Application Packets Are Due No Later Than Friday 05/03/2024

# Artesia General Hospital

# Advanced Learning Center

Artesia General Hospital
Foundation

# Certified Phlebotomy Technician (CPT) Program

# Application Packet

The Phlebotomy Program is accredited by the National Healthcareer Association (NHA) and students will be certified through the Certified Phlebotomy Technician (CPT) exam.

National Healthcareer Association®

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Artesia General Hospital

Advanced Learning Center

702 N. 13th St.

Suite J

**PROGRAM COORDINATOR**

Kimberly Salgado - Director of Artesia General Hospital Foundation, CRHCP, Clinical Educator

**LEAD CLINICAL INSTRUCTOR**

Torey Salgado - CCMA, B.S., M.Ed., Clinical Educator

**LEAD CLINICAL INSTRUCTOR**

Stacie Chavez - CMA, CPT, VFC Coordinator, Clinical Educator

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**PROGRAM DESCRIPTION:**

The Certified Phlebotomy Technician (CPT) Program is accredited by the National Healthcareer Association (NHA). The NHA's certification exams are accredited through the National Commission for Certifying Agencies (NCCA). The NCCA awards accreditation for professional and personnel certification programs which provides impartial, third-party validation that a program has met recognized national credentialing industry standards for development, implementation, and maintenance of certification programs.

The mission of the NCCA is to help ensure the health, welfare, and safety of the public through the accreditation of certification programs that assess professional competence. Its purpose is to provide the public and other stakeholders with the means by which to identify certification programs that serve their competency assurance needs in a profession.

The CPT Program is designed to prepare students for employment in various medical settings, such as physician's offices and hospital laboratory settings. This program will prepare the student to function as a certified phlebotomy technician and ensure the student is well equipped to handle the tasks expected of today's phlebotomists.

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**PROGRAM DATES / DEADLINES**

| IMPORTANT DATES | |
|---|---|
| APPLICATION DUE | 05/03/2024 |
| COMMITEE MEETS FOR ENROLLMENT SELECTION | 05/06/2024 |
| STUDENTS NOTIFIED IF ACCEPTED NO LATER THAN | 05/07/2024 |
| LUNCH MEETING & ONBOARDING FOR ACCEPTED CANDIDATES | 05/15/2024 |
| IN PERSON CLASS BEGINS | 06/04/2024 |
| | |
| PROGRAM LENGTH | 8 WEEKS |
| PROGRAM HOURS | Tuesday & Thursday Evenings<br>5:30 – 7:30 pm<br>(with possible opportunity of morning session available based on program need) |
| ADDITIONAL LEARNING HOURS | Students will engage in asynchronous learning online every week. Students will be expected to keep up with all online deadlines and in-person learning responsibilities. |
| CLINICAL HOURS | After all coursework is complete, students will complete 19 additional clinical externship hours and obtain at least 30 venipunctures through clinical rotations per NHA guidelines. |

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**GENERAL REQUIREMENTS:**

- Students must pass pre-admission drug screenings and background check. Students with positive drug screen results or significant findings within the background check will be withdrawn from the program unless otherwise cleared by physician.

- Students must be at least 18 years of age at the projected time of program completion.

- Students must have a high school diploma or GED equivalent.

**APPLICATION PROCESS:**

1. Obtain one professional letter of recommendation (head of department, recent employer, teacher, etc.). This letter must be signed and sealed in an envelope to be turned in with the application.

2. Complete the application and turn in application with letter of recommendation no later than Friday (**05/03/2024)** to the Artesia General Hospital HR department located at 702 N 13th street next to the Green Chile Cafe.

3. Once the application deadline has closed, prospective students may be pulled in for an additional interview during the following week.

4. **Students will be informed of acceptance NO LATER THAN 05/07/2023**.

5. Accepted students must attend the **mandatory lunch meeting and afternoon orientation session on 05/15/2024** for program orientation.

- Meeting the criteria for selection does not guarantee admission to the program. Final selection will be based on the student's application, letter of recommendation and interview.

- **LATE OR INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED.**

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**HEALTH REQUIREMENTS:**

Applicants must complete the Student Immunization Record form and attach a copy of their vaccination records with the signature of a healthcare provider. As required by Artesia General Hospital and the AGH Advanced Learning Center, applicants are required to provide proof of the following current immunizations for eligibility to be a student:

- Hepatitis B series or Positive Hepatitis B Titer
- Measles Mumps Rubella (MMR) or Positive Titer Series
- Tetanus (Tdap or Td) Vaccine within the last 10 years
- Tuberculosis skin test within past 12 months. PPD/Tuberculin skin testing is valid for one (1) year from date of administration. Students must maintain current PPD/Tuberculin skin testing throughout the program. Students who test positive for tuberculosis must show proof of a negative chest x-ray taken within the past five years to satisfy this requirement.
- Varicella or Positive Varicella Titer

**ALL VACCINATIONS ARE REQUIRED**

If a student is accepted into the program and is missing any of the above vaccinations or tests, they will be expected to have these completed before engaging in direct patient care. Failure to update these mandatory vaccinations or get the appropriate testing will result in the student being withdrawn from the course.

**Students who are withdrawn due to non-compliance of proper vaccinations or testing are not eligible for a refund of the price of the course**

**Note: All major employers in the medical field require these standard vaccinations or tests to qualify for job placement**

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**Artesia General Hospital**

**Advanced Learning Center**

RELEASE OF INFORMATION, AUTHORIZATION/CONSENT FORM

Client Name _____ DOB _____

I _____, hereby grant AGH Advanced Learning Center permission to receive the following information:

_____ New Mexico State vaccine record

The above information is to be received from:

Name: AGH Advanced Learning Center

Address: 702 N 13th Street Suite J

Phone: (575) 748-3333

This authorization is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance here on, and if not earlier revoked. It shall be terminated 90 days from the date signed without expressed revocation.

Exception: Exchange of information is valid while the case is active, but not to exceed 1 year.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

If revocation is desired:

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

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# STUDENT APPLICATION

## Personal Data

Full Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Are you a citizen of the United States? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

## Emergency Contact Information

### Emergency Contact #1

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

### Emergency Contact #2

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

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## Education

Check Yes or No: Have you earned a high school diploma or GED? _____ Yes _____ No

Name of High School: _____

What year did you graduate high school? _____

## Additional Information

Is English your primary language? _____

Check Yes or No: Do you have a valid driver's license? _____ Yes _____ No

Do you have any physical limitations for work / performing the duties required by a hands-on phlebotomy training program?

_____

_____

_____

## Work Experience

Company Name _____

Immediate Supervisor Name _____

Company Address _____

Job Title _____

Job Description _____

_____

_____

_____

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Company Name _____

Immediate Supervisor Name _____

Company Address _____

Job Title _____

Job Description _____

_____

_____

_____

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Company Name _____

Immediate Supervisor Name _____

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Job Title _____

Job Description _____

_____

_____

_____

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## Writing Sample

**Why have you chosen to pursue training as a phlebotomist? What skills do you have that will make you a successful student and future phlebotomist?**

**Submit Application**

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**STUDENT IMMUNIZATION RECORD**
**ALL VACCINATIONS REQUIRED**

**Part I – Student Information**

Date of birth (month/day/year): _____

**Part II – Immunization Records**

**Ask your doctor or a health care provider** to complete this section ensuring that dates respect the month/day/year format.

**Hepatitis B Series**

Date of 1st Dose _____ Date of 2nd Dose _____

OR

Positive Hep B Titer _____

**OPTIONAL: Influenza Vaccine (Seasonal)**

Date of Dose _____

**Measles Mumps Rubella (MMR)**

Date of 1st Dose _____ Date of 2nd Dose _____

OR

Positive Measles Titer Date _____ Positive Mumps Titer Date _____

Positive Rubella Titer Date _____

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**Tetanus (Tdap or Td) Vaccine**

Date of Dose (Must be within the last 10 years) _____

**Tuberculosis/PDD Skin Test or QuantiFERON Gold**

Date of Test _____

Date of Test Reading (Within 72 hours of test date) _____

**Varicella**

Date of 1st Dose _____ Date of 2nd Dose _____

OR

Positive Varicella Titer _____

Physicians Signature: _____