Program Description

This program is designed to prepare individuals to properly collect quality blood samples from patients and communicate with the healthcare team.

Class Schedule

Course Offering #1:
August 17 - October 7, 2015
Mondays & Wednesdays
4:00 pm - 8:00 pm

8 Seats Per Course

Course Offering #2:
October 12 - December 9, 2015
Mondays & Wednesdays
4:00 pm - 8:00 pm

Externships

Subject to a drug screening and background check

Required Uniform: Royal Blue Scrubs and Short White Lab Coat

Clinical externships will be scheduled 3 to 4 weeks into the program. Clinicals will be held at available times during the clinical site's business hours and may be different from designated course time.

Certification Exam

Exam & Associated Fees:
$105 - Due at the time of online registration at: www.nhanow.com
$25 - Sitting Fee payable to Lawson State CC Testing Center on the Birmingham West Campus to take the internet-based examination

Eligibility Requirements for Examination:
- High School Diploma or Equivalent
- Successful completion of a CPT training program
- Must have performed at least 30 venipunctures and 10 capillary sticks on live individuals

For Registration, Contact:
Kamille Smith, Corporate College
Phone: (205) 929-3432
Email: ksmith@lawsonstate.edu
### COURSE/TUITION INFORMATION

**Course Title:** Phlebotomy Technician Training Program  
**Department/Course No.:** Course Offering 2  
**Session Date(s):** Oct 12 – Dec 9, 2015  
**Session Time Period:** 4:00 - 8:00 pm  
**Building(Room):** Ethel Hall, Rm 201  
**Instructor:** Kyteria H. Holmes  
**Total Contact Hours:** 100

**Installments/Enrollment Fee:**
- $450 (10/5/15) & $450 (11/2/15)
- or $900 (10/5/15)

**# of Sessions:** 1  
**Notes:**

**Employed:**
- Yes  
- No

**If employed:**
- Name of Company: [ ]
- Company Address: [ ]
- Phone Number: [ ]

**Is your employer (or potential employer) paying your tuition:**
- Yes, (Name of firm and its address): [ ]

- No

### STUDENT INFORMATION

**Last Name:** [ ]  
**First Name:** [ ]  
**MI:** [ ]

**Address:** [ ]  
**City & ST:** [ ]  
**Zip:** [ ]

**Home Phone No.:** [ ]  
**Other Phone No.:** [ ]

**E-Mail Address:** [ ]

**Birth Date:** [ ]  
**Social Security No. (last 4 digits only):** [ ]

**Race:**
- Black  
- White  
- Other  
- Male  
- Female

**High School Graduate:**
- Yes  
- No

**GED Certificate:**
- Yes  
- No

**SIN (Administrative Use Only):** [ ]

### IN CASE OF EMERGENCY

**Name of friend or relative:** [ ]  
**Relationship to Student:** [ ]  
**Home Phone No.:** [ ]  
**Other Phone No.:** [ ]

**Student’s Signature:** [ ]  
**Date:** [ ]

**Please Remit Payment with Form**
**Seat Availability is on a First Come, First Serve Basis**
Make all Checks and Money Orders Payable to Lawson State Community College
# Participant/Student Enrollment Form

(Please Print)

## COURSE/TUITION INFORMATION

<table>
<thead>
<tr>
<th>Course Title: Phlebotomy Technician Training Program</th>
<th>Session Date(s): Aug 17 – Oct 7, 2015</th>
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<tbody>
<tr>
<td>Department/Course No.: Course Offering 1</td>
<td>Instructor: Kyteria H. Holmes</td>
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<td>Total Contact Hours: 100</td>
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**Employed:**
- ☐ Yes
- ☐ No

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- Company Address: _________________________________
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<td>XXX-XX-</td>
<td>☐ Black ☐ White ☐ Other</td>
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**Student’s Signature**

Date

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