



## Phlebotomy

Application & Registration Form

541.880.2243 | [ce@klamathcc.edu](mailto:ce@klamathcc.edu)

### **Program Mission:**

Students will be eligible to take the NHA (National Healthcare Association) Phlebotomy certification exam to become certified phlebotomists. Students will be able to earn a non-credit training certificate from Klamath Community College.

### **Course Description:**

This 10-week course has 9 hours of classroom instruction per week and a 40-hour internship with a local provider to practice phlebotomy on real patients.

Participation and attendance are mandatory to be placed in an internship and to take the national certification exam. Phlebotomy is the practice of drawing blood from patients and taking the blood specimens to the laboratory to prepare for testing. During this course, you will be shown how to draw blood, known as a venipuncture. You will practice your venipuncture skills in the classroom with fellow students to be prepared and confident before you begin your internship.

This course has a student cap of 15 students. Students will be entered into the program on a first-come, first-serve basis.

### **Prerequisites & Program requirements:**

- High school graduate or GED equivalent
- Must be 18 years or older before class starts.
- Up to date on all vaccinations (Provide copy)
- Hepatitis B vaccine series & Tuberculin (TB) skin test (Provide copy)

### **Requirements to be completed during training:**

- BLS American Heart Association card

- Bloodborne Pathogens training
- Completion of agreement & internship orientation with clinic prior to internship
- Completion of 40-hour internship
- Start an online application for Phlebotomy Certification on the NHA website
- Schedule time and date to take the Exam (cost of the exam is included in the cost of the program if the student takes the exam within 6 months of completing the course)
- Pass a random Drug Screen & Background Check (No refunds due to inability to pass a background check/drug screen)

\*Screening can be conducted any time prior to the start of the internship. All applicants understand that the inability to pass the drug screen and/or background check will affect their ability to complete internship and program requirements.

\*Disclaimer: Although marijuana may be legal in the state of Oregon for adults over the age of 21, most providers do not allow it, and therefore, we cannot accept any student into the internship who tests positive for marijuana on their drug screen.

If you have any questions about your ability to meet these requirements, please contact the Workforce/Community Education Department Coordinator at 541-880-2243.

### **Course Topics:**

### **Schedule:**

Our Phlebotomy program is offered once a year during the Spring term. Times & Days are TBA.

**Dates: 3/24/2025-06/06/2025**

### **Course Supplies:**

All supplies, including a textbook, are provided to all students. Students will need to purchase scrubs.

### **Course Cost: \$1,940**

Payment is due the first week of class. This class is not eligible for financial aid. A payment plan is available in installments of three. Please inquire with the Cashier's Office in Building 9.

### **Student Grant Options:**

- **KCC Foundation Scholarships**  
Non-credit/Apprenticeship (EAO) scholarship, Student Emergency Grant  
Contact: Lisa Carter, 541-880-2234, [carter@klamathcc.edu](mailto:carter@klamathcc.edu)

- **STEP Program at Klamath Community College**  
Must be receiving SNAP benefits (food stamps).  
Contact: Reynda Scobee, STEP Coordinator, 541-880-2343, [Scobee@klamathcc.edu](mailto:Scobee@klamathcc.edu)
- **STEP Program at Worksource**  
Must be receiving SNAP benefits (food stamps). 30-day eligibility period  
Contact: Tangie, Lead STEP Coordinator,  
[Tangie.M.MCREYNOLDS@employ.oregon.gov](mailto:Tangie.M.MCREYNOLDS@employ.oregon.gov) or visit Worksource to make an appointment.
- **Workforce Innovation Opportunity Act (WIOA) Federal Program at Worksource & Klamath Works**  
Must be receiving SNAP, TANF, SSI, Dislocated worker/displaced homemaker or low-income. 30-day eligibility period  
Contact: Cristy Rodriguez, WIOA Manager, 541-591-1881,  
[cristy@klamathworks.com](mailto:cristy@klamathworks.com)
- **Vocational Rehabilitation training funds**  
Voc. Rehab assists individuals with disabilities for job placement that matches their skills, interests, and abilities.  
Contact: Tammi 541-883-5614

### **Job Placement:**

- A resume and cover letter class are included in this course. KCC also has a Career Center located in Building 4. They are able to provide job search assistance, resume, cover letter, and interviewing techniques.

### **Application/Registration Process:**

- Please scan all documents in PDF version to [ce@klamathcc.edu](mailto:ce@klamathcc.edu) or make an appointment to submit your documentation in person.
- You will receive a letter of admission in your email with the next steps.

### **Contact:**

Workforce/Community Education Coordinator  
[ce@klamathcc.edu](mailto:ce@klamathcc.edu)  
541-880-2243 (text/call)



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Name \_\_\_\_\_  
(Last) (First) (Middle)

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address Line 1 \_\_\_\_\_

Mailing Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Gender ☐ Male ☐ Female

Marital Status ☐ Married ☐ Single Ethnicity ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (check all that apply) ☐ African American/Black ☐ American Indian/Alaska Native  
☐ Asian ☐ Pacific Islander ☐ White

Social Security Number \_\_\_\_\_

Providing your social security number is **not required for Community Education**. It will be required if you plan to take credit classes and apply for Federal Financial Aid.

## Payment Options: (check one)

☐ Credit Card ☐ Enclosed Check ☐ Enclosed Cash ☐ Scholarship Name: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

CVC # \_\_\_\_\_

☐ Visa ☐ MasterCard ☐ Discover

I hereby certify that I have provided complete and accurate information on this form, and I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal. Signature also confirms payment.

Student Printed Name

Student Signature

Date



## HEPATITIS B VACCINATION HEALTH PROFESSION STUDENTS

HEPATITIS B VIRUS (HBV) causes a viral infection which involves the liver. The spectrum of disease ranges from asymptomatic infection to fulminant disease, which may lead to death. Six to ten percent of infected young adults become carriers of the infection. Over 25 percent of these carriers develop chronic active Hepatitis, which often progresses to cirrhosis. There has been an association demonstrated between the Hepatitis B carrier state and the occurrence of liver cancer. The disease is spread by introducing infected blood or body fluids into the body by percutaneous or per mucosal routes, i.e., sharps injury, getting infected blood or body fluids into non-intact skin or on mucous membranes, and by sexual contact and intravenous drug use. There is evidence that there is an increased risk of HBV infection for healthcare workers who have frequent contact with blood and body fluids. In addition, a more virulent form of Hepatitis is associated with superinfection or coinfection by the Delta virus. Delta virus can only infect and cause illness in persons with Hepatitis B infection. Therefore, persons immune to HBV infection are also immune to Delta virus infection.

HEPATITIS B VACCINE immunizes against infection caused by all known subtypes of HBV. It is a vaccine prepared from cultures of a recombinant strain of yeast *Saccharomyces cerevisiae*. The vaccine contains thimerosal (a mercury derivative) and as preservative.

**INDICATIONS FOR USE:** The Hepatitis B vaccine is indicated for persons at increased risk of developing HBV infection and who have demonstrated to be susceptible to HBV. Risk is based on the frequency of contact with blood or body fluids.

Healthcare workers without occupational exposure to blood or body fluids are at no greater risk of infection than the general population.

**PRIMARY ADULT VACCINATION** consists of a series of three intramuscular injections of one ml. each. The first dose is given at the selected date. The second and third doses follow the first by one and six months, respectively.

Administration of doses at longer intervals may be equally protective, but optimal protection is not achieved until after the third dose. Vaccination of carriers will not cause harmful or beneficial effects.

**ANTIBODY TESTING** prior to receiving the Hepatitis B vaccine is recommended to determine the immune status of the individual. Post-vaccine antibody testing is also recommended to determine immunity induced by the vaccine.

**REVACCINATION NONRESPONDERS:** When persons who do not respond to the primary vaccine series are revaccinated, 15%-25% produce an adequate antibody response after one additional dose and 30%- 50% after three additional doses.

**BOOSTER DOSES** for adults with normal immune status, booster vaccine doses are not recommended, nor is routine serologic testing to assess antibody status after the primary post-vaccine antibody screening.

**SIDE EFFECTS** consist mostly of pain at the injection site (3%-29%) and a slight fever (1% to 6%).

PRECAUTIONS: Persons with hypersensitivity or allergic reaction to yeast or other vaccine components should not be given recombinant Hepatitis B vaccine. Neither pregnancy nor lactation should be considered a contraindication to vaccination.

\_\_I received the Hepatitis B vaccination series in the past at

\_\_\_\_\_ (facility) on

\_\_\_\_\_ (Approximate date)

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Date	Site	Given by
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1.		
_____		

2.		
_____		

3.		
_____		



# FERPA Consent to Release Student Information

Office of Registrar · Building 3 · 7390 South Sixth Street · Klamath Falls, OR 97603

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student ID Number

It is the policy of Klamath Community College, in accordance with the Family Education Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' education records unless the student has consented to disclosure. Private information, such as grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student. Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, \_\_\_\_\_, authorize Klamath Community College to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at Klamath Community College.

Please initial all that apply:

\_\_\_\_\_ All financial records in the Business Office

\_\_\_\_\_ All Financial Aid Information

\_\_\_\_\_ All academic records in the Registrar Office

\_\_\_\_\_ All medical/ disability documents in Student Support Services

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Persons to whom information can be released:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

All listed persons will have access to the initialed information/ departments above. If a person shall have access to different information than listed, student must complete a separate form for said person.

Please provide the contact information for the previously stated persons to whom information can be released.

<p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone Number: (____) _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone Number: (____) _____</p> <p>Email: _____</p>
<p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone Number: (____) _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone Number: (____) _____</p> <p>Email: _____</p>

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated information to the above-named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Klamath Community College.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Return to Enrollment Services

Received By: \_\_\_\_\_ Date: \_\_\_\_\_





## HIPPA CONFIDENTIALITY STATEMENT

I understand that during my clinical rotations, I may have access to confidential information about clients, patients, their families, and clinical facilities. I understand that I must maintain confidentiality of all verbal, written, or electronic information. In some instances, the information may be protected by law, such as state practice acts or other regulatory standards. In addition, the client's right to privacy by judiciously protecting information of a confidential nature is part of the health professionals' expected behavior.

Through this understanding and relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care, not where visitors and/or other patients may overhear it.

During each clinical rotation in the education program, I agree to follow each agency's established procedure for maintaining confidentiality.

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STUDENT SIGNATURE

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DATE

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PRINTED NAME



## WAIVER OF LIABILITY AND INFORMED CONSENT

As a participant in the Klamath Community College (KCC) Phlebotomy Program, I have read, understand, and agree to the following:

- I willingly consent to participate in all laboratory treatments and practice sessions as a human subject (i.e., patient) for educational purposes at Klamath Community College. These treatments may be rendered by faculty or by fellow students.
- As a participant in a phlebotomy training program, I may be exposed to a variety of hazards and risks of injury, foreseen or unforeseen. While proper industry safety procedures will be discussed in the program, Klamath Community College and its program partners cannot eliminate the potential for such injuries. Furthermore, **it is my responsibility to disclose any information or medical issues that will limit or bar me from the above participation to the instructor in a timely manner.**
- I agree that I am personally responsible for all risks associated with participation in the KCC Phlebotomy Program. To the fullest extent allowed by law, I agree to waive, release, discharge and hold harmless Klamath Community College, its Board of Education, and all of its officers, agents, employees, and representatives from any and all liability, claims, causes of action, or demands arising out of any injuries to me or my property which may result from my participation in the KCC Phlebotomy Program.
- I willingly consent to appear in photographs, transparencies, films, videotapes, and other forms of media for educational and informational purposes at Klamath Community College.
- I willing consent to give the Health Science Program Director or Klamath Community College Designee permission to give my Student Identification Number and other personal information to the Klamath Community College clinical affiliations and licensure/registration authorities for appropriate reasons. I willingly consent to give the Community Education Department permission to release drug testing results or Criminal Offender Record Information (CORI) to clinic sites that may require such information as terms of their contract with Klamath Community College for clinical affiliations.

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STUDENT SIGNATURE

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DATE

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PRINTED NAME



## MEDIA RELEASE

I, \_\_\_\_\_, **authorize** KCC, and any additional agencies (*indicated here*)  
\_\_\_\_\_ to use my image, likeness, or name in media releases,  
promotional displays, websites, or other printed or graphic materials.

I, \_\_\_\_\_, **do NOT authorize** KCC, and any additional agencies to use my image,  
likeness, or name in media releases, promotional displays, websites, or other printed or graphic  
materials.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME