



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 email.

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 College Transcript with passing grades 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.
4. Proof of 10-Panel Drug Screen with no discrepancies completed no more than 30-days from start of school year (or program start date). To make appointment call Missoula Medical 406-543-6850. Results take 3-days approx cost \$70.00.

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 a background, payment by credit card or e-Check, is required at the time of initiation. The fee is \$14.50 per-background.

To obtain a background from the Montana Department of Justice Division of Criminal Investigation follow these instructions. Connect to this link: <https://app.mt.gov/choprs/>

- Click Public Users "Start Service" button. Move to the next screen.
- Click "Search" button to start a new search. Move to the next screen.
- 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 (for an individual) without further cost. At the bottom of this screen, enter your name, as Requestor, in order to comply with Section 44-5-215 of the Montana Code Annotated. Click continue.

The report will be sent to your e-mail when completed, which may take up to 72-hours. Attach a copy of the background check to this application prior to submitting. (***Without a clear background, you are 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 \_\_\_\_\_

10-Panel Drug Screen \_\_\_\_\_

FLU SHOT DURING SEASON  
\_\_\_\_\_ (Sept. – March)

**Action by Date:**

\_\_\_\_\_ Complete Application

\_\_\_\_\_ Approved

\_\_\_\_\_ Notification Letter Sent

\_\_\_\_\_ Tuition Paid