National Phlebotomy
Application Packet

Coordinator of Workforce and Economic Development

Cisco College
717 E. Industrial Blvd.
Abilene, TX 79602

workforce@cisco.edu

**The Phlebotomy Program fills on a first come first serve basis. You must have the packet completed and turned in along with the payment for your position in the program to be held**
Program Information

Program Description

This is an 84-hour Phlebotomy Technician program, this program includes clinical time and prepares students to collect blood specimens from patients for the purpose of laboratory analysis. The program involves skill development in the performance of a variety of blood collection methods using proper techniques and standard precautions. Including vacuum collection devices, syringes, capillary skin puncture, butterfly needles, blood cultures, and specimen collection on adults, children, and infants. There is an emphasis on infection prevention, patient identification, specimen labeling, quality assurance, specimen handling, processing, accessioning, professionalism, ethics, and medical terminology.

Licensure/Certification

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

Course Objectives

This program provides students with a level of knowledge, skills, theory, concepts, and abilities essential to provide safe care to patients.

Upon completion of this program, students will be able to:

- Assemble the tools/equipment necessary for procedures. This involves blood collection devices, needles, alcohol, gauze, bandages, tourniquet, and more. Usually these are assembled on a work tray on a per-patient basis.
- Verify the identity of the patient and confirm medical records are correct. Maintains a sense of comfort with the patient to instill an environment of trust.
- Able to locate the vein and swabbing with disinfectant, then withdrawing the blood into a collection tube or bag.
- Once the blood is drawn, the tech will then be able to treat the punctured area and label and record the sample collected.
- Other duties the tech will be able to perform are; pricking the finger to draw blood, taking vital signs, interviewing patients, withdrawing test samples to screen donors at a blood bank, and more.

Employment

Phlebotomy technicians work mainly in hospitals, medical and diagnostic laboratories, specialized clinics, blood donor centers, and doctors’ offices.

The national median wage averages about $33,670 per year (BLS. Gov 2017). Overall the income will depend on the area of employment you choose.
Admissions Requirements

Individuals must meet the following requirements for admission into the Cisco College Phlebotomy Program.

- Students MUST complete the Cisco College Enrollment Application
  - Go to www.cisco.edu
  - Select ADMISSIONS
  - Complete the online application
- Have earned a High School diploma, GED, or High School Equivalency Certificate
- Be a minimum of 18 years’ old
- Have a photo ID, Social Security Card, and Health Insurance
- Be willing to complete and provide a copy of a Criminal History Background Check. (individuals with any infractions that would prohibit state certification will not be admitted into the program. If you are not sure, please contact the Workforce Team before applying to the program)
- Be willing to provide a copy of a 10-panel Drug Screen (preferred place: Any Lab Test Now)
- Be willing to provide evidence/records of the required immunizations:
  - Hepatitis B (3 dose series vaccination: takes up to 6 months to complete)
  - Tetanus/Diphtheria/Pertussis (Tdap: within the last 10 years)
  - Mumps/Measles/Rubella (MMR: 2 dose series vaccination)
  - Varicella (2 dose series vaccination or provide proof have had the chickenpox *form in packet*)
  -Negative Tuberculosis Skin Test (TB Skin Test: must be within the last 12 months)
  - Annual Flu Vaccine
  - Meningococcal Vaccination (all students under 22 years of age must have this within the last 5 years)

  Note: Some immunizations can take time to complete, please plan accordingly. You CANNOT be admitted into the program if your vaccinations are not completed and up to date.
- Cannot have previously been a Certified/Licensed Phlebotomist.
- Tuition for the program paid in full (this program is not eligible for FAFSA, payment plans, tuition waver grants)

Cost of Program *prices are subject to change*

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Tuition</td>
<td>$850 (includes textbook and certification exam)</td>
</tr>
<tr>
<td>Background Check</td>
<td>$30 (if you follow the link provided in the packet: $45 if you do not follow link)</td>
</tr>
<tr>
<td>Drug Screen Test</td>
<td>Price Varies (Cisco College prefers Any Lab Test Now)</td>
</tr>
<tr>
<td>Set of Scrubs</td>
<td>Price Varies (must be royal or navy blue)</td>
</tr>
<tr>
<td>Shoes</td>
<td>Price Varies (must be white leather- no canvas or mesh)</td>
</tr>
<tr>
<td>Watch</td>
<td>Price Varies (must have a second hand capability)</td>
</tr>
</tbody>
</table>
Class Schedule

Days and Time: (the Phlebotomy program is 8 weeks; you cannot miss more than 9 classroom hours or you will be dropped without a refund)

   Monday, Tuesday, & Thursday
       6:00pm – 9:30pm

** Clinical hours will be scheduled with the instructor in addition to class hours **

Class Dates Offered:

October 22- December 12, 2019 (Holland High School ONLY)
January 13- March 5, 2020
March 16- May 7, 2020

*Dates and times are subject to change*

Registration Deadline

- The class is limited to 16 students; registration closes when the limit is reached
  OR
- 5-7 days prior to the first day of the class.

Refund & Absence Policy

The following is the Refund and Absence Policy for Cisco College Phlebotomy Program:

- NO refund will be given on or after the first day of class
- A FULL refund will only be given if the college must cancel the class or the student provides a written notification to the Cisco College Team Workforce 7 days prior to the start of class.
  - Withdraw requests must come directly from the student to his/her designee. A withdraw request form will be completed by the person making the request. The official receipt date is the day and time the request is received. All refunds are paid by check to the student regardless of the method or source of original registration payment. Please allow 4-6 weeks for the refund check to be processed and mailed to the address given at the time of registration. If there has been an address change, please provide the correct address with the withdraw request.
- Absence Policy: No more than nine (9) classroom hours of absences are allowed during this course. If a student misses more than nine (9) classroom hours total, including excused, the instructor has the option of either dropping the student from the class or dropping the student’s final grade by one (1) letter grade.
**How to Register**

**Email:**
Coordinator of Workforce and Economic Development:

workforce@cisco.edu

**Where:**
Deliver Completed Packets to:
Cisco College
717 E. Industrial Blvd.
Abilene, TX 79602

**When:**
Monday – Thursday 8am- 4pm
Friday 8am- 12pm

**What to bring:**
Application packet, payment, and all required documentation

**We will contact you once you have delivered your packet**

**Please Remember When Registering**
- Incomplete packets will NOT be taken
- You must have payment and complete packet for your spot to be saved
- You must not have any holds or outstanding balances on your Cisco College Student Account (this must be taken care of with the Business Office and Admissions Office)

**Information for Background Check and Drug Screen:**

**Background Check:**
For the Phlebotomy background check we use the Company Group One, please follow the link below to do your background check. (following the link will be $30; if you do not follow the provided link it will cost $45)

*PLEASE MAKE SURE YOU REQUEST A COPY OF YOUR BACKGROUND CHECK TO GIVE TO US*

**LINK:**
https://gp1.acciodata.com/cgi-bin/pub/unsolicited_portal?guid=81gLViVPUGoHxyz19h25iElm1mnesPPoq

**Drug Screen:**
Any Lab Test Now

**Address:**
3351 Turner Plaza Dr.
Suite 108A
Abilene, TX 79606
Student I.D. #: _______________________

REGISTRATION FORM

Date: ___________________________  Email Address: ____________________________

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Primary Phone #</th>
<th>Alternate Phone #</th>
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<tr>
<th>Date of Birth</th>
<th>Driver’s License #</th>
<th>Social Security #</th>
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- Male
- Female
- Hispanic/Latino
- Non-Hispanic/Latino
- White
- Black/African American
- American Indian/Alaskan Native
- International
- Asian/Oriental/Pacific Islander
- Other

Gender  Select One  Ethnic Group

This information will be used in a non-discriminatory manner consistent with applicable civil rights laws, Cisco is an Equal Opportunity. Cisco College does not discriminate on the basis of gender, disability, race, color, age, religion, national origin, or veteran status.

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>COURSE CODE</th>
<th>COURSE DATE</th>
<th>FEE</th>
<th>PAYMENT DATE</th>
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PHOTO RELEASE AUTHORIZATION
(Only in the event class-related pictures are taken)
I acknowledge and consent to the use of my photograph by Cisco College in any and all publications, advertising, or website and waive any rights to compensation in any form. Cisco College is not required to obtain my permission to reuse or republish this photograph in the future. I understand that the photo(s) if used will be for promotion purposes for Cisco College, and I waive any claim to financial remuneration for the use of these photo(s).

Student Signature: ______________________________________  Date: ________________________

EMERGENCY CONTACT INFORMATION

Name: _______________________________________________________ Relationship: _________________________

Phone: ___________________________ Alternate Phone: ___________________________
Dear Students,

Once you have completed and returned your packet, please have a member of Team Workforce sign this form. You MAY NOT pay for the Phlebotomy Program without presenting this form to the business office.

By signing this document, you agree to the Phlebotomy Program cost of $850 and understand that to have your position in the class held you must turn in your COMPLETED PACKET and PAYMENT. Making your payment before your packet is completed and turned in will NOT hold your spot in the program.

If, you have a third party payer helping you (Employer, Workforce, Scholarship) please fill in the appropriate information below.

Class Date: _________________________________

Class Cost: _________________________________

Third Party Payer Information:

Payer Name: ___________________________________________

Phone #: _____________________________________________

Amount: _____________________________________________

Address: ____________________________________________

Student Name (printed): ___________________________________

Student Signature: __________________________________ Date: __________________

Team Workforce Rep: __________________________________ Date: __________________
Cisco College
Liability Release Form

In consideration of being allowed to enroll in the Cisco College National Phlebotomy Program clinical rotation courses, I hereby affirm that regardless of my immunization status, I do hereby release, discharge, and covenant not to sue Cisco College, its governing board, its employees, instructors, agents, and representatives (the “released parties”) from all liability whatsoever to me for personal injury, damage, wrong, or wrongful death caused by negligence or gross negligence or by any statutory violation, or caused by my contracting any contagious disease whatsoever, including injuries or diseases caused by “sharp” cuts, needle sticks, or exposure to patients or their bodily fluids or respirations. I expressly hereby discharge and release the said released parties above named from any claim, demand, cause or action or damage of any description in any way related to my contracting of infectious diseases and by my obtaining or failing to obtain immunizations against these diseases. This release will be applicable to damages sustained by me in any way related to my contracting infectious diseases and my obtaining or failing to obtain immunizations against these diseases. This release will be applicable to damages sustained by me causes by the joint or concurrent negligence of the released parties, even if they are discharged or protected against their own negligence.

I further state that I am of lawful age and legally competent to sign this waiver and release of liability; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER AND RELEASE OF LIABILITY BY READING IT BEFORE I SIGNED IT.

EXECUTED this ____________ day of ________________________, 20________.

Student Signature: ____________________________________________________

Printed Name: _______________________________________________________

[signature]

[printed name]
Cisco College
Essential Requirements for Health Professions Programs

The following essential functions are the essential non-academic requirements that you must meet to successfully complete the clinical rotation and become employable. The following list provides the information you need to be able to assess your own health and ability to complete the course successfully. **You must be able to participate not only in classroom portion of the course, but also complete clinical rotations in healthcare settings in ways that will not endanger your safety or the safety of patients.**

- **Visual and Interpretative Skills:** You must be able to effectively read unassisted both written material and computer data correctly and perform procedures that require eye-hand coordination. You must also be able to discriminate colors.

- **Auditory Skills:** You must be able to hear alarms that are used to signal fire or other emergencies. You must be able to hear and understand to a level that allows you to effectively interact with other medical personnel and patients.

- **Communication Skills:** You must be able to effectively communicate with other medical personnel and patients in both written and oral format. You must be able to understand and apply standard operating procedures effectively during training, in clinical, and in the entire work environment.

- **Motor Skills:** You must be able to perform procedures that require eye-hand coordination. You must be able to sit, stand, and walk corridors for prolonged periods of time. You must be able to tolerate wearing protective gloves and other personal protective equipment such as masks and respirators. You must be able, without assistance, to write legibly and transcribe data correctly.

- **General Physical Health:** Your general health must be such that you can perform light to heavy physical activity and have a healthy enough immune system that will protect you from exposure to various disease processes.

- **General Mental and Emotional Health:** Your general mental health must be such that you can maintain attention to detail and interact effectively with other medical personnel and patients. You must be able to maintain self-control in stressful situations and retain a professional demeanor.

Cisco College is committed to providing accommodations for students with special needs in the didactic portion of the course, and all reasonable accommodations will be made to help you succeed. **In general, clinical affiliates will not allow students into clinical rotation if an individual cannot fulfill the essential requirements unaided.**

Student Signature: __________________________ Date: __________________________

*Your signature indicates that you have read these Essential Requirements and that you expect to be able to perform these functions.*
CRIMINAL HISTORY
IMPORTANT DISCLOSURE, AGREEMENT, AND AUTHORIZATION

Student Name: ______________________________________________________________________________

Student Address: ___________________________________________________________________________

Field of Study/Course Title: ___________________________________________________________________

Have you been convicted of a crime other than minor traffic violation? Yes _____ No _____

Student has requested admission or has been admitted to Cisco College to seek a degree or certificate in the above field of study. A portion of the curriculum which the student must complete involves clinical rotation or observation at a hospital or health care facility. If student completes the field of study and obtains the degree or certificate sought, student might have to be licensed or certified by the State of Texas or other jurisdiction before student can be employed in his/her chosen field.

Before beginning or continuing student’s field of study at Cisco College, student should be aware that a criminal record may have adverse consequences on student’s ability to reach student’s ultimate goal of certification/licensure and employment.

For instance, student may not be able to complete clinical rotations or observations if student has a criminal record. Likewise, such a record may prevent student from being licensed, certified, or employed. A criminal background check may and probably will be required in connection with student’s clinical rotation/observation, licensure/certification, and employment.

Cisco College and its faculty, officers, and employees cannot determine with certainty whether student’s criminal record, if any, will have any adverse effect on student’s ability to complete the field of study, obtain the degree sought, be licensed/certified, or be employed.

Student understands that the decision as to whether the student can attend clinical or observation at a hospital or health care facility, obtain certification, and be employed by a health care provider is the decision of the hospital, health care facility, or certifying agency.
Criminal Background and Drug Screen Information

**Criminal background**
Any of the listed offenses in Section 250.006 of the Texas Health and Safety Code will disqualify a student from the CNA/CMA/Phlebotomy Programs. These standards also align with Texas Department of Aging and Disability Services (DADS) Bars to employment.

1. Criminal homicide
2. Kidnapping or unlawful restraint
3. Indecency with a child
4. Sexual Assault
5. Injury to a child, elderly individual, or disabled individual
6. Abandoning or endangering a child
7. Aiding Suicide
8. Agreement to abduct a child from custody
9. Sale or purchase of a child
10. Arson
11. Robbery
12. Aggravated Robbery
13. Assault (Class A or Felony Level)
14. Burglary
15. Theft (Felony Level)
16. Misapplication of fiduciary property or property of a financial institution (Class A or Felony Level; or)
17. Securing execution of a document by deception (Class A Felony Level)
18. Not listed on the Nurse Aide Registry (NAR)

**Drug Screen**
Substances for the drug screen include, but are not limited to:

1. Amphetamines
2. Barbiturates
3. Benzodiazepines
4. Cocaine Metabolites
5. Marijuana
6. Methadone
7. Methaqualone
8. Opiates
9. Oxycodone
10. Phencyclidine
11. Propoxyphene

By the student signing below, he/she acknowledges receipt of this document and understands its contents. Student covenants never to so sue or seek damages from Cisco College as a result of any adverse consequences described above which may be suffered by the student as a result of student’s criminal and drug record. Student acknowledges that Cisco College or a health care provider may have to obtain a report of student’s criminal record, drug screen, or other required information at some time in the future to place student in a clinical rotation or observation. Student must sign all forms necessary for the college or health care provider to obtain this criminal report, drug screen, or other required information in order to be admitted into a clinical rotation or observation.

Student Signature: ____________________________ Date: ____________________________
## Immunization Requirement Check List

**Student Name:** __________________________________________

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date 1: _______</th>
<th>Date 2: _______</th>
<th>Date 3: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong> (3 dose series)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Titer:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus/Diphtheria/Pertussis</strong> (TDap: within the last 10 years)</td>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles/Mumps/Rubella</strong> (MMR: 2 dose series)</td>
<td>Dose 1: _______</td>
<td>Dose 2: _______</td>
<td></td>
</tr>
<tr>
<td><strong>Titer:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella</strong> (Chickenpox: 2 dose series/had the chickenpox)</td>
<td>Dose 1: _______</td>
<td>Dose 2: _______</td>
<td></td>
</tr>
<tr>
<td><strong>Proof of having Chickenpox Date:</strong> ___________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis Skin Test</strong> (TB: within the last 12 months)</td>
<td>Test Date: _______</td>
<td>Date Read: _______</td>
<td>Test Results:</td>
</tr>
<tr>
<td><strong>Annual Flu Shot</strong></td>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcal</strong> (Meningitis: required if under 22 years of age)</td>
<td>Date:</td>
<td></td>
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</tr>
</tbody>
</table>

### Please Note:

- Some vaccinations can take up to six months to finish, again please plan according. You must have all vaccinations to be accepted into the program. Vaccinations that have an expiration date (TDap, TB Test, and Flu Shot) must fall within the program dates. If the vaccinations time expires before or during the class, the student will be asked to update their vaccination records. Failure to do so can cause delay of clinical rotations or the student being dropped from the program.
- If for some reason you cannot have vaccinations (allergies, religion, etc.) you must have the proper required documentation turned in with your application packet or you will not be allowed entrance into the program.
- If you have positive finding on any of the above vaccinations, you must have proof that you are under current physician care and have been cleared to enter into healthcare programs and employment. Without proper documentation you will not be allowed entrance into the program.
Cisco College

DOCUMENTING HISTORY OF ILLNESS: VARICELLA (CHICKENPOX)

Amendment to δ97.67

A written statement from a physician or the child/student's parent or guardian must support all histories of Varicella illness. The statement must contain wording such as: "This is to verify that (name of student) had Varicella disease (chicken pox) on or about (date) and does not need Varicella vaccine" or by serologic confirmation of Varicella immunity. The school shall accurately record the existence of any statements attesting to previous Varicella illness or the results of any serologic tests supplies as proof of immunity. The originals should be returned to the child/student's parent or guardian. If a child or student is unable to submit such a statement or serologic evidence, Varicella vaccine is required.

Notice: If you had the Varicella Vaccination, you DO NOT need to complete this form. You must have a Physician’s signature to verify that you have had Chickenpox.

Documentation of history of illness: Varicella (Chickenpox)

1. A serologic confirmation of varicella immunity (positive varicella IgG result).
2. A written state from a physician, or a student’s parent or guardian containing wording such as:

   This is to verify that __________________________ had the Varicella (Person/Student Name)

   Illness (chickenpox) on or about ______________________ and does not need the Varicella vaccination.

   (Month/Year)

   Physicians Signature: ___________________________ Date: _______________

   Student or Guardian Signature: ___________________________ Date: _______________

   (Student/Student Guardian)

** If student cannot provide proof of having Chickenpox or the Varicella Vaccinations then the student needs to provide proof of a titer shot for Varicella**
Please read the following carefully. By signing below, you acknowledge that you understand the following procedures of Cisco College and the Cisco College National Phlebotomy Program.

**Please initial beside each statement after you have read and understand them**

___ - I have read and understand the Refund and Absence Policy for Cisco College and Cisco College Phlebotomy Program.

___ - I have read and understand the Cisco College Phlebotomy Program Admission Requirements and agree to release the necessary information to be considered eligible for admission into the program.

___ - I understand that my position in the Phlebotomy Program can only be obtained and kept by having a completed packet and payment turned in to the Cisco College Workforce Team.

___ - I understand that it is my responsibility to acquire and turn in all the necessary information for the Cisco College Phlebotomy Program and if I do not then I am not allowed to enter into the program.

___ - I have read and understand the Criminal Background Check. I understand that if I have any of the offenses listed in Section 25.006 of the Texas Health and Safety Code I will not be allowed into the Cisco College Phlebotomy program or any other health program.

___ - I have read and understand the Essential Requirements for Health Professions and acknowledge that I am able to perform all the tasks required by a National Phlebotomy Program or other health professional.

___ - I confirm that I have not previously/currently hold a National Phlebotomy Certification. I understand that if I have I am not allowed to be accepted into this program. If I enter under false pretenses, I can be dropped from the program and there will be no refund given.

I, ________________________________, acknowledge that I have read and understand that the above statements are true.

Signature: ________________________________________________ Date: ___________________________
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

*You must be told if information in your file has been used against you.* Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  • a person has taken adverse action against you because of information in your credit report;
  • you are the victim of identity theft and place a fraud alert in your file;
  • your file contains inaccurate information as a result of fraud;
  • you are on public assistance;
  • you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.
States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

**TYPE OF BUSINESS:**

1. a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates
   b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:
   a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
   b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
   c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
   d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to the Surface Transportation Board

5. Creditors Subject to the Packers and Stockyards Act, 1921

**CONTACT:**

a. Consumer Financial Protection Bureau
   1700 G Street, N.W. Washington, DC 20552
   Washington, DC 20580
   (877) 382-4357

c. Office of the Comptroller of the Currency
   Customer Assistance Group
   1301 McKinney Street, Suite 3450
   Houston, TX 77010-9050

d. National Credit Union Administration
   Office of Consumer Protection (OCP)
   Division of Consumer Compliance and Outreach (DCCO)
   1775 Duke Street
   Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, S.E. Washington, DC 20590

Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street, S.W. Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor
<table>
<thead>
<tr>
<th></th>
<th>Small Business Investment Companies</th>
<th>Associate Deputy Administrator for Capital Access</th>
<th>United States Small Business Administration</th>
<th>409 Third Street, S.W., 8th Floor</th>
<th>Washington, DC 20416</th>
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<td>7.</td>
<td>Brokers and Dealers</td>
<td>Securities and Exchange Commission</td>
<td>100 F Street, N.E.</td>
<td>Washington, DC 20549</td>
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<td>8.</td>
<td>Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</td>
<td>Farm Credit Administration</td>
<td>1501 Farm Credit Drive</td>
<td>McLean, VA 22102-5090</td>
<td></td>
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<td>9.</td>
<td>Retailers, Finance Companies, and All Other Creditors Not Listed Above</td>
<td>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA</td>
<td>Washington, DC 20580 (877) 382-4357</td>
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