

**Western Area Career & Technology Center  
Phlebotomy Technician Application**

**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 online at <https://uenroll.identogo.com>. Enter the Service Code: 1KG756.  
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. \_\_\_\_\_
6. \_\_\_\_\_ Original Child Abuse History Certification.  
[Complete online at <https://www.compass.state.pa.us/CWIS>. Then Print copy]
7. \_\_\_\_\_ Official high school transcript (Sent directly from high school), General Education  
Diploma (GED) or Home School Equivalent (Certificate)
8. \_\_\_\_\_ Physical form with immunization history & 2-step PPD or chest x-ray
9. \_\_\_\_\_ Statement of Verification form (bottom of this form)
10. \_\_\_\_\_ 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: \_\_\_\_\_