

Artesia General Hospital Advanced Learning Center



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.



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

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.

WHY CHOOSE AGH ADVANCED LEARNING CENTER?

- Nationally recognized! Obtain your certification with us and apply for job openings anywhere in the United States.
- Two clinical instructors that are available to answer questions outside of classroom hours and are there to make sure your learning is supported.
- Hybrid model with both in-person and online learning in the same course.
- Small class sizes for maximum learning opportunities.
- Highly competitive course price of \$700.00
- Only 8 10 weeks of in-person class time!

PROGRAM DATES / DEADLINES

IMPORTANT DATES	
APPLICATION DUE	03/21/2025
COMMITEE MEETS FOR ENROLLMENT SELECTION	03/24/2025
SELECTION STUDENTS NOTIFIED IF ACCEPTED NO	03/26/2025
LATER THAN	03/20/2023
LUNCH MEETING & ONBOARDING FOR ACCEPTED CANDIDATES	04/16/2025
ACCEL TED CANDIDATES	(\$700.00 Course Payment is Due on
	this Date)
IN PERSON CLASS BEGINS	05/06/2025
PROGRAM LENGTH	8 WEEKS
PROGRAM HOURS	Tuesday & Thursday Mornings
	8:30 – 10:30 am
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
CLINICAL HOURS	responsibilities. Near the end of the course, students will
CLINICAL HOURS	complete additional clinical externship
	hours and obtain at least 30
	venipunctures through clinical rotations
	per NHA guidelines.
ABSENCE POLICY	Due to the short length of the course
	absences will be monitored closely.
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	Three unexcused absences are allowed
	within the class. If the number of
	unexcused absences exceeds three class
	days, the student will be dropped from
	the course.
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	Excused absences with a doctor's excuse
	will not count toward the number of
	absences.

GENERAL REQUIREMENTS:

- 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. Unsealed letters will be rejected.
- 2. Complete the application and turn in application with letter of recommendation no later than Friday (03/21/2025) to the Artesia General Hospital HR department located at 702 N 13th street next to the Green Chile Cafe. Failure to turn in a physical copy to the HR Department will result in your application being denied.
- 3. Students will be informed of acceptance NO LATER THAN 03/26/2025.
- 4. Accepted students must attend the mandatory luncheon and afternoon orientation session on 04/16/2025 starting at 12:00 noon in the Green Chile Café located within Artesia General Hospital.
- Meeting the criteria for selection does not guarantee admission to the program.
 Final selections will be based on the student's application, letter of recommendation, background check and possible interview.
- LATE OR INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED.
- ***IF ACCEPTED, ALL STUDENTS MUST COMPLETE AND PASS A
 BACKGROUND CHECK / DRUG SCREENING IN ORDER TO STUDY AT THE
 HOSPITAL AND DRAW BLOOD ON PATIENTS.***

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*
- * Please sign the attached information release form so that your shot record can be collected from the New Mexico state database and used for enrollment purposes. *

Artesia General Hospital

Advanced Learning Center

RELEASE OF INFORMATION, AUTHORIZATION/CONSENT FORM

Client Name	DOB
I	, hereby grant AGH
Advanced Learning Center permission to	, hereby grant AGH preceive the following information:
New Mexico State vaccine recor	rd
The above information is to be received:	from:
Name: AGH Advanced Learning Center	
Address: 702 N 13th Street Suite J	
Phone: (575) 748-3333	
If you wish to decline the release of va	accine information to us, please sign below.
· ·	on by the undersigned at any time except to eliance here on, and if not earlier revoked. It is signed without expressed revocation.
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.

STUDENT APPLICATION

Personal Data Full Name: _____ Current Address: City: _____ State: ____ Zip Code: ____ Phone Number: _____ Email Address: _____ Are you a citizen of the United States? _____ Have you ever been convicted of a felony? _____ **Emergency Contact Information Emergency Contact #1** Name: ______ Address: Phone Number: Relationship: **Emergency Contact #2** Name: _______ Phone Number: Relationship:

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? Yes No
Have you ever been convicted of a felony? Yes No
Check Yes or No: Do you have a valid driver's license? Yes No
hands-on phlebotomy training program?
Work Experience Company Name
Immediate Supervisor Name
Company Address
Job Title
Job Description

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?	