



## Phlebotomy Training Program Application

### Demographic Information:

Full Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST M.I. DATE OF BIRTH (MM/DD/YYYY)

Current Address: \_\_\_\_\_  
STREET MAILING (IF DIFFERENT THAN STREET)

\_\_\_\_\_  
CITY STATE ZIP CODE

( ) ( )  
PHONE NUMBER ALTERNATE PHONE NUMBER EMAIL ADDRESS

### To The Applicant:

*All applications will be considered, regardless of race, color, national origin, religion, sex, handicap, or age.*

Are you currently attending college or a trade school? ☐ Yes ☐ No  
If yes, what is your field of study? \_\_\_\_\_

Are you allergic to latex or other glove material? ☐ Yes ☐ No ☐ Unknown  
If yes, please explain: \_\_\_\_\_

Do you have reactions to common laboratory chemicals? ☐ Yes ☐ No ☐ Unknown  
If yes, please explain: \_\_\_\_\_

How would you rate yourself in handling job stress on a scale of 1 to 10 (1 = completely unable to handle stress / 10 = never being stressed at all)? \_\_\_\_\_ Explain why you rated yourself this way: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience in customer service? If so, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Education:

Do you have a High School Diploma ☐ or GED ☐? Please attach a copy of diploma or GED.

Additional Schooling Information:

	<u>Name of Class</u>	<u>Grade Received</u>	<u>Name of Class</u>	<u>Grade Received</u>
High School Science/	_____	_____	_____	_____
Computer/Health courses	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

	<u>Name/Address</u>	<u>Major/Minor</u>	<u>Years Attended</u>	<u>Year/Graduated</u>	<u>Degree(s)</u>
College/ Trade School					

Describe any specialized training, apprenticeships, skills, course studies, and extra-curricular activities that enhance your qualification as an applicant:

### Specialized Skills:

(i.e., Computer Skills, Customer Service, Medical Experience)

	Skill/Equipment Operated:	Years of Application:
1.		
2.		
3.		
4.		

**Additional Information:**

State any additional information you feel may be helpful to us in considering your application; i.e., hobbies, likes and dislikes, etc.: \_\_\_\_\_

**Personal References:**

Please attach 3 letters of recommendation.

### **Phlebotomy Experiences:**

In 100 words or less, describe the role of a Phlebotomist in medicine today.

[illegible]

### **Administration:**

Hepatitis B Vaccination is strongly recommended. Student will be required to show proof of inoculation or sign a declaration of refusal to take inoculation series (available through the County Health Department at an additional charge):

- ☐ I have proof of HBV vaccination (attach documentation)
- ☐ I request information about Hepatitis B vaccination

Please indicate program preference:

- ☐ Class Instruction (Including minimal hands on practice) ONLY
- ☐ Class +100 Hour Practicum

### **Application and Acceptance:**

1. A COMPLETE application must be submitted to Interpath Laboratory by this date. Late applications will be placed on an alternate list.
  - a. Application must be accompanied by a copy of transcripts, diploma or GED, and letters of recommendation.
  - b. A seat in the class will not be held for applicants until tuition is paid in full.
2. A personal interview may be scheduled to aid in this screening process.
3. Students will be notified of selection for the course two weeks prior to the course start date.

### **Training Standards:**

1. I authorize the investigation of all matters which Interpath deems relevant to my qualifications for participation, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons supplying it. I also release you from all liability, which might result from making the investigation.
2. I certify that the facts and information in this application and in any attachment or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of participation in the Phlebotomy Training Program, regardless of when or how discovered.
3. I agree to conform to all existing and future policies and rules and I understand that such policies and rules may be changed, interpreted, withdrawn, or added to as the company deems appropriate.
4. I have read each of the above statements. I have also reviewed all of the information I provided in this application and in any attachments or supporting documents.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

*Please return your COMPLETED application in person at 2460 SW Perkins Ave., Pendleton, OR or by mail to Interpath Laboratory, Attn: Phlebotomy Coordinator, P.O. Box 1208, Pendleton, OR 97801. You may email the application and all other inquiries to [RBaum@InterpathLab.com](mailto:RBaum@InterpathLab.com) or call (541) 276-6700.*