Pre-Admission Checklist

1. ______ Completed application

2. ______ Pre-entrance examination (TABE Reading)
   [Call Community Action Southwest 724-225-9550, ext. 437 (Given @ Washington office)
   or Intermediate Unit One @ 724-938-3241, ext. 306 (Given @ WACTC)]

3. ______ Original Pennsylvania Criminal Background check
   [Complete online at http://epatch.state.pa.us. Then Print Copy]

4. ______ Original FBI clearance
   Complete the first 3 sections: (1) Schedule or Manage Appointment, (2) What do I
   need to bring to enrollment & (3) Locate an Enrollment Center.

5. ______ Original Child Abuse History Certification.
   [Complete online at https://www.compass.state.pa.us/CWIS. Then Print copy]

6. ______ Official high school transcript (Sent directly from high school), General Education
   Diploma (GED) or Home School Equivalent (Certificate)

7. ______ Physical form with immunization history & 2-step PPD or chest x-ray

8. ______ Statement of Verification form (bottom of this form)

9. ______ Payment of ($895.00) is enclosed

Statement of Verification

Please initial each of the items below.

1. ______ I have NOT been convicted of a felony nor do I have any criminal charges
   filed or pending that would effect my status in the Phlebotomy Technician Program.

2. ______ While functioning as a student in the Phlebotomy Technician Program, I will only
   perform those tasks which I have been deemed competent by the instructor.

3. ______ I understand I am required to attend the 16 hours of instruction on Communication,
   Infection Control, Safety/Emergency Procedures including abdominal thrust, Resident’s
   Independence, and Resident’s Rights. If I miss the required 16 hours of instruction, I will be
   dismissed. After the 16 hours of instruction, I am permitted two absences for personal illness, death
   in the family, or other necessitous absence. I am required to make-up missed time. Makeup
   work/time will be at the discretion of the Instructor and must be completed within two (2) weeks
   from the date of the absence. If I have two absences, I must pay $25 per hour for the makeup time.

4. ______ I understand that I must be on time for each class and clinical day.

5. ______ I understand that no refund is given after attending the second class.

6. ______ I understand that I must complete the course with a 75% (C)

By signing below, I attest that I have not withheld any information that would prevent my
acceptance/completion of the Phlebotomy Technician Program. I understand that if I have provided
any false information or fail to comply with the program policy, I will not be permitted to continue in the Program.

Name: ________________________________ Date: __________________________