

**WESTERN AREA CAREER & TECHNOLOGY CENTER**  
**PHLEBOTOMY TECHNICIAN PROGRAM**



**STUDENT HANDBOOK**

**2017**

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This handbook contains information, guidelines, and responsibilities for students in the Western Area Career & Technology Center [WACTC] Phlebotomy Technician Program. As a student, you should acquaint yourself with the contents of this handbook and policies on the WACTC website [[www.wactc.net](http://www.wactc.net)]. Throughout the program, you will be responsible for adhering to information and policies in this handbook and on the website.

The contents of this handbook are subject to change at any time. Students will be notified of changes and required to sign an acknowledgement document. If a student refuses to sign the document, this does not negate the change to the handbook.

The Western Area Career & Technology Center's Phlebotomy Technician Program was developed to meet the perceived needs of the community. The Program offers phlebotomy technician education to qualified students according to the Non-Discrimination Policy. The selection of students shall be the responsibility of the Phlebotomy Technician Program faculty and Health Sciences Supervisor. The cooperating agencies shall be chosen by the Health Sciences Supervisor and Director of Western Area Career & Technology Center.

The phlebotomy technician is an integral part of the health care team, and the employment opportunities for phlebotomy technicians in Washington County and throughout Pennsylvania are many. Phlebotomy Technicians are employed in hospital laboratory, physician's office laboratory, outpatient facility, and lab diagnostic facility.

In order to meet the health-care needs of this area, our Phlebotomy Technician Program was established. The program is sponsored by the Western Area Career & Technology Center and has been approved by the Department of Education.

The Western Area Career & Technology Center Joint Operating Committee derives its authority from the combined Boards of Directors of the School Districts of Avella Area, Burgettstown Area, Canon-McMillan, Chartiers-Houston, Fort Cherry, McGuffey, Peters Township, Trinity Area, and Washington, and, in fact, is a committee of the whole, encompassing all eighty-one members of the combined Boards.

The Western Area Career & Technology Center Committee is made up of one board member from each sending school district. Each delegate reports to his or her home Board. The Superintendent of Record of Western Area Career & Technology Center is directly responsible to the Joint Operating Committee. The Director of Career & Technical Education of Western Area Career & Technology Center reports to the Superintendent of Record.

The Joint Operating Committee shall be responsible for the administration functions relating to the Phlebotomy Technician Program; provide for and maintain student records and assure safekeeping of those records should the Phlebotomy Technician Program become defunct at some future date; and take responsibility for any student currently enrolled to finish the complete course of instruction should the program be discontinued.

## **Non-Discrimination in School and Classroom Practices [103]**

The Western Area Career & Technology Center provides equal educational opportunities and programs and services to all students. Referrals, admissions and services shall be made without regard to race, color, religion, handicap, national origin, age or sex. Program services shall be made accessible to handicapped students through the most practical and economically feasible methods available. These methods may include services and/or modifications provided by the Western Area Career & Technology Center, the sending school district, and/or their/our approved providers. Further, no student will, on the basis of sex, be excluded from participating in, denied the benefits of, or be subjected to discrimination under any educational program or activity conducted by the Western Area Career & Technology Center.

Any student and/or their guardian, parent, resident, or client who believes they have been discriminated against may file a complaint of discrimination with any of the following:

Director of Vocational Education/Title IX, 503/504 Coordinator  
WESTERN AREA CAREER & TECHNOLOGY CENTER  
688 Western Avenue  
Canonsburg, PA 15317

Bureau of Civil Rights Compliance Bureau of Civil Rights Compliance  
DEPARTMENT OF PUBLIC WELFARE DEPARTMENT OF PUBLIC  
WELFARE  
Room 412, Health and Welfare Building 702 State Office Building  
P.O. Box 2675 300 Liberty Avenue  
Harrisburg, PA 17105 Pittsburgh, PA 15222

Office of Civil Rights  
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES – Region III  
P.O. Box 13716  
Philadelphia, PA 19101

PENNSYLVANIA HUMAN RELATIONS COMMISSION  
Executive House  
101 South Second Street, Suite 300  
P.O. Box 3145  
Harrisburg, PA 17105

Publication of this policy is in accordance with State and Federal laws including Title IX of the Education Amendments of 1972 and Sections 503 and 504 of the Rehabilitation Act of 1973

## **Admission Requirements**

Applicants must be citizens of the United States. Preference will be given to qualified applicants who are residents of the participating school districts of the Western Area Career & Technology Center.

Applicants must be graduates of an accredited high school or possess a General Education Diploma (GED) issued by the Department of Education, or Home School Equivalent. High school transcripts, college transcripts, or GED verification must be received by the Health Sciences Supervisor.

Applicants must take a pre-entrance exam that evaluates reading level. Applicants with reading levels below 6.0 will need to remediate prior to entering the program. Applicants will have to re-test until a minimum 6.0 reading level has been achieved.

Applicants must present certification of appropriate health. A pre-entrance physical form must be completed no more than 6 months prior to the start of the class. The form is to be completed by physician or certified nurse practitioner. A two-step PPD test or chest x-ray for tuberculosis must be completed prior to the start of the program. Immunization for Hepatitis B\* is recommended but not required.

Applicants must submit original Criminal History Record Information reports from the Pennsylvania State Police, Federal Bureau of Investigation Fingerprinting and Child Abuse Clearance report to administration. The Criminal History Record Information, Federal Bureau of Investigation, and Child Abuse Clearance reports must be dated within 6 months of the program start date. Instructions will be provided by Western Area Career & Technology Center.

An applicant whose CHRI report (CHRI Policy - p. 7) identifies one of the prohibitive offenses and is not able to enroll will be notified.

\*Hepatitis B is usually a requirement for employment

## **Criminal History Record Information [125.1]**

All adult applicants who plan to enroll in a Western Area Career & Technology Center program, or program requiring clearances, must submit a current original Criminal History Record Information report from the Pennsylvania State Police to the administration. The Criminal History Record Information report must be dated six months of the enrollment date

Criminal History Record Information will be reviewed by the Principal, the Health Sciences Supervisor, or appropriate designee of the Director of Career and Technical Education. All reports will be maintained in the applicant's file and kept in a locked file cabinet.

Western Area Career & Technology Center recognizes that due to time constraints often resulting from the availability of Federal and State grants, the timeliness of adult student referrals will not enable a pre-admission screening by way of the report of criminal history and child abuse record information. In such cases, the adult student may be admitted with the expressed understanding that upon receipt of a report of criminal history or child abuse record information indicating convictions set forth above, such adult student's enrollment shall be terminated.

Criminal History Record Information reports of applicants to adult programs (including Nurse Aide, Phlebotomy Technician, and Practical Nursing programs) are subject to the Prohibitive Offense contained in Act 14 of 1997. Criminal History Record Information reports that document an offense(s) identified on the Prohibitive List may prevent entrance into the program. An applicant will be notified by letter if he/she will not be admitted to a program based on the Criminal History Record Information report. The Prohibitive Offenses List is maintained by administration and is available to an applicant upon request.

Any felony conviction under the Controlled Substance, Drug, Device, and Cosmetic Act (P.S. 780-101, 780-144) or any other felony conviction will prevent entrance into a nursing program. Individuals designated to review and approve applications for enrollment into a nursing program who willfully fail to comply with 701.12(2) and (3) or 701.13 of Act 14 shall be subject to a civil penalty as provided for in 701.21.



## **Attendance**

Students are expected to attend all assigned classroom/ laboratory days. Due to the accelerated nature of the program, no absences will be permitted during the course. Students are expected to show up on time to all sessions. Extenuating circumstances may be reviewed and considered by the Health Sciences Supervisor and instructor, written documentation may be required. If due to extenuating circumstances a student is granted permission to continue in the program, the student must pay \$30 per hour for makeup time.

## **Call Off Procedure**

The student is responsible for notifying the school and cooperating agency of an absence. If the student will be absent, he/she must call 724-746-2890 ext. 118 prior to the start of the class, laboratory or clinical externship day. The student must leave a message indicating his/her name and explain the reason for absence. During the clinical externship, the student must also notify the facility supervisor.

## **Grading System**

The student must achieve a 75% in the classroom component and 100% on performance skill tests in the laboratory component. Additionally, the student must successfully pass the 120-hour externship including a minimum of 100 successful venipuncture sticks.

Upon satisfactory completion of the Phlebotomy Technician Program, the student will receive a certificate of completion.

## **Method of Evaluation**

1. Written examinations.
2. Performance tests in skills laboratory.
3. Instructor's evaluation of student's performance.
4. Facility supervisor's evaluation of student's performance.

## **Course Description**

The Phlebotomy Technician program is designed to prepare individuals for entry-level phlebotomy positions in the medical field. Students learn about blood collection, standard precautions, infection control, and related duties. Program instruction is given through classroom, laboratory, and clinical externship environments. Students may be accepted at a variety of different locations including hospital laboratory, physician's office laboratory, outpatient facility, or lab diagnostics facility.

## **Course Objectives**

1. Correlate didactic and laboratory experience with actual clinical work
2. Perform phlebotomy tests under the supervision of qualified personnel
3. Discuss the importance of the phlebotomy field and the role of the phlebotomy technician
4. Gain experience with patients

## **Student Health Services**

If a student becomes ill or is injured while at the school, the student should report to the instructor. Upon evaluation of the student's condition, the instructor will arrange for further treatment and transportation, if necessary or desired by the student. Fees for these services are the responsibility of the student. Any injury must be reported and recorded on the accident form of the institution where the accident occurred. A copy is to be given to the Health Sciences Supervisor.

If a student becomes ill or injured while in the clinical area, the student will be referred to the emergency room or dispensary of the cooperating agency. Fees for these services are the responsibility of the student. Any injury must be reported and recorded on the accident form of the institution where the accident occurred. A copy is to be given to the Health Sciences Supervisor.

Should a student sustain an injury at the school or in the clinical area, the instructor will complete an accident report and submit the report to the Health Sciences Supervisor. The student's file will contain a cumulative health record showing accidents, illnesses, and days absent.

The school does not assume responsibility for any medical costs necessitated by injuries suffered while participating in clinical activities.

## **Family Education Rights and Privacy Act [FERPA]**

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's educational records. These rights are:

1. The right to inspect and review the student's education records within 45 days of the day the Western Area Career & Technology Center receives a request for access. Parents or eligible students should submit to the WACTC Principal a written request that identifies the record(s) they wish to inspect. The WACTC official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student's educational records that the parent or eligible student believes are inaccurate or misleading. Parents or eligible students may ask the WACTC to amend a record that they believe is inaccurate or misleading. They should write the WACTC Principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the WACTC decides not to amend the record as requested by the parent or eligible student, the WACTC will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedure will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to WACTC officials with legitimate educational interests. A school official is a person employed by the WACTC as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the Joint Operating Committee; a person or company with whom the WACTC has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist, or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another WACTC official in performing his or her tasks). A WACTC official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the WACTC discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the WACTC to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.D. 20202-4605

Source: U.S. Department of Education

## Textbooks

### Textbook:

Strasinger, S.K., & DiLorenzo, M.S. (2011). *The phlebotomy textbook* (3<sup>rd</sup> ed.). Philadelphia, PA: FA Davis

## Code of Conduct

As a member of the Phlebotomy Technician Program student body, each student is expected to always conduct himself/herself in a professional manner in the learning environment. The student is responsible to adhere to the behaviors and characteristics identified in the Code of Conduct.

### Behaviors and Characteristics

- Show respect & courtesy during all interactions
- Show respect for property of others
- Display academic honesty and integrity [examples of dishonesty include, but are not limited to, cheating, plagiarism, fabrication, and deception]
- Be an active participant in the learning process
- Be on time for scheduled experiences
- Utilize appropriate communication during interactions
- Accept responsibility for his/her actions
- Maintain a safe environment for oneself and others
- Not chew gum while administering client care
- Not use cell phone while providing client care
- Maintain professional, interpersonal relationships
- Refrain from performing any procedure for which you have not been adequately trained
- Follow the rules and policies of the Phlebotomy Technician Program, the parent institution, and clinical agencies
- Cooperate with teachers, fellow students, and health care workers.

Behavior on the part of the student which interferes with the learning process in the classroom, laboratory and/or externship environments will be discussed with the Phlebotomy Technician instructor, Health Sciences Supervisor and/or facility supervisor. This incident and changes in behavior needed will be documented and placed in the student file with a copy provided to the student. Serious infractions may result in immediate removal from the classroom, laboratory, clinical site and/or program.

## **Dismissal**

Dismissal is an involuntary withdrawal from the program. Dismissal from the program will be preceded by a review of the student's records. The student will be notified of the dismissal by written notification.

A student may be dismissed without prior probation for the following:

- Final course grade below 75%
- Evidence of possession, use, transmittal, or being under the influence of any dangerous or narcotic drug, other controlled substance, alcoholic beverage, or intoxicant of any kind
- Unsafe, negligent, or unethical conduct in the clinical area
- Lack of integrity, including theft, providing false information, or cheating on an examination
- Conviction of a felony
- Violation of WACTC and/or cooperative clinical agency policies
- Failure to meet financial commitments of the program
- Failure to meet attendance requirements

## **Dress Code**

### **Clinical Externship**

The student is required to wear the required uniform during externship.

The student uniform is:

- Navy blue scrubs
- All white leather tennis shoes with non-skid soles. No open toe or canvas shoes.
- Identification Badge

The uniform is a reflection of the student, as well as the Western Area Career & Technology Center Phlebotomy Technician program. During the externship, the student must adhere to the following:

- Uniform must be clean and neat.
- Shoes must be clean and polished.
- Hair must be neat, clean, of normal color without colored highlights (red, orange, blue, etc.), and appropriately styled.
- Hair must be off the face and above the collar.
- Beards must be neatly trimmed and off the uniform.
- Chest hair is to be completely covered.
- Fingernails are to be no longer than 1/4" past the tip of the finger.
- No artificial nails including full nails and tips and nail polish are permitted.
- Jewelry:
  - A wedding band without stones may be worn.
  - One pair of small stud earrings may be worn on the ear.
  - No tongue studs or other visible jewelry or body piercings are permitted.No other jewelry is permitted.
- Strongly scented perfume or cologne must not be used.
- The use of effective deodorant is recommended.
- Make-up should be used in moderation.
- Tattoos must be covered by the uniform, band aid, or appropriate covering.

### **Classroom/Laboratory**

While in the classroom/laboratory, the student must adhere to the following:

- Clean, neat street clothes.
- Shoes must be worn at all times.
- No shorts or midriff bearing clothing will be permitted.

## **Drugs and Alcohol [227]**

The Western Area Career & Technology Center Joint Operating Committee recognizes that the misuse of drugs is a serious problem with legal, physical and social implications for the whole school community.

The Joint Operating Committee prohibits the use, possession, or distribution of any drug during school hours, immediately before or after school hours, or on school property. This policy, including its rules, regulations, and guidelines is a coordinated effort by Western Area Career & Technology Center to openly and effectively respond to the potential and current use and abuse of drugs, alcohol and mood altering substances by members of its entire student population.

Western Area Career & Technology Center is committed to coordinate effectively the efforts of the school with those of the community, sending schools, family and law enforcement agencies to prevent and intervene in the use and abuse of all mood altering substances, including alcohol, by its student population.

To accomplish the above goal, Western Area Career & Technology Center will coordinate its system with sending schools, provide for community and family involvement, provide opportunities for counseling when necessary, and enforce its rules and regulations.

The guidelines set forth in this policy will assist the faculty and administration in their efforts to prevent and intervene in situations involving drug and alcohol use/abuse or possession among the student population. It is the intent of this policy to provide clear guidelines for immediate and effective action in meeting all drug and alcohol related situations with any disciplinary action being reciprocal with the home school.

### **Definitions**

Drug/Mood Altering Substance/Alcohol – shall include any alcohol or malt beverage, any drug listed in Act 64 (1972) as a controlled substance, chemical abused substance or medication for which a prescription is required under the law, and/or any substance that is intended to alter moods (examples: including, but not limited to, beer, wine, liquor, marijuana, hashish, crack, cocaine, chemical solvents, chemical inhalants, anabolic steroids, and look-alike substances or pills not registered with administration).

Cooperative Behavior – the willingness of a student to work with staff and school personnel in a reasonable and helpful manner and to comply with requests and recommendations of the members of the Student Assistance Core Team.

Uncooperative Behavior – is resistance or refusal, either verbal, physical, or passive, on the part of the student to comply with a reasonable request or recommendation of school personnel. Defiance, assault, deceit, and truancy shall constitute examples of uncooperative behavior and shall also include the refusal to comply with the recommendations of school personnel or licensed drug and alcohol facilities.

School Property – includes but is not limited to actual buildings, facilities and grounds operated by or in conjunction with the school, school vehicles, school parking area and any facility or real property being utilized for school related functions.

## **Drugs and Alcohol [227] (continued)**

Distributing –delivering, selling, passing, sharing or giving any substance (as defined by this policy) from one person to another or to aid therein.

Possession – possessing or holding, without any attempt to distribute, any substance (as defined by this policy). Such restricted materials found in a student’s locker, vehicle, or other personal property is equivalent to possession.

Drug Paraphernalia – includes any utensil or item, which in the school’s judgment can be associated with the use of a substance (as defined by this policy). These include but are not limited to roach clips, pipes and bowls.

Assessment – includes evaluation of use by recommended agency. Recommendations for treatment or further evaluation at parent’s or guardian’s expense.

A student on school grounds, during a school session, or anywhere at a school sponsored activity who is under the influence or suspected to be under the influence of alcohol, drugs, or mood altering substances shall be subjected to disciplinary action. In addition, a student, who in the aforementioned circumstances, possesses, uses, dispenses, sells, transports or aids in the procurement of alcohol, narcotics, restricted drugs, mood-altering substances, or any substance purported to be a restricted substance or over-the-counter drug shall be subjected to discipline pursuant to the provisions and procedures outlined in the Joint Operating Committee policies. Discipline for such activities may include expulsion by the sending school. In all cases, law enforcement agencies will be notified.

The Western Area Career & Technology Center will strive to provide a safe and healthy environment for students with due consideration for their legal rights and responsibilities.

The Joint Operating Committee reserves the right to use any extraordinary measures deemed necessary to control substance use or abuse even if the same is not provided for specifically in any rule or regulation enumerated herein.



**2017 Tuition and Fees\***

Tuition	\$ 785
Books	\$ 60
Clinical Laboratory Fee	\$ 50
<b>Total Program Costs:</b>	<b>\$895</b>

Tuition and fees do not include:

- Uniform - \$60 (estimate)
- Clearances and Physical

**Tuition is due in full prior to the first day of class.  
No refunds will be given after attending the first class.**

\* Costs are subject to change

**Western Area Career & Technology Center**

**Section: Programs**

**Title: Student Grievances**

**Adopted: May 28, 2003**

**Reviewed: January 24, 2007**

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**125.6 STUDENT GRIEVANCES**

The Western Area Career & Technology Center Joint Operating Committee recognizes that students have the right to request redress of grievances. Further, the Joint Operating Committee believes that the inculcation of respect for lawful procedures is an important part of the educational process. Accordingly, individual and group grievances shall be recognized, and appropriate appeal procedures shall be provided.

For purposes of this policy, a student grievance shall be one that arises from actions that directly affect the student's participation in an approved educational program.

The Joint Operating Committee and its employees will recognize the grievances of students, provided such complaints are submitted pursuant to the following guidelines established by Joint Operating Committee.

1. The first step in the grievance procedure is to discuss the problem with the person involved.
2. If this action does not result in resolution of the problem, or if the student is uncomfortable approaching the person involved, the student should then discuss the situation with the Practical Nursing Program Supervisor.
3. If the matter is still unresolved, the student should present the grievance, in writing, to the Program Supervisor within ten (10) scheduled school days of the occurrence. The Supervisor will confer with the faculty and will reply in writing within five (5) scheduled school days giving the decision of the total faculty.
4. If the student is unsatisfied with the decision of the faculty, the grievance should then be submitted, in writing, within ten (10) scheduled school days of the response, to the Western Area Career & Technology Center Director for resolution. A written reply will be made within five (5) scheduled school days giving the final decision.

## **Program Records and Record Maintenance**

A record system essential to the operation of the program shall be maintained. Records shall be kept in fire proof files.

### Student Records

- The student's copy of Certificate of Completion will be kept ad infinitum.
- Permanent record of course grade and the Performance Checklist shall be kept ad infinitum.
- Health records shall be kept for five (5) years following completion of the program.

### Administrative Records

- Affiliation Agreements with the cooperating agencies.
- Follow-up studies of graduates including program evaluations will be kept for a period of two (2) years.
- Instructor schedules shall be kept for a minimum of two (2) years.
- Course calendar and syllabus will be kept for a period of two (2) years.
- Current written policies.

Upon request, a student will have access to his/her records and may review them during school hours.

## **Faculty Functions and Responsibilities**

The faculty of the Western Area Career & Technology Center Phlebotomy Technician Program is responsible for establishing the policies of the program.

The faculty is responsible for planning, developing, implementing, and evaluating the program of learning, utilizing the philosophy and objectives of the program as the criteria.

All faculty members shall participate in the instructional program. The faculty shall select a format for the course outlines that reflect the objectives, content, and learning activities needed for the students to demonstrate the desired competencies.

The faculty shall maintain expertise in practice perform related duties as required.

## **Program Evaluation**

The Phlebotomy Technician Program will be evaluated annually. The purpose of program evaluation is to provide quality assurance of a viable program. The participants of the evaluation process will be the Health Sciences Supervisor and faculty of the Phlebotomy Technician Program, the Director of Career & Technical Education, and the Advisory Committee consisting of members of the cooperating agency and members from the health care industry.

The method of evaluation are meetings; evaluation questionnaires of students, graduates, and employers; and conferences with cooperating agencies.

## **Clinical Externship**

### **Start Date**

The starting and ending dates for Clinical Externship will be determined in partnership by the Health Sciences Supervisor and the Externship site. The student must report to the Western Area Career & Technology Center or designated site location for a mandatory externship evaluation as scheduled by the Health Sciences Supervisor.

**The schedule for each student's externship will be included in each individual clinical assignment letter. Please note that the student must comply with the dates and times of their externship site. Any deviation must be approved on an individual basis. In rare instances, it may be necessary to adjust the schedule due to unforeseen circumstances.**

**The externship must be started within 6 months after the classroom/laboratory session is completed. If the externship occurs after 6 months, the student must complete a refresher experience. A fee will be charged for the refresher experience. An externship will not be scheduled if a student has not started it within 12 months after the completion of the classroom/laboratory session.**

- A. Externship Period – 120 hours and 100 successful sticks
- B. Total Hours Per Day – Site Specific
- C. Working Days – Monday, Tuesday, Wednesday, Thursday, Friday (and when available, Saturday and Sunday)

### **Working Hours**

- A. Work hours will be determined by each clinical facility. Students are required to comply with their specific site's requirements of dates and times for the externship. Students are not permitted to leave the site until the site supervisor permits them to leave.
- B. Lunch Break and Break Time
  1. One-half hour for lunch.
  2. Fifteen minute break in the morning and fifteen minute break in the afternoon.
  3. Specific time for lunch and breaks to be determined by the facility supervisor.
- C. Absences

1. The student may be absent for personal illness on only **one** day in the entire externship period. Any such absence must be made up. If more than one absence occurs, the student may be removed from the clinical facility.
2. Tardiness is not accepted and is grounds for immediate removal.
3. When an absence is necessary, the student must contact the Health Sciences Supervisor at 724-746-2890 ext 118 and the site supervisor **prior** to the start of the shift.
4. More than one unexcused absence will result in a “Fail” grade. Extenuating circumstances may be reviewed and considered by the Health Sciences Supervisor. Documentation may be required of the extern.
5. Make-up Day

The make-up day form must be filled out by the student, signed by the student and the site supervisor, and given to the site instructor. This form will become a part of the student’s permanent file. Make-up days are to be at the discretion of the site supervisor.

#### **Review of Instructional Material**

- A. Students should review all informational material prior to their clinical externship.
- B. Failure to be familiar with the instructional materials may constitute a “Fail” grade.
  1. Facility supervisors have the right to have students leave the site, study the material, and return the next day. The missed day must be made up by the student.
  2. Facility supervisors have the right to contact the Health Sciences Supervisor who can dismiss the student until the student has proven that instructional and informational materials have been reviewed. All missed days must be made up. If more than one day is missed because of this the student may receive a “Failing Mark”, and may be removed from the program.

#### **Evaluation**

- A. Evaluation of the externship will be completed by the facility supervisor based on clinical performance. The site supervisor may also give the student quizzes which can be used by the supervisor when completing the externship evaluation.
- B. When disagreeing with an evaluation, a student can write comments on evaluation sheets.
- C. The externship evaluations will become a part of the student’s permanent file.
- D. The student is required to attend a mandatory meeting usually on the last day of the externship period (the exact date, time, and location to be announced) at Western Area Career & Technology Center.

## **Clinical Contract**

Each student must sign a clinical contract agreeing to adhere to the terms of the overviews and policies of the clinical phlebotomy externship and the terms of Western Area Career & Technology Center.

## **Goals and Objectives**

### **Goals**

Each student should be able to:

1. Perform a capillary puncture.
2. Perform a venipuncture.
3. Log requisition using appropriate information.
4. Interact with laboratory personnel and patients in a professional manner.

### **Objectives**

After the completion of the externship, the student will be able to:

1. Use the appropriate requisition to log patient information and record results.
2. Use the telephone properly to answer questions or refer calls to the appropriate laboratory personnel.
3. Use tally sheets and time stamping instruments.
4. Identify anticoagulants and color coded tubes.
5. Recognize procedure to follow if unfamiliar tests are ordered.
6. Master the following in the process of performing a venipuncture:
  - a. Identify and properly communicate with the patient.
  - b. Select the appropriate vacutainer or syringe.
  - c. Correctly position a tourniquet.
  - d. Select the best vein.
  - e. Cleanse the vein site with antiseptic.
  - f. Draw the appropriate amount of blood and mix if appropriate.
  - g. Tend to puncture site.
  - h. Clean the work area and dispose of used materials properly.
  - i. Properly identify the specimen.
7. Master the following in the process of performing a capillary puncture:
  - a. Identify and properly communicate with the patient.
  - b. Select the appropriate materials.
  - c. Increase the blood supply to the proposed puncture site.
  - d. Cleanse the area at the proposed puncture site.
  - e. Puncture the site and fill the proper tubes.
  - f. Tend to puncture site.
  - g. Properly identify the specimen.
  - h. Clean the work area and dispose of used materials properly.
8. Identify areas to correctly distribute specimens.

9. Discuss the procedure for STAT requests.
10. Discuss the procedure for blood culture collection or perform if these are done at the facility.
11. Discuss the procedure for arterial blood gas collection.
12. Recognize procedures and/or personnel to obtain if emergency illness of a patient results.
13. Explain procedure to follow if a satisfactory venipuncture and/or capillary puncture cannot be obtained.



## Clinical Agreement – Phlebotomy Technician Externship

**STUDENT NAME:**

**PHYSICAL EXAM COMPLETED:**     Yes     No

**EXPECTATION SHEET SIGNED:**     Yes     No

**FACILITY ASSIGNMENT:**

<b>Facility</b>	
<b>Hours</b>	<b>120 hours and minimum of 100 successful sticks</b>
<b>Dates</b>	
<b>Exceptions</b>	

**POLICIES**

- Each student must attend all assigned clinical days. If a day is missed due to an emergency, it must be made up. Students failing to report off before their shift begins or make up the day of absence cannot successfully pass the course. More than one “make-up” day cannot be accommodated, and will be grounds for removal from the program
- If unable to attend clinical, the student must notify **both** the WACTC Health Sciences Supervisor at 724-746-2890 Ext. 118 AND the assigned site, **before** the start of their shift.
- The student must be on time for clinical at each clinical site. Tardiness will result in a “Fail” grade.
- At the discretion of the individual facility, students may be required to travel to off-site locations to perform phlebotomies.
- Student must attain a “satisfactory” rating in all areas on the skills sheet, in order to receive a passing grade for the externship portion of the Phlebotomy course.
- While on clinical, students must wear appropriate clothing as stated in the “Dress Code” of this section.
- If any problems arise, contact the WACTC Health Sciences Supervisor or leave a message at (724) 746-2890 Ext. 117.

I understand and agree to follow the above.

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

WACTC Health Sciences Supervisor

\_\_\_\_\_

Date

## **Externship Student Evaluations**

### **General Instructions for Completing Phlebotomy Achievement Charts**

#### **Checking Appropriate Boxes**

- A. Please check (√) the appropriate box when students have completed the procedure.
- B. Students must perform satisfactorily in all areas designated to pass this laboratory section.
- C. If the student does not complete the procedure satisfactorily, please mark a “U” next to the procedure listing.
- D. If a particular procedure is not performed in your lab, mark N/A by the procedure listing or record if the procedure was discussed and/or demonstrated.

**WESTERN AREA CAREER & TECHNOLOGY CENTER**

**Phlebotomy Program  
Clinical Externship Evaluation**

Facility: Please complete this Evaluation Form. Send completed form to Health Sciences Supervisor. This form must be completed for student to complete the Phlebotomy Program.

**Facility:** \_\_\_\_\_ **Student:** \_\_\_\_\_

**Facility Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please Check Off Each Procedure Completed by Student.*

Procedure	
1. Logging Specimens	
2. Recording Results	
3. Telephone Communications	
4. Recordkeeping / Tallies / Time Stamping	
5. Computer Usage	
6. Knowledge of Anticoagulants and Color Coded Tubes	
7. Distribution of Specimens	
8. Quality Control	
9. Care of Patient with Sudden Illness	
10. Use of STAT and Scheduled Tests	
11. Use and Care of Collection Basket	
12. Patient Identification (use of labels and requisitions)	
13. Venipuncture Technique a. Preparation of the Patient b. Vein Site Selection --Below IV Lines Procedure --Not in Arms With CVP Lines Shunts, Mastectomy, Etc. c. Preparation of Site d. Venipuncture Technique e. Tending of the Wound f. Care of the Specimen	
14. Blood Cultures a. With Evacuated System b. With Syringe	
15. Capillary Punctures a. Preparation of Patient b. Preparation of Puncture Site c. Capillary Puncture Technique d. Tending of the Wound e. Care of the Specimen	
16. Heel Puncture	
17. Blood Collection With Syringe	
18. Use of Butterfly Needles for Blood Collection	
19. Bleeding Times	
20. Glucose Tolerance Tests	
21. Urine Specimen Collections	
22. Others Specify:	
Comments:	

**WESTERN AREA CAREER & TECHNOLOGY CENTER**

**Phlebotomy Program  
Clinical Externship Evaluation**

Facility: Please complete this Evaluation Form and send completed form to Health Sciences Supervisor. This form must be completed for student to complete the Phlebotomy Program.

**STUDENT EVALUATION REPORT**

**Facility:** \_\_\_\_\_ **Student:** \_\_\_\_\_

**Facility Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Pass or Fail:** \_\_\_\_\_

Student completed 120 hours and minimum of 100 successful sticks:    Yes    No

	Excellent	Above Average	Average	Below Average
Accuracy				
Speed				
Cooperation				
Understanding				
Dexterity				
Professional Attitude				
Neatness of Work				
Attendance/Punctuality				
Interest				

Comments (Please comment on the above general categories.)



Knowledge of Theory

Student demonstrated knowledge of theory that:

- \_\_\_\_\_ was above minimum requirements for work in this laboratory
- \_\_\_\_\_ met minimum requirement for work in this laboratory
- \_\_\_\_\_ was below minimum requirements for work in this laboratory

Comments:
-----------

Laboratory Skills

At the end of this rotation:

- \_\_\_\_\_ Student usually made independent decisions
- \_\_\_\_\_ Student made few independent decisions
- \_\_\_\_\_ Student was not expected to make independent decisions

At the end of this rotation:

- \_\_\_\_\_ Student did minimal requirements with minimal supervision
- \_\_\_\_\_ Student did minimal requirements with moderate supervision
- \_\_\_\_\_ Student did minimal requirements with constant supervision

Comments:
-----------

The list of skills for this laboratory should be completed and incorporated in the results in the summary below.

Summary: This student's laboratory skills:

- \_\_\_\_\_ were above minimum requirements for this laboratory
- \_\_\_\_\_ met minimum requirements for this laboratory
- \_\_\_\_\_ were below minimum requirement for work in this laboratory

***If this laboratory rotation was not completed satisfactorily for a pass grade, please explain and document.***

--

**Phlebotomy Program**  
**Phlebotomy Student Externship Accidents**

In the event that a student has an on-the-job accident in the externship facility during the clinical externship, the following steps will be followed:

1. The student is to notify his/her immediate department supervisor.
2. The student is to fill out an accident report form if utilized by the facility and return a copy of the completed form to the Western Area Career & Technology Center Health Sciences Supervisor. The form will be filed in the student's permanent folder.
3. The student is to fill out a Western Area Career & Technology Report Accident Report and return a copy to Western Area Career & Technology Center. This is to be filed in the student's permanent folder.
4. If treatment is needed, the student is responsible for **all** expenses incurred.
5. If the accident is an accidental needle puncture from venipuncture collection, appropriate studies, if possible, should be performed on the patient's blood – the results will be forward to the Western Area Career & Technology Center and filed in the student's permanent folder.
6. If the accident is of a nature other than a needle puncture, the appropriate medical supply companies should be contacted for information on proper treatment. Documentation of the treatment will be forwarded to the Western Area Career & Technology Center and will be filed in the student's permanent folder.
7. If greater than one incident occurs, the student will be required to submit a two-page written report on Laboratory Safety concentrating on aspects of his/her accident. This report is to be submitted to the Health Sciences Supervisor no later than one week following the date of the accident. Failure to do the report will constitute an incomplete grade. This report will be filed in the student's permanent folder.

**WESTERN AREA CAREER & TECHNOLOGY CENTER**

**Phlebotomy Program  
Clinical Externship Accident Report**

Name \_\_\_\_\_ Age \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_

Location of Accident \_\_\_\_\_

Type of Injury \_\_\_\_\_

Description of known events leading to the  
accident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

First Aid Provided

\_\_\_\_\_  
\_\_\_\_\_

Witness (es)

\_\_\_\_\_

Extent of Injury Unknown \_\_\_\_\_ Minor \_\_\_\_\_ Moderate \_\_\_\_\_ Serious \_\_\_\_\_

Spouse/Parent/Guardian Notified Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Follow Up

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Providing First Aid \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_



**Phlebotomy Program  
Clinical Student Behavior Incident Report**

Action to follow if a student's behavior is reviewed as a serious potential problem:

1. The facility supervisor will discuss potential problems with the student.
2. The facility supervisor will discuss the nature of the problem with the Health Sciences Supervisor with documented dates and incidences, if appropriate.
3. The Health Sciences Supervisor will discuss the problem with the student and try to clarify problems and make suggestions for improvement.
4. If there is no improvement and a subsequent incident occurs:
  - a. The facility supervisor or lab manager will take affirmative action by filling out the incident report form stating that these are specific behavioral incidents.
  - b. The facility supervisor and/or lab manager will document the incidents on the report form and give it to the Health Sciences Supervisor. Behavior patterns such as abrasiveness, inefficiency, uncooperativeness, disorganization in lab work and lack of empathy when exhibiting patient care can influence the student's success. Serious behavioral patterns such as alcohol and drug abuse can seriously hinder future work.
  - c. The Health Sciences Supervisor will notify the student verbally and in writing stating that potential behavior problems have been noted.
  - d. The Health Sciences Supervisor and student will meet to discuss the problem further and set up an appointment with the appropriate supervisor or lab manager.
  - e. The Health Sciences Supervisor, facility supervisor and/or lab manager and student will meet and set goals to correct the potential weaknesses.

At this time the following criteria will be established. These will be written and agreed upon by the facility supervisors, Health Sciences Supervisor and student and signed by each.

1. Criteria for dismissal from the program will be discussed and documented with the student advised of this procedure.
2. Methods for monitoring future behavior for the rest of the rotation in that department or laboratory will be established.
  - a. The criteria for assessment will be established (i.e., no patient contact without another tech present).
  - b. The methods for monitoring the student will be established (i.e., biweekly interviews with appropriate supervisor to identify errors).

- c. Weekly investigation and interviews with the student, facility supervisor and/or laboratory manager, and Health Sciences Supervisor, if appropriate. Detail notes will be kept at all interviews by the Health Sciences Supervisor.
  
- 5. Recommendation Procedure – If the student has exhibited professional behavior during the monitoring period, he/she will be advised by the Health Sciences Supervisor verbally and in writing of his/her acceptance to continue in the program and graduate.
  
- 6. Recommendation Procedure – If the student has not exhibited professional behavior during the monitoring period, he/she will be advised by the Health Sciences Supervisor verbally and in writing of pending administrative action.
  - a. The final recommendation will come from a panel consisting of the faculty and the laboratory manager of specific facility.
  
  - b. Western Area Career & Technology Center will be the final judge in each case regarding dismissal.
  
  - c. A written notice of dismissal from the program will be sent to the student from the Health Sciences Supervisor. A copy will be kept in the student's performance file and a copy will be sent to the facility.



**Phlebotomy Program  
Incident Report – Actual or Pending**

Instructions: This report is to be completed by the student and/or the instructor when an error is made or about to be made while giving direct patient care. This form is to be used by students, instructors, and facility supervisor when a standard hospital or facility form is not warranted. This report is to be included in the student's file.

This report is also to be used when student's behavior for classroom or learning labs needs to be noted and will be included in the student's file (absenteeism, etc.).

1. Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

2. Student Name \_\_\_\_\_

3. Instructor/Facility Supervisor \_\_\_\_\_

4. (If pertinent) Patient's Initials \_\_\_\_\_ Age \_\_\_\_\_ Room Number \_\_\_\_\_

Description of Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Student's suggestion for how to improve \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Instructor's /Facility Supervisor's Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor/Facility Supervisor Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Phlebotomy Program  
Clinical Externship Make-Up Report**

The attached request form is to be signed by the Facility Supervisor and the student when a clinical make-up day is required. The completed form is to be given by the student to the Health Sciences Coordinator to be placed in his/her permanent file.

**WESTERN AREA CAREER & TECHNOLOGY CENTER**

**Phlebotomy Program  
Clinical Make-Up Day Request**

Facility \_\_\_\_\_

Date Clinical Missed \_\_\_\_\_

Date Clinical Make-Up \_\_\_\_\_

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

Facility Supervisor Signature \_\_\_\_\_

Health Sciences Supervisor Signature \_\_\_\_\_

Date Filed in Student's Permanent Records \_\_\_\_\_

## Confidentiality Agreement

I understand and agree that in the performance of my duties as a student in the Western Area Career & Technology Center Phlebotomy Technician Program, I must hold in confidence all patient and staff information, according to the HIPPA (Health Insurance Portability and Accountability Act of 1996) gained during the externship.

Further, I understand that any violation of confidentiality may result in my immediate dismissal from the program.

I understand the issue of confidentiality regarding the patient's right to privacy. I understand that I will hear, see, and read about a patient's current medical diagnosis and treatment and their past medical history. I understand these matters should not be discussed except in direct furtherance of the clinical experience.

Questions about the patient will be directed to the instructor, facility supervisor, and/or the patient.

I understand that if a breach in confidentiality occurs, I may be expelled from the program.

Student \_\_\_\_\_ Date \_\_\_\_\_

## Signature Sheet

I have read and do understand the contents of the Phlebotomy Technician Program Student Handbook issued to me. As a student, I agree to abide by all WACTC policies and information in the *Student Handbook* and on the WACTC website.

I have had an opportunity to review and question the contents of this handbook.

I hereby give my permission for the State Board of Education, representatives of Middle States Commission on Secondary Schools and SWT monitors, VA monitors, and TRA monitors to read my file.

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Student Signature

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Date



# WACTC

## Western Area Career & Technology Center

**Section: Programs**  
**Title: Non-Discrimination - Qualified Students With Disabilities**  
**Adopted: November 18, 2015**

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### 103.1 NON-DISCRIMINATION - QUALIFIED STUDENTS WITH DISABILITIES

#### **Purpose**

It is the policy of the Western Area Career & Technology Center (WACTC) to ensure that the school's post-secondary programs are free from discrimination against all qualified students with disabilities. WACTC recognizes its responsibility to provide reasonable accommodations which are needed to afford each qualified student with a disability equal opportunity to participate in and obtain the benefits from educational programs and extracurricular activities without discrimination, to the same extent as each student without a disability, consistent with federal and state laws and regulations, including Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans With Disabilities Act.

#### **Policy**

WACTC prohibits discrimination against a person on the basis of disability or who has a history or record of such impairment or is regarded as having such impairment as well as persons who are associated with a disabled person.

WACTC has a Section 504 / Title II Coordinator who handles appeals of reasonable accommodation decisions and allegations of discrimination on account of disability. WACTC designates the Executive Director of Vocational Education as its Section 504 / Title II Coordinator, who may be contacted at Western Area Career & Technology Center, 688 Western Avenue, Canonsburg, PA 15317, at (724) 746-2890.

Retaliation against any individual for exercising any right or privilege secured by this policy or for assisting in the investigation of any complaint of discrimination is a violation of this policy and will not be tolerated. Any acts of retaliation will be subject to appropriate disciplinary action.

#### **Procedures**

##### Determining Accommodations

Reasonable accommodations for qualified students with a disability school students are provided on a case-by-case basis for otherwise qualified students who disclose a disability that causes significant functional limitations in an educational setting. The accommodations may vary from class to class depending upon course content and format. The accommodations are intended to provide the student with an equal opportunity to participate. Accommodations are intended to be effective and reasonable; they do not guarantee success. WACTC is not required to make an accommodation that substantially alters essential elements of a course or program.

The appropriate accommodations are considered and determined by a Section 504 team consisting of the student, any representative of the student and WACTC personnel who are knowledgeable about the student, the school's programs and the interpretation of evaluation data, as appropriate, based on the following considerations:

- Current substantial functional limitations caused by the condition in a post-secondary setting, as indicated by the documentation
- Student's description of need
- Course and program requirements

The accommodations to be provided should be set forth in writing and distributed to the student and, as appropriate, course instructors or other WACTC personnel responsible for the provision of the accommodations. The written description of the accommodations should be sufficiently detailed to clearly describe the nature, type and amount of services to be provided.

#### Disability Documentation

WACTC may require documentation from students to confirm the existence of a disabling condition; to identify current deficits that cause limitations; and to relate the current impact of the condition to the requested accommodations.

Students have the responsibility of providing documentation at their own expense. WACTC may request additional documentation if the information provided is incomplete to make a determination or if the documentation does not support the accommodation(s) requested. The documentation will be used along with the student's description of need and educational history to determine eligibility for reasonable accommodations. Types of documentation may include psychological, neuropsychological, or psycho-educational evaluations; Individual Educational Plans; prior Section 504 plans; summaries of performance; and letters from qualified medical and mental health professionals.

#### Grievance Procedure

Anyone who is dissatisfied with decisions concerning reasonable accommodation or who believes that s/he, or any other member of the WACTC community, to be a victim of disability discrimination, harassment or retaliation prohibited by this policy, whether by a supervisor, a co-worker, faculty member, student, vendor, contractor or any other person with whom s/he comes in contact at

WACTC, in the course of any educational program or activity at WACTC, may submit an appeal or complaint to the Section 504 / Title II Coordinator at the Western Area Career & Technology Center, 688 Western Avenue, Canonsburg, PA 15317, (724) 746-2890. Any person who receives a complaint of disability discrimination, harassment or retaliation from an employee or student, or who otherwise knows or has reason to believe that an employee or student has been subjected to disability discrimination, harassment or retaliation, is expected to report the incident promptly to the Section 504 / Title II Coordinator.

The Section 504 / Title II Coordinator will conduct a prompt and appropriate investigation into any appeal or complaint of disability discrimination or retaliation, so as to enable a prompt and equitable response under all circumstances and in a fair and expeditious manner. The investigation will be completed within 15 days of receipt of the appeal or complaint unless the timeframe must be

extended for good cause by the Section 504 / Title II Coordinator. The Section 504 / Title II Coordinator will allow the parties to present witnesses and other evidence during the investigation. Upon completion of the investigation, the Section 504 / Title II Coordinator shall provide notice to the parties involved of the outcome of the appeal or complaint and the basis for the decision.

If the student is not satisfied with the decision of the Section 504 / Title II Coordinator, he or she may submit a written appeal to the WACTC's Superintendent of Record, at the Western Area Career & Technology Center, 688 Western Avenue, Canonsburg, PA 15317, (724) 746-2890. The Superintendent of Record shall review the investigation and, if deemed necessary or appropriate, conduct a further investigation of the appeal or complaint. The Superintendent of Record shall complete the review within fifteen days of receipt of the appeal and will provide notice to the parties involved and the Section 504 / Title II Coordinator of the outcome of the appeal and the basis for the decision.

Whenever act of prohibited discrimination or retaliation are found, WACTC will take appropriate steps to prevent the recurrence of any prohibited actions and to correct its discriminatory effects on the complainant and others, if appropriate.

#### State and Federal Agencies

In addition to the above, persons who believe that they may have been subjected to disability discrimination, harassment or retaliation, may file a formal complaint with a court of competent jurisdiction or any of the government agencies set forth below. Students may file a complaint with the U.S. Department of Education. Using WACTC's complaint process does not prohibit a person from filing a complaint with these agencies.

United States Equal Employment Opportunity Commission ("EEOC")  
William S. Moorhead Federal Building  
1000 Liberty Avenue, Suite 1112  
Pittsburgh, PA 15222

Pennsylvania Human Relations Commission ("PHRC")  
Executive House  
101 Second Street, Suite 300  
P.O. Box 3145  
Harrisburg, PA 17105

U.S. Department of Education  
Office of Civil Rights  
Philadelphia Office  
U.S. Department of Education  
The Wanamaker Building  
100 Penn Square East, Suite 515  
Philadelphia, PA 19107-3323  
Telephone: (215) 656-8541  
Facsimile: (215) 656-8605  
Email: OCR.Philadelphia@ed.gov



Part 2: To be Completed by Section 504 / Title II Coordinator

Date Received \_\_\_\_\_

Medical Certification Requested: Yes  No

Accommodation Meeting:

Date: \_\_\_\_\_

Attendees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accommodations to be Provided: *(Describe in detail the nature, type, amount and duration of services to be provided. If necessary attach additional page(s))*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Part 3: Signatures

The signature of the undersigned student and the WACTC Section 504 / Title II Coordinator indicate mutual agreement upon the accommodations set forth in Part 2 above to be provided to the student for the \_\_\_\_\_ academic term.

\_\_\_\_\_  
Student / Applicant

\_\_\_\_\_  
Section 504 / Title II Coordinator

Date: \_\_\_\_\_

Date: \_\_\_\_\_