

Today's Date: _____

Midland College Phlebotomy Program

Last Name

First Name

Middle Name

Social Security Number

Date of Birth

Student ID

Street Address

City

State

Zip Code

Email Address

Phone Number

How did you hear about this course? _____

The following information is requested by the State of Texas for reporting purposes:

Sex: _____ Male _____ Female

Ethnicity: _____ White _____ Black _____ Hispanic _____ Asian _____ American Indian _____ Other

Highest Level Education: _____ Continuing Education Student _____ GED _____ High School Grad
_____ Associate Degree _____ Baccalaureate/+

*****Office Records*****

Course #(s): PLAB1023.HS PLAB1060.HS

Class Start Date: _____ Clinical Start Date: _____

Registration Requirements:

- _____ Must be 18 yrs. old
- _____ Photo ID or Driver's License. & Social Security Card
(*Must be the same on both*)
- _____ CPR Certification – *within the last 2 years*
Must be American Heart Association Basic Life Support
- _____ High School/GED diploma or transcript
- _____ Insurance

Immunization Dates:

- _____ Tetanus (Tdap or Td) *must be within last 10 yrs.*
- _____ MMR *If born after 1957, must have 2 shots*
- _____ Varicella (chicken pox) *2 doses*
- _____ Hepatitis B series *all 3 completed before registration*
- _____ Tuberculosis (TB) test (negative) *must be within last 12 months*
- _____ Flu *during flu season (October – March)*
- _____ Covid *(if available/required)*

Forms:

- _____ Policies
- _____ Background Check
- _____ PLN
- _____ Release of Information
- _____ Venipuncture Consent

- _____ Registered
- _____ Paid (cash check cc m/o A/R)
- _____ Background Check
- _____ Employability Check
- _____ Drug Screen



Midland College
Health Sciences Continuing Education
Phlebotomy Program

**VENIPUNCTURE 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:

Last Name

First Name

Middle Name

Date of Birth

Ethnicity

Gender

Social Security Number

Signature

Date