



Springfield Technical Community College

Application for Phlebotomy Technician Certificate Program

Go to <http://cbt.stcc.edu/descriptions/zall-008.asp> or call (413) 755-4502 or 755-4225 for a detailed course description and current schedule and fee information.

PHONE

(413) 755-4502 or
(413) 755-4225

Office Hours: 8:00 a.m.-4:00 p.m.
Monday-Friday

FAX (413) 755-6319

Fax completed application form, MasterCard, Visa or Discover card number and expiration date or company purchase order.

MAIL

Return completed application form and fee to:
CBT/STCC
One Federal St. Bldg. 101-R
Springfield, MA 01105

Space is limited and early enrollment is strongly recommended.

Registration Form	Principles and Practices of Phlebotomy	\$1,695
Date of Birth: ____/____/____		
Social Security # ____-____-____ Home Phone (____) _____ Work Phone (____) _____		
Name _____ FAX (____) _____ e-mail _____		
Address _____		
City _____ State _____ Zip _____		
Position _____ Company _____ MC Visa Discover # _____ Exp. _____ (Debit cards can be accepted <i>only</i> if you are registering in person.)		
Briefly outline below any prior training or work experience that you have had in the medical field including dates:		
1.		
2.		
3.		

You must submit acceptable documentation signed by your health care provider verifying that you have met each of the requirements outlined below. All health documentation must be received prior to the 3rd class meeting in order to ensure availability of clinical placement.

Requirement	Explanation
PHYSICAL EXAM	Completed within the past 22 months.
TETANUS-DIPHTHERIA	Tetanus-diphtheria booster within the last 10 years.
MEASLES	Two live measles vaccine doses (not prior to 1968) or immune titer results
RUBELLA	Two live rubella vaccine doses (not prior to 1968) or immune titer results
MUMPS	Live mumps vaccine (not prior to 1968) or immune titer results
HEPATITIS B:	Three vaccine doses or immune titer results
TUBERCULOSIS	Mantoux test required within 1 year. If Mantoux test is positive then a chest x-ray is required within the past 5 years. If no tuberculosis test within 1 year then a two-step Mantoux test is also required.
VARICELLA	Two vaccine doses or immune titer results (history of the disease is not sufficient)

I understand that I will be required to undergo a CORI/SORI check in order to take part in this program and that participation in the clinical placement that is a required component of this program may be denied on the basis of the CORI/SORI report. Signature _____

Registration Deadline: Application, payment, and required documentation must be received at least one week prior to the program start date.