



Phlebotomy Certificate Program Application

Student ID: _____

Legal Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone (_____) _____ E-mail Address: _____

Emergency Contact: _____
Name Relationship Phone number

- I understand I will be responsible for payment for any required immunizations, drug screen, and background checks prior to acceptance and that acceptance in the program is not guaranteed.
- I understand the following time-sensitive immunizations are necessary for entry into the program, and I will submit copies of the official records as an attachment in this application:
 - a. TB Test: One within the last two years and one within one year prior to the end of rotation OR One T-SPOT/QFT (blood test) within one year prior to the end of rotation
 - b. 2 MMR vaccinations OR a positive titer
 - c. 2 Varicella vaccinations OR a positive
 - d. Current season's flu vaccine
 - e. Hepatitis B vaccinations series of 3 shots OR a positive titer
 - f. Tetanus Diphtheria (Td) or (Tdap) within the last 10 years
- I understand I must obtain a minimum 10 panel drug screen and results must be sent to our office directly if I do not obtain drug screen at Mid-Mo Drug Testing.
- I understand I must submit the background screening form to Background Check Advantage and pay for these results with their office directly.
- I have informed my reference to email or mail the reference form directly in a sealed envelope to MACC-Mexico 2900 Doreli Lane, Mexico, MO 65265 or emailed to mlt@macc.edu.
- I understand if there are ANY required components missing (immunization records, forms left unsigned, etc.) from this application packet that my application will NOT be considered for admission into the phlebotomy certification program.

Signature

Date