Example

3351 Turner Plaza Drive, 108A
Abilene, TX 79606

Phone: 817-251-1111

Hours: 8:00am - 5:00pm



SAN ANGELO, TX

82.0 miles

3270 Sherwood Way
San Angelo, TX 76901

Phone: 325-791-2484

Any Lab Test Now

3351 Turner Plaza Drive, 108A Abilene, TX 79606

Phone:

Hours:

Directions:



Extended Apartments

Low Income
Improvement

ABILENE, TX LAB TESTING CENTER

3351 Turner Plaza Drive, 108A
Abilene, TX 79606
Phone: 817-251-1111
Fax: 817-251-1111

HOURS OF OPERATION
Monday - Friday
8:00am - 5:00pm
Saturday - 9:00am - 1:00pm

National Phlebotomy Technician Program **CISCO COLLEGE**

This 84-hour Phlebotomy Technician program, along with 48-hour clinical course, prepares students to collect blood specimens from clients for the purpose of laboratory analysis. Students will become familiar with all aspects related to blood collection and develop comprehensive skills to perform venipunctures completely and safely. The student will have to perform 75 successful needle sticks by the end of the course. Classroom and lab work includes terminology, anatomy and physiology; blood collection procedures; specimen hands-on practices; and training in skills and techniques to perform puncture methods.

Clinical hours (48-hours) will be scheduled in addition to class hours with the instructor.

Students who successfully complete this course will be eligible to take the certification exam on campus immediately after the course is completed.

Requirements

Students must:

Complete enrollment packet.

Must be at least 18 years of age.

Provide proof of the following immunizations:

- Hepatitis B (series of three; takes 6 months to complete)
- Tetanus/Diphtheria/Pertussis (Tdap: within last 10 years)
- Mumps/Measles/Rubella (MMR: series of 2)
- Varicella (2 doses, or proof that you have had the chicken pox)
- Negative Tuberculosis skin test (in the last 12 months)
- Annual Flu Vaccination
- Meningococcal (all students 22 and under)

Note: some vaccinations can take up to six months to complete, please plan ahead.

Provide uniform of Royal blue scrubs (must be worn to every class)

Have white or black shoes, real or fake leather. **CANNOT** have mesh or canvas.

Have an original social security card.

Have a government issued photo ID.

Read, write, speak and understand English

Respect confidential nature of medical information

Reasonable level of manual dexterity and visual acuity


Must be able to get to clinical site when scheduled

Course: PLAB 1023 (84-hours), PLAB 1060 (48-hours)

Description: Skill development in the performance of a variety of blood collection methods using proper techniques and standard precautions. Includes vacuum collection devices, syringes, capillary skin puncture, butterfly needles and blood culture, and specimen collection on adults, children, and infants. Emphasis on infection prevention, patient identification, specimen labeling, quality assurance, specimen handling, processing, accessioning, professionalism, ethics, and medical terminology.

Dates and Times: This program is 9 weeks long. The classes are held Monday, Tuesday and Thursday from 6:00 p.m. to 9:00 p.m. Clinical hours will be scheduled with the instructor in addition to class hours.

Cost: The cost of this course is \$800 with additional cost for background check and drug screen.

	Cisco College
	Workforce & Economic Development
	Registration Form
	717 East Industrial Blvd.
	Abilene, Texas 79602

Personal Information

Last Name:		First Name:		Middle Initial:	Preferred Name:
Mailing Address:		City:	State:	Zip:	County:
Telephone:		Cell Phone:		Email:	
Social Security Number: / /		Driver's License:		Birthdate: / /	Gender:
Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Other _____		Ethnic Origin: <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other			
Emergency Contact: Name _____ Relationship _____ Address _____ Phone _____					
Course #	Course Name	Location		Fee(s)	

Total Contact Hours _____ **Total Fees** _____

Payment is due at the time of registration. Make checks payable to Cisco College. A 100% refund is given if the college must cancel class.

Refund Policy: I understand that no refund will be made on or after the day of class begins.

Student Signature: _____ Date: _____

CISCO COLLEGE ABILENE EDUCATION CENTER

Phlebotomy

Student Name:

ID#		Phone	
Email			

Submit all documents to Charlotte Speegle or Mindy Ross

Documents Required

National Phlebotomy Course _____ Basic Phlebotomy Course _____
Class Start date: _____

ALL PAPERS MUST BE COMPLETED AND PAYMENT IN HAND BEFORE YOU CAN GET ACCEPTED IN THE CLASS.

Copy of Driver's license	Expiration Date: _____
Social Security Card	Number: _____
High School Diploma/GED	School Name _____ Date Graduated/Completed _____
Background Check	Date: _____
Registration Form	Date: _____
Payment	Date: _____

Other Requirements

Complete Online Application (to become a Cisco Student)	Date: _____
Uniform	Scrubs (royal blue): _____ Shoes (no cloth, canvas, or shoes with holes) : _____
10-Panel Drug Screen	Date: _____
Teacher Recommendation	Date: _____

Immunization Requirements

Tuberculosis-TB Test (within last 12 months)	Test Date: _____ Date Read: _____ Negative/Positive If positive-finding from CXR: _____
Tetanus-Diphtheria-Pertussis- Tdap (within last 10 years)	Date: _____
Measles, Mumps, and Rubella- MMR (2 series)	Dose 1: _____ Dose 2: _____ Titer: _____
Varicella Vaccine-Chicken Pox	Dose 1: _____ Dose 2: _____ Titer: _____ Proof of Chicken pox: _____
Bacterial Meningitis Vaccination (required 22 years and under)	Date: _____
Hepatitis B Vaccine (3 series)	#1 Dose: _____ #2 Dose: _____ #3 Dose: _____ Titer: _____
Flu Vaccination	Date: _____

*******I HAVE READ AND UNDERSTAND ALL PAPERWORK THAT HAS BEEN GIVEN TO ME.**

Signature _____ Date _____

Reminder: Incomplete applications will be returned to the applicant and may delay enrollment in the program. Spots are saved when complete application and full payment is made.