Phlebotomy

Name: ___________________________  Class start date: ________________
Course # (s): PLAB1023.  PLAB1060.

Please provide copies of the following documents:

Office/Initials

_______  Must be 18 yrs. old
_______  Photo ID or Driver's License, and Social Security Card
_______  High School Diploma/GED
_______  CPR Certification - within last 2 yrs (Must be American Heart Association Basic Life Support)
_______  Health Insurance

Immunizations:

Date

_______  Tetanus (must be Tdap) must be within last 10 years
_______  MMR - If born after 1957 must have 2 shots
_______  Varicella (Chicken Pox) 2 doses
_______  Hepatitis B series all 3 must be complete prior to registration
_______  Tuberculosis (TB) test (negative) must be within last 1 year
_______  Influenza (flu) during flu season
_______  Covid-19
_______  Drug Screen to be completed on first night of class

Notes

Office records

Forms:

_______  Registered
_______  Paid  cash check cc mo A/R
_______  Background checks completed
MIDLAND COLLEGE
HEALTH SCIENCES CONTINUING EDUCATION
COURSE/SEMINAR REGISTRATION FORM

Today's Date: __________________

Course Number(s) __________________ Course Name __________________ Course Fee __________________ Course Starting Date __________________

Course Number(s) __________________ Course Name __________________ Course Fee __________________ Course Starting Date __________________

Social Security Number __________________ Date of Birth __________________ Student ID Number __________________

Last Name __________________ First Name __________________ MI __________

Street Address __________________ City __________________ State __________________ Zip Code __________________

Home/Evening Phone __________________ Cell/Pager __________________ Work/Day Phone __________________

Email Address __________________

The following information is requested by the State of Texas for reporting purposes:
Sex: ___Male | __Female
Ethnicity: ___White ___Black ___Hispanic ___Asian ___American Indian ___Other
Education: ___Continuing Education Student ___GED ___High School Grad ___Associate Degree ___Baccalaureate/+

How did you hear about this course? __________________

Payment Method: ___Check ___Cash ___Money Order ___Credit Card ___A/R
Midland College accepts VISA, MasterCard, American Express, and Discover cards.

Refund Policy: 100% Canceled Course ~ 100% prior to first class day.
80% Prior to second scheduled class meeting.
No refund after First day of class. All refunds subject to a $10 processing fee.
Students will not receive a refund for a one-day course if they drop on the day of the class.
It is the student’s responsibility to cancel their registration.
All refund forms must be completed in person, allow 30 days for processing. No cash refunds will be issued.

Advanced Technology Center, 3200 W. Cuthbert, Midland, Texas 79701
(432) 681-6354

Midland College is an equal opportunity employer/educator.

Midland College accredited by the Commission on Colleges of the Southern Association of Colleges and Schools toward certificates and associate and baccalaureate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Midland College.
VENIPOUNTURE CONSENT FORM
AND
RESPONSIBILITY AGREEMENT

I, ___________________________ (Student Name), understand that during the course of my program of study, I will have the opportunity to practice specific invasive procedures such as venipuncture and skin puncture on consenting students. I understand that a clinical instructor must be in attendance during any practice session in which venipuncture or skin puncture is performed. I will not perform, nor allow to be performed on me, any practice session of such unless a clinical instructor is present.

I understand that receiving venipuncture or skin puncture administered by other students is strictly voluntary and will not impact my grade. I understand the risks of these procedures may include feeling light-headed, bruising, infection, or damage to tissue. I hereby release and will not hold Midland Junior College District, the instructors, employees, nor my classmates liable for any injury or complication that may result from any activity occurring in practice sessions.

I hereby agree to follow Standard Precaution guidelines as well as comply with regulations outlined in the OSHA Bloodborne Pathogen Standard in order to minimize the risk of exposure to bloodborne pathogens.

__________________________________________  ________________________
Student Signature                                      Date

I hereby give my consent for students to practice, or faculty demonstrate, venipuncture and/or skin puncture procedures on me.

__________________________________________  ________________________
Student Signature                                      Date
Midland College
Health Sciences Continuing Education
Release of Information Form

Clinical Agencies require proof of compliance with health and safety requirements. The HSCE program director or their designee will provide this information to the clinical agencies which request that such information be provided.

I, ________________________________, do hereby authorize the Midland College Health Sciences Continuing Education department to release any of the following information to clinical agencies as requested:

- [ ] Criminal Background Check Results (if applicable)
- [ ] Drug Test Results (if applicable)
- [ ] Proof of Immunization Records
- [ ] Lab Testing Results (such as blood titers indicating immunity to communicable diseases)
- [ ] Proof of CPR Training
- [ ] Proof of Insurance Coverage (if applicable)
- [ ] Personal Information

I understand that this authorization will expire when I am no longer enrolled in any Health Sciences Continuing Education classes.

Name of Student (please print) ____________________________________________

Signature of Student ____________________________________________________

Date ____________________________

Program of Study ______________________________________________________
Professional Licensing Notice

Student ID#: __________________________
Student DOB: __________________________

Completion of Midland College degrees and/or certificates does not guarantee eligibility to take a certification/registry/licensure examination. The eligibility of each person is determined on an individual basis by the regulatory body of the specific discipline. If you have a conviction of a crime other than a minor traffic violation, physical or mental disability/illness, hospitalization/treatment for chemical dependency within the past five years, current intemperate use of drugs or alcohol or a previous denial of a licensure or action by a licensing authority, you will need to contact the specific regulatory body for an individual ruling. Some programs require a criminal background check and urine and drug screen.

I have read and understand the statement above.

________________________________________
Print Name

________________________________________
Signature

________________________________________
Date
Midland College  
Health Sciences Continuing Education  
Student Handbook Compliance Form

I have read, understood, and will comply with the Health Sciences Continuing Education Student Policy Handbook (which can be found at: https://www.midland.edu/continuing-education/documents/hsce-student-handbook.pdf).

________________________________________
(Student Printed Name)

________________________________________
(Student Signature) (Date)
Criminal Background Check

It is a state requirement that a criminal background check be conducted prior to students entering selected clinical settings dealing with children and individuals with mental illness, mental retardation, or physical limitations. Be aware that if you have had a misdemeanor or felony conviction (other than a minor traffic violation) you may not be able to go to certain clinical facilities and may not be able to complete your health science program.

In order to do a background check, the following information is required:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Date of Birth</th>
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12/15/2021