



PHLEBOTOMY PROGRAM
Student Application for Admission

Directions: Complete this application and submit with required materials by the deadline to the Adult Education Office at 310 S Curtis, Missoula, MT 59801. **Only complete applications will be considered for admission into the Phlebotomy Program.** Students who are accepted will be notified by letter.

1. Personal Information Required

Legal Name (Last) _____ (First) _____ (Middle) _____

Other name(s) used (Maiden Name) _____

Social Security number _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

If you have lived at current address less than eight years provide previous addresses with counties (use the back of this application if necessary)

Cell Phone (_____) _____ Home Phone (_____) _____

Email _____ Birthdate (mo/day/yr) _____

Gender Circle One: MALE FEMALE

Emergency contact: Name _____ Phone (_____) _____ Relationship _____

Because you are applying for a training program that involves working with patients/residents in medical facilities, the following information is required. Please follow the instruction listed to obtain a background check and attached those results to this application.

****Applications without required information are considered incomplete and will not be processed. Required materials must be attached to applications:**

**1. TABE test results within the past year
OR a College Transcript with a passing grade for a minimum of 12 credits**

2. A clear background check

3. Immunization records (TB test within the last year, MMR, Hep B- started or complete series, Diphtheria, Tetanus, Flu (during season Sept. – March every year), and Varicella.

1 Have you served any portion of a criminal sentence or been convicted of any offense that involves any form of violence such as assault, rape, child abuse, child molesting, adult abuse; or any crime which involves drugs?
 Yes No

If yes, explain the nature of the crime, place, and date of correction or sentence:

2 Have you served any portion of a criminal sentence or been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion?

Yes No

If yes, explain the nature of the crime, place, and Date of correction or sentence.

APPLICATION CONTINUES ON BACK

- 3 To complete your background check payment, at the time of search, is required by credit card or eCheck. To obtain a background check follow these instructions.

From an Internet link:
<https://app.mt.gov/choprs/>

- 1. Click on the Public Users "Start Service" button. Move to the next screen.
- 2. Click on "Search" – to start a new search. Move to the next screen.
- 3. To search, you must submit individual's complete name, date of birth (Social Security number is optional but encouraged as this allows a more thorough search and will be checked prior to clinical rotation). Up to four alias names may be included in a search without further cost. You must enter your name, as Requestor, in order to comply with Section [44-5-215](#) of the Montana Code Annotated.
- 4. You must pay a \$13.00 fee for each record search.

The background check will be e-mailed to you when completed, attached the background check report to this application.

- ***Without a clear background check you will not be considered for placement in this program.***

2. Voluntary Information

Country of citizenship _____

If not a U.S. citizen, are you a permanent resident alien of the United States? Yes No

Do you consider yourself to be Hispanic/Latino? Yes (specify country of origin) _____ No

In addition, please circle one or more of the following racial categories to describe yourself:

- | | | |
|---|-------|----------------------------------|
| American Indian or Alaska Native | Asian | Black or African American |
| Native Hawaiian or Other Pacific Islander | White | No Response Other – Unknown |

Disability Status: N/A OR Describe _____

I hereby certify that the statements on this application are correct to the best of my knowledge and I understand falsification or omission of information may result in denial or rescinding of admission to the PHLEBOTOMY program or continuation in any of its courses of study.

Signature: _____ **Date:** _____

Office Use Only

Required Application Materials

Background Check Date _____

T.A.B.E. Results _____

College Transcript w/12 hours _____

TB _____ MMR _____

Hep B _____ Diphtheria _____

Tetanus _____ Varicella _____

FLU SHOT DURING SEASON
 _____ (Sept. – March)

Action by Date:

_____ Complete Application

_____ Approved

_____ Notification Letter Sent

_____ Tuition Paid