



Dear Prospective Phlebotomy student:

Thank your interest in the **Phlebotomy Technician Program** at Luzerne County Community College. We are pleased to provide you with the information you requested.

In order to register for this program, you need to complete all the attached paperwork in this packet, and then call 1-800-377-5222 extension 7495 with your credit card or in person with full payment. Class size is limited. Registrations will be taken on a first come, first served basis.

In addition to any other academic and non-academic requirements mandated by College policy, students must also receive satisfactory clearance on the following background checks in order to be accepted into LCCC's Phlebotomy Program: Pennsylvania (PA) criminal background check; PA Child Abuse background check; 10-panel drug screening; FBI fingerprint-based background screening; Office of Inspector General background screening for suspension or disbarment from Federal Programs; and Department of Motor Vehicle driver license screening for any prior or current history of DUI (Driving Under the Influence).

Notification of satisfactory clearance of all screenings must be completed prior to acceptance into the LCCC Phlebotomy Program. A satisfactory clearance means no criminal history. If any of the above-noted background checks indicate any criminal history, the student will be prohibited from entrance into the LCCC Phlebotomy Program.

The book will be available one to two weeks prior to the beginning of the class at the LCCC Bookstore in the Campus Center. The bookstore (1-800-377-5222 extension 7434) can mail the course book to you for a fee.

Upon successful completion of the program, students may elect to sit for the National Healthcareer Association (NHA) certification exam for phlebotomists (CPT). Information about this exam will be provided to students wishing to pursue this certification as they proceed through the program.

If you have any questions, please call 1-800-377-5222 extension 7495 or email coned@luzerne.edu.

Phlebotomy CHECKLIST

Information on forms attached to be completed

1. *Registration Form* - to be completed by student and returned to Continuing Education with \$1195.00 check, money order, or credit/debit card payment.
2. *Emergency Contact Information* – to be completed, signed, dated by student and returned to Continuing Education.
3. *Family Medical History* – to be completed by student and returned to Continuing Education.
4. *Physician Physical Form* – to be completed, signed, dated by physician and returned to Continuing Education.
5. *Medical Health Form Immunization Record* – to be completed, signed dated by physician and returned to Continuing Education.
6. *10 Panel Drug Screen (Urine)* – Contact Program Coordinator for details.
7. *PA Child Abuse History Clearance* - Directions included in packet.
8. *PA Request for Criminal Record Check Online*
9. *FBI Finger-Print Based Criminal Record Check* – Directions included in packet.
10. *Request for Driver Information (DL-503)*.
If you have a credit card or debit card you can process the request on-line at www.dmv.state.pa.us.
11. *Student Code of Conduct/Rules and Regulations* - to be read, signed, dated by student and returned to Continuing Education.
12. *Cancellation and Refund Policy* - to be read, signed, dated by student and returned to Continuing Education.
13. *Health Insurance Form* – to be completed by student and returned to Continuing Education.
14. *Professional Liability Insurance Program for Individual Students*.
If you have a credit card or debit card you can process the application on-line at www.proliability.com.
15. *Proof of High School completion* (copy of diploma or GED)
16. *Proof of Age* (copy of driver's license or birth certificate)
17. *Book available at College Bookstore*

ALL INFORMATION MUST BE RETURNED TO:
CONTINUING EDUCATION DEPARTMENT
EDUCATIONAL CONFERENCE CENTER, BLDG 10
LUZERNE COUNTY COMMUNITY COLLEGE
1333 S PROSPECT ST
NANTICOKE PA 18634

Make checks payable to Luzerne County Community College Dept. 63000



Continuing Education Department

Name: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Eve. Phone: _____

E-Mail: _____ Date of Birth _____

I am paying by: Check No. _____ Visa ____ MC ____ Discover ____ Other ____

Cardholder's Name: _____

Card Number: _____ Exp. Date: _____

3-Digit ID Code (found on signature strip on back of card) _____

ANSWER

The information for the following questions are required for state and federal statistical purposes only. Responses will not be used to determine admission.

Ethnicity: (Select one)

Gender: _____ Male _____ Female

Race (Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Are you a citizen of the United States? Yes No (If no, then please complete next four items)

1. Country of citizenship: _____
2. Permanent Resident Card #: _____
3. Foreign Student (F1 Student Visa #): _____
4. Other Visa (Please list type and #): _____

Course Name	Location	Day (s)	Begin Date	End Date	Time	Tuition

Emergency Contact Information
Luzerne County Community College
1333 South Prospect Street
Nanticoke, PA. 18634-3899

To be completed by student prior to physician examination

Last	First	Middle	(Maiden)
Address	City	State	Zip
Home Phone	Alternate Number		
Social Security Number	Date of Birth	Sex M/F	
Employers Name	Employers Address		
Emergency Contact Name	Relationship		
Emergency Contact Address	Phone Number		

I give permission to the Luzerne County Community College Continuing Education Department to release any or /all information concerning my application and health status to those clinical sites which require such information. I fully understand the nature of this consent and that this authorization shall remain effective from the date of my signature to one year hence: however, I may revoke this authorization at any time by written, dated communication to Luzerne County Community College.

If I, or the next of kin/family member cannot be reached at the time of an emergency, Luzerne County Community College may send me to the hospital or physician most readily accessible and /or administer necessary emergency care. Luzerne County Community College may have access to information regarding my health or medical status.

I hereby release Luzerne County Community College from all legal responsibility and liability for acting upon this authorization, and I intend to be legally bound hereby.

I agree to notify the Luzerne County Community College Continuing Education Department of any change in my health status within two weeks.

STUDENT
SIGNATURE _____ DATE _____

Family Medical History
Luzerne County Community College

Name _____

	Age	State of Health	Occupation	Age at death	Cause of Death
Father					
Mother					
Brothers					
Sisters					

Have any of your relatives ever had any of the following:

	Yes	No	Relationship
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Stomach disease			
Asthma			
Epilepsy/Seizures			

Have you had any of the following?

	Yes	No		Yes	No
Measles			Sinusitis		
German Measles			Vision Problems		
Mumps			Ear, Nose, or Throat		
Chicken pox			Gum/Tooth Disease		
Malaria			Insomnia		
Anxiety/Depression			Chest Pain		
Headaches			Chronic Cough/Frequent Colds		
Epilepsy			Heart Palpitations		
Head Injury with Unconsciousness			High/Low Blood Pressure		
Asthma/Hay Fever			Rheumatic Fever		
Tuberculosis			Heart Murmur		
Shortness of Breath			Disease or injury to joints		
Back Problems			Recurrent Diarrhea		
Hepatitis/Jaundice			Intestinal/Stomach Problems		
Gallbladder Disease			Hernia/Rupture		
Recent weight loss/gain			Dizziness/Fainting		
Paralysis/Weakness			Frequent Urination		
Tumor, Cancer, Cyst			Blood disorders		

Physician Physical Form
Luzerne County Community College

Last Name (please print)	First	
Blood Pressure: Pulse/Resp:	Height	Weight
Allergies:	Hearing:	
Current Medications:	Musculoskeletal:	
Ears, Nose, Throat:	Metabolic/Endocrine:	
Eyes :	Neurological:	
Cardiovascular:	Psychiatric:	
Genitourinary:	Skin:	
Is there any physical defect which would limit the student's participation in classroom/clinical?	Is there loss or seriously impaired function of any paired organs?	
Is there any mental, emotional or physical condition of a privileged nature for which the student should remain under periodic observation?	Does the student have any medical problems with which the college should be concerned?	
Recommendations for physical activity <input type="checkbox"/> limited <input type="checkbox"/> unlimited	Do you have any recommendations regarding the care of this student?	
Is the student now under any treatment for any emotional conditions	If yes to any of the above questions please explain	

PHYSICIAN
 SIGNATURE _____

DATE _____

Medical Health Form Immunization Record
Luzerne County Community College

Name: _____ Date: _____

<u>Tetanus</u> (Booster given every ten years)	Date of last immunization:
10 Panel drug screening Please attach copy of results to this form	
<u>Measles/Mumps/Rubella</u> Varicella Immunization If dates are unknown, you must have a blood titer drawn showing proof of immunity and a copy of the results must be attached to this form	Date: Date: Or Titer results:
<u>Hepatitis B Vaccine</u> *Student must provide documentation of the first two injections before clinical experience commences	Dates of immunization: #1. _____ #2. _____ #3. _____

Tuberculosis Testing

Tuberculin (TB) Skin Test : PPD via Mantoux Technique

Step One Date: _____ <input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm Administered by: _____ Read in 48-72 hours after injection Date Read: _____ Read By: _____ Reading Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Description of Reaction: _____	Step Two Date: _____ <input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm Administered by: _____ Read in 48-72 hours after injection Date Read: _____ Read By: _____ Reading Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Description of Reaction: _____
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*After the first application of the two step has been administered, give the second portion 1-3 weeks later. If the patient has had a two step prior, and has proper documentation with consistent yearly PPD documentation, then only a year PPD testing is required.

Please be advised it is a mandatory requirement for all Health Science Students participating in clinical experience to have a Two Step Mantoux Testing.

(3) Criminal Background Clearances

*All must be dated within 6 months of the 1st day of class, and are required to be updated **yearly** throughout the program.

Due to our **Clinical Contracts** with area Hospitals, Nursing Homes, Schools, etc. that our Health Science students attend, L.C.C.C. has a “No-Tolerance Policy”. No exceptions can be made.

Your seat is not secure until all pages of all clearances have been submitted, reviewed, and approved, by the deadline.

Background clearances can be acquired and paid for online:

FBI Criminal Background Check - Fingerprinting

***This has been known to take up to 3 weeks to get back, so please start the process ASAP to ensure that you will receive it by the deadline.**

You must register online, [**https://uenroll.identogo.com/**](https://uenroll.identogo.com/), prior to going to the fingerprint site.

- Click on **IdentoGO** - Enter Service Code: **1KG756**
- Click on **Schedule or Manage Appointment**, follow the instructions.
- See website for current Fingerprinting locations.
- (Please do NOT submit a “Fingerprint card”.)
- Keep a copy for yourself.

PA State Police Criminal Record Check

Online: [**https://epatch.state.pa.us/Home.jsp**](https://epatch.state.pa.us/Home.jsp)

- New Record Check - follow instructions
- Click on “**certification form**”, which is **blue** and in the middle of the page. This is the page that you need to print and submit. (If you have a “record”, they will mail it to you. Please submit all original pages). Keep a copy for yourself.

PA Child Abuse History

Online: [**https://www.compass.state.pa.us/CWIS**](https://www.compass.state.pa.us/CWIS)

- Choose option: “An individual 14 years of age or older.....”
- They will mail you the original, however you may be able to print a copy sooner, watch for an email. Keep a copy for yourself.

Luzerne County Community College

Driver History - 3 year

Online: **www.dmv.state.pa.us**

- Click on Online Services
- Click on Request your Driver History
- Print out the results, make a copy for your records, and submit both pages before the deadline.
- This must be updated yearly throughout your enrollment.

Professional Liability Insurance

- Health Science students are required to have (Student) Professional Liability Insurance.
- No student will be able to enter any Clinical Site without it.
- You must be covered for, at least: **\$1,000,000 per claim / \$6,000,000 aggregate**
- New students please wait until July to obtain. You can put the start date as August 15th.
- This insurance must be kept up-to-date throughout the program. Most policies are valid for (1) year.
- Please make sure that you are covered for the program that you are **currently** in.
- Submit a copy of the actual policy to the Health Services Clerk. *Your clinical instructor may also request a copy.

To apply for this Insurance, you may go to: **www.hpsocom**

Drop down menu: -Professional Liability Insurance
-All Students



Continuing Education Department Career Training Student

Student Code of Conduct/ Rules and Regulations

You are expected to arrive on time, apply full efforts in learning training materials and conduct yourself in a responsible manner at all times. Any irresponsible, rude, or inappropriate behavior will be cause for dismissal from the school. The following are considered inappropriate behavior:

1. Attendance: You MUST attend the entire program. You are expected to attend and arrive to each class on time. You must call the instructor prior to the start time of the class, if you will not be in attendance that day. If you are absent from class more than 3 days, you may be terminated from the program. A doctor's note will be needed for every absent day. Eligibility to make up days missed will be at the discretion of the Program Coordinator and/or Associate Dean of Continuing Education.
2. If you have notified the instructor of your absence prior to the start time of the class and you need to make up the time to cover the total hours of the program, you may be charged a fee to cover the added expenses incurred by an instructor and/or use of equipment (i.e. Nurse Aide). Eligibility to make up days missed will be at the discretion of the Program Coordinator with approval from the Associate Dean of Continuing Education.
3. All requests for refunds MUST be submitted in writing, by mail, fax, or in person. The date of receipt in the Continuing Education office is the date in which we will calculate the refund. Non-attendance does not constitute a withdrawal. Check the website for details of the current policy but know that if you do not notify the Continuing Education Office in writing prior to the second day of class.
4. Smoking in the school building.
5. Academic dishonesty, including but not limited to, cheating on test, plagiarism, and collusion.
6. Disruption of the orderly process of the school or interference with school teaching, activities, and functions.
7. Willful acts of misconduct that may cause damage to the school property, including equipment or that may affect the safety of state, students, or the general public.
8. Unlawful manufacture, distribution, dispensing, possession, or use of controlled substances.
9. Drinking or possession of alcoholic beverages on school grounds.
10. Unauthorized entry to or use of school property, including the failure to leave school buildings or grounds after being requested to do so by an authorized employee of the school.
11. Molestation, assault and battery, threats with bodily harm or conduct that threatens or endangers the health or safety of any person lawfully on or in the vicinity of school property or at school sponsored or supervised events.
12. Theft, concealment, defacement or damage of school property or the property of school staff or other students.
13. Illegal gambling, disorderly conduct, or lewd, indecent, or obscene conduct or expression.
14. Failure to comply with the reasonable directions of authorized school officials acting in performance of their duties, including refusing to provide identification upon request.
15. Illegal or unauthorized possession of firearms, fireworks, explosives, dangerous chemicals, or arms classified as weapons.
16. Activities that interfere with the rights of other members of the school community or with normal functions of the school.
17. Acts of harassment, written, verbal or physical that stigmatize or victimize an individual on the basis of, but not limited to, the following: Race, Ethnicity, religion, sex, sexual orientation, creed, national origin, ancestry, age, mental status, or disability.

It is the responsibility of the student to check the LCCC website at www.luzerne.edu/coned or ask the coordinator for a copy of the all policies and procedures for attending LCCC Continuing Education programs.

I have read and I understand the LCCC Student Code of Conduct and agree to abide by it.

Class Start Date: _____ TRAINING PROGRAM: _____

Student PRINT NAME: _____

Student Signature: _____ DATE: _____

TITLE: NON-CREDIT CANCELLATION AND REFUND

REF #: 10.1

DATE(S) OF POLICY AND POLICY REVISION APPROVALS: Board approval 2/8/11

Tuition will be refunded 100% for all LCCC non-credit courses canceled by the College. Other refund information varies dependent upon the course classification.

Tuition for Career Training Courses (will be refunded 100% if withdrawal occurs one week or more before the first class session. A \$50 fee will be deducted from tuition if withdrawal occurs within one week of the first class session and prior to the second class session to cover registration and administrative fees. No refunds will be given for withdrawals occurring after the start of the second class session for all career training courses except those for the Nurse Aide program; refunds for the Nurse Aide program will not be given after the start of the first day of class. .

Tuition for on-line courses will be refunded 100% if withdrawal occurs at least 2 business days (Monday through Friday) prior to the beginning of the class and/or after receiving access to the course.

All other non-credit programs, courses and trainings (excluding on-line courses): No refund is given for any withdrawals that occur after the start of the first class session. Cancellation must be made at least 2 business days (Monday through Friday) prior to the start of the first class.

If the tuition is paid by credit card, the refund will be credited to the customer's account within one week of the cancelled course or written withdrawal. Payments made by check or money order will be refunded within 4-6 weeks of the course cancellation or withdrawal. The refund is paid to payer of record.

Luzerne County Community College reserves the rights to cancel, combine, or divide any programs advertised. Alterations of the schedule may be necessary due to holidays, weather conditions, school functions, or other conflicts. The College also reserves the right to make any revision in the curriculum, instructor, tuition and fees, location, or any other phase of activity necessary without further notice and without incurring obligations.

Due to the structure and content of occupational and professional continuing education courses, some programs/courses may have deadline dates and different refund policies than those listed here. That information will be provided upon request.

Withdrawals must be submitted in writing; e-mail is acceptable. The date the withdrawal is received by the non-credit office is the date by which the refund will be calculated. Non-attendance does not constitute a withdrawal.

Note: The word "course" refers to all tuition/fee programs offered through the College.

I, the undersigned have read the above policy and understand how it applies to me:

Print Name: _____

Student Signature _____ Date: _____

STUDENT HEALTH INSURANCE

I acknowledge that as a part of the clinical program education experience, I am required to complete clinical rotations at a hospital or other healthcare facility. I acknowledge that my attendance at such hospital or other healthcare facility a participation in a rotation is subject to the rules and regulations of such facility. Hospitals and other healthcare facilities are requiring, with increasing frequency, that interns and students maintain adequate health insurance as a condition of participation. By signing below, I acknowledge that I am responsible for making arrangements and ensuring that I am covered by an adequate health insurance policy.

 I currently have health insurance coverage provided by:

Insurance company name:

Insurance policy number:

By initialing this paragraph, I understand that it is my responsibility to maintain adequate health insurance throughout the clinical nursing program education experience. In the event my insurance company or insurance policy number changes during my clinical program education experience, I will promptly notify Luzerne County Community College.

Initials

 I currently do not have any health insurance coverage.

By initialing this paragraph, I understand that it is my responsibility to obtain adequate health insurance before commencing the clinical program education experience. Once I have obtained adequate health insurance coverage, I will promptly notify Luzerne County Community College and provide my insurance company's name and my policy number.

Initials

By initialing this paragraph, I understand that in the event I require medical care, I shall be fully responsible for any and all costs incurred with respect to such medical care and agree to indemnify, defend, and hold harmless Luzerne County Community College and its trustees, officers, agents, and employees from and against any and all demands, claims, losses and liabilities, including costs and reasonable attorney's fees, sought in connection with the provision of such medical care.

Initials

Signature

Date

Printed Name

You must sign and return to the Continuing Education Department.

Insurance statement/ask/20