



RANDOLPH COMMUNITY COLLEGE

629 Industrial Park Avenue • Asheboro, NC 27205 • (336) 633-0200 • www.randolph.edu

Creating Opportunities. Changing Lives.

When printing application DO NOT print on both sides of the paper (front and back), print on separate pages.

Phlebotomy Registration Information Packet

Phlebotomy

This course provides theory and clinical practice for the safe collection of blood and other specimens. This course includes 116 hours of classroom/lab instruction and 50 hours of clinical externship. **The ability to have a flexible schedule is necessary for this course.** Clinical days/times may involve alternate days and/or extended hours other than those regularly scheduled for class and will involve travel - reliable transportation is necessary. At the end of this course, students may take the CPT (Certified Phlebotomy Technician) exam.

The following courses are offered SUMMER and FALL 2024 (**ARCHDALE CAMPUS**)

Phlebotomy (PBT-3022A 85315) | **May 14-August 13** (*Must attend first day of class- Room 310*)

Class Online- M/T/W/TH/F/Sa/Su- May 14-July 28 (*all course work must be completed before clinicals*)

Lab- Tuesdays- 5:30-9:30 PM May 14- July 23 | Location: Archdale 310

Clinical M/T/W/TH/F | Various Times TBA | July 29-August 12 | Location: various clinical sites Class

Closure/Wrap Up: August 13

CLINICAL HOURS WILL BE IN THE MORNING AND AFTERNOON

No class July 1-5

Phlebotomy (PBT-3022A 85316) | **August 20-November 19** (*Must attend first day of class- Room 310*)

Class Online- M/T/W/TH/F/Sa/Su- August 20-October 27 (*all course work must be completed before clinicals*)

Lab- Tuesdays- 5:30-9:30 PM August 20-October 22 | Location: Archdale 310

Clinical M/T/W/TH/F | Various Times TBA | October 28-November 18 | Location: various clinical sites Class

Closure/Wrap Up: November 19

CLINICAL HOURS WILL BE IN THE MORNING AND AFTERNOON

Phlebotomy (PBT-3022A 85317) | **August 21-November 20** (*Must attend first day of class- Room 310*)

Class Online- M/T/W/TH/F/Sa/Su- August 21-October 27 (*all course work must be completed before clinicals*)

Lab- Wednesdays- 5:30-9:30 PM August 21-October 23 | Location: Archdale 310

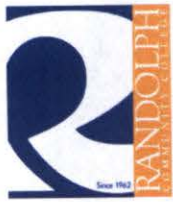
Clinical M/T/W/TH/F | Various Times TBA | October 28-November 19 | Location: various clinical sites Class

Closure/Wrap Up: November 20

CLINICAL HOURS WILL BE IN THE MORNING AND AFTERNOON

No application will be processed unless it is complete. Incomplete applications will not be returned.

If you have any questions regarding the application process or to register for either class, please call Janet Ingold at 336-633-0268.



Randolph Community College CPR Healthcare Provider

All classes are held at our Asheboro Campus.

Location: Continuing Education and Industrial Center- 413 Industrial Park Ave. Asheboro

Classroom: 117

Cost: \$80.00

Class description: *This course is designed for individuals who work in a healthcare setting (doctor's office, hospital, EMT, Paramedic, nursing facility, home health care, etc.). Students will learn to recognize several life-threatening emergencies, provide CPR to victims of all ages, use an AED, and relieve choking in a safe, timely and effective manner.*

| Day Classes Meet 9am-1pm | Night Classes Meet 5pm-9pm |
|---|---|
| January 16 th Tuesday 84766 (Kivett) | January 3 rd Wednesday 84765 (Gaddy) January 18 th Thursday 84767 (King) |
| February 20 th Tuesday 84769 (Barr) | February 7 th Wednesday 84768 (Gaddy) February 22 nd Thursday-Hispanic 84770 (Benitez) |
| March 19 th Tuesday 84773 (Kivett) | March 13 th Wednesday 84772 (Gaddy) March 21 st Thursday 84774 (King) |
| April 16 th Tuesday 84776 (Barr) | April 10 th Wednesday 84775 (Gaddy) April 18 th Thursday-Hispanic 84777 (Benitez) |
| May 14 th Tuesday 84779 (Kivett) | May 8 th Wednesday 84778 (Gaddy) May 16 th Thursday 84780 (King) |
| June 18 th Tuesday 84782 (Barr) | June 12 th Wednesday 84781 (Gaddy) June 20 th Thursday-Hispanic 84783 (Benitez) |
| July 16 th Tuesday 84785 (Kivett) | July 10 th Wednesday 84784 (Gaddy) July 18 th Thursday 84786 (King) |
| August 20 th Tuesday 84788 (Barr) | August 14 th Wednesday 84787 (Gaddy) August 22 nd Thursday-Hispanic 84789 (Benitez) |
| September 17 th Tuesday 84791 (Kivett) | September 11 th Wednesday 84790 (Gaddy) September 19 th Thursday 84792 (King) |
| October 15 th Tuesday 84795 (Barr) | October 9 th Wednesday 84794 (Gaddy) October 17 th Thursday-Hispanic 84796 (Benitez) |
| November 19 th Tuesday 84798 (Kivett) | November 13 th Wednesday 84797 (Gaddy) November 21 st Thursday 84799 (King) |
| December 10 th Tuesday 84801 (Barr) | December 4 th Wednesday 84800 (Gaddy) December 12 th Thursday-Hispanic 84802 (Benitez) |
| | |

To register for the CPR class, call Janet Ingold at 336-633-0268. Payment is required during registration.



Randolph Community College

Phlebotomy

Classes/Labs will be held at the Archdale campus- 110 Park Drive. Archdale 27263

This training prepares the student to draw blood specimens from patients for the purpose of testing and analyzing blood. A phlebotomist's job includes maintenance of equipment used in obtaining blood specimens, the use of appropriate communication skills when working with patients, the selection of venipuncture sites, the care of blood specimens and the entry of the testing process into the computer, as well as clerical duties associated with record keeping. The academic work in the classroom moves rapidly and requires a significant amount of home study. The laboratory work in the classroom requires that students practice daily blood drawing on each other. The last three weeks of the course are for clinical rotations. During this period, each student will spend 50 hours in a clinical setting, while supervised by a working phlebotomist. During clinical rotations you will perform blood draws on real patients. Daily assignments are 6 to 8 hours long and will require you to be walking or standing the entire time.

This field of study is not recommended for those who are uncomfortable in proximity to sick patients, who faint easily, who have high anxiety levels, or who cannot be on their feet for extended amounts of time.

Important!: ALL students will have to practice venipuncture which includes being stuck and sticking others.

Students are accepted on a first come - first serve basis.

Class space is limited. Clinical days/times may involve alternate days and/or extended hours other than those regularly scheduled for class and will involve travel - reliable transportation is necessary.

Costs (does not include price of certified exam)

Registration: \$180.00

Supply Fee: \$30.00

Student ID: \$.50 (completed as a class)

National Exam Fee: \$125.00

Accident Insurance: \$.55

Liability Insurance: \$16.00

Drug Screening- \$40 (approximate)

Criminal Background- 60.00 & up – depending on searches

CPR Class- \$80 (see attached form for upcoming classes)

Scrubs- Do not purchase your scrubs prior to starting the course!!!

Online Portal & E-Book: \$103.68 (available at the Asheboro campus bookstore)

**prices subject to change*

Labs will be held at the Archdale campus. Clinicals will be held in Randolph County and various surrounding counties Clinical externships will be M/T/W/Th/F with times varying from 5:00am-11:00pm.

The schedule will be determined after the start of the course.



Randolph Community College

Phlebotomy Programs

Performance Standards & Guidelines

Guidelines for Evaluation of Physical Health

Physical health is defined as being free of disabling or contagious diseases, being able to perform fine and gross motor skills, and being able to perform normal weight-bearing activities. The ongoing assessment of physical health is based upon instructor observation during the course. If a physical health problem threatens to prevent or prevents satisfactory classroom or clinical performance the student is referred to an appropriate professional. The recommendation of the professional is utilized to advise the student regarding admission or continued enrollment. Applicants or students may be denied admission or continued enrollment until the identified problem is satisfactorily corrected to the satisfaction of the course instructor.

Guidelines for Evaluation of Emotional Health

Emotional health is defined as reacting appropriately to stressful situations, coping with everyday stressors effectively, using healthy coping mechanisms, and understanding one's own ability to cope with stressful situations. Ongoing assessment of emotional health is based upon instructor observation during the course. If an emotional health problem threatens to prevent or prevents satisfactory classroom or clinical performance, the applicant or student is referred to an appropriate professional. The recommendation of the professional will be utilized to determine whether admission or continued enrollment in the program is appropriate. Applicants or students may be denied admission or continued enrollment until the identified problem is satisfactorily corrected to the satisfaction of the course instructor.

ATTENDANCE

In accordance with Federal laws that govern the Phlebotomy Programs, attendance policy is very strict for class, lab and clinical. Attendance plays a critical role in your success in the courses. Satisfactory progress is difficult without regular attendance.

**Please note that clinical externship days/times and location may vary from your class/lab schedule. You will need to have a flexible schedule and reliable transportation.*

STUDENTS MUST ATTEND THE FIRST DAY OF CLASS

Technical Standards Phlebotomy

Our program technical standards have been developed to help students understand nonacademic standards, skills, and performance requirements expected of a student in order to complete the curriculum. If an accommodation is necessary to participate in the program, it is imperative to identify a reasonable accommodation to those students who qualify under the Americans with Disabilities Act (ADA). Reasonableness is determined by RCC's Student Services on a case-by-case basis utilizing the program technical standards. The accommodation needs to be in place prior to the start of the program, or it may delay your ability to start the program. It is the student's responsibility to contact Tammy Cheek at 336-633-0246 or email twcheek@randolph.edu. and request accommodations.

| SKILLS | DESCRIPTION | SPECIFIC EXAMPLES |
|---|---|--|
| MOTOR SKILLS | Fine and coarse motor skills | Can stand, bend, tie, open containers, sit, push and pull equipment and furniture, lift from 10 to 50lbs., perform CPR, assist patients with ADL, monitor vital signs, do dressing changes, oxygen therapy, catheterizations, tube feedings, ostomy care. |
| SMELL | Adequate sense of smell | <ul style="list-style-type: none"> • Able to smell smoke, offensive and non-offensive odors, such as fecal and urine smells or perfume (can be offensive and cause nausea). • Can smell and recognize infectious odors. |
| VISION | Near and Distant vision with or without corrective lenses | Can read regular sized print, discern skin colors, shapes and sizes of injuries or lesions, determine distances such as 2 inches, 3 cm, 10 ft., 20 ft. |
| HEARING | No more than mild hearing loss with or without hearing aids | <ul style="list-style-type: none"> • Auditory ability must be sufficient to communicate/understand and give directions effectively to patients, family, and staff. • Can hear alarms from beds and monitors, patient calls, call bells, persons speaking from across the room |
| TECHNOLOGICAL | Can operate a computer, small equipment | Can operate equipment such as Sequential Compression Devices , warming blankets, Dynamaps (vital sign monitors), oxygen therapy, tube feeding machines, CD player, use email, basic computer programs such as Excel, Word, can upload and download information, FAX |
| COMMUNICATION | Ability to speak coherently and appropriately | Spoken, written and electronic language is clearly understood by staff, patients, and families |
| CRITICAL THINKING/ PROBLEM SOLVING | Can detect abnormal or untoward situations and act or report to superiors | Can intervene using job skills/knowledge related to training/position and reports in a timely manner to superiors. |
| INTERPERSONAL SKILLS | Tries to foster positive relationships with patients and staff | <ul style="list-style-type: none"> • Establishes collegial relationships with co-workers and rapport with patients, able to maintain emotional stability in negative situations remains calm and objective in crises, accepts accountability for own actions, establishes rapport with patients of diverse cultures and age groups, is respectful, empathetic, and team oriented. • Observes HIPPA regulations consistently. • Maintains a negative background check and drug screen. |
| ENVIRONMENTAL TOLERANCE | Can work in a less than optimal environment | <ul style="list-style-type: none"> • Could function in case of a fire or evacuation, with or without heat, or in case of flooding. • Ensures that infection prevention protocol prevails concerning bodily secretions, hand hygiene, odor control, and exposure to infectious persons. Protects self and patients by using personal protective equipment as applicable. • Can identify unsafe circumstances and assist in transfer or evacuation of patients. |

This document is intended to serve as a guide regarding the physical, emotional, intellectual and psychosocial expectations placed on a student. This document cannot include every conceivable action, task, ability or behavior that may be expected of a student. Meeting these technical standards does not guarantee employment in this field upon course completion. Ability to meet the program's technical standards does not guarantee a student's eligibility for any licensure, certification exam, or successful completion of the program.

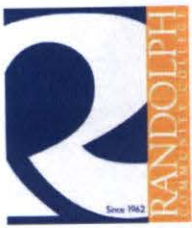
RANDOLPH COMMUNITY COLLEGE
629 INDUSTRIAL PARK AVE., ASHEBORO NC 27205/www.randolph.edu
CONTINUING EDUCATION STUDENT REGISTRATION FORM

| | | | | | |
|--|---|---|-----------------------|---|--------------------------------|
| NAME (Please Print) Last | | First | Middle | | Maiden |
| Street Address or Post Office | | | City | State | Zip |
| Home Phone # | | Work Phone # | Cell Phone # | Social Security Number or your 7 digit Student ID Number | |
| E-mail Address: | | | | | |
| Date of Birth ____ - ____ - ____ If 65 or older, Check here <input type="checkbox"/> | | Employment Status – Circle One E1 - Employed 1-10 Hrs. E4 - Employed 40 or more Hrs US - Unemployed Seeking E2 - Employed 11-20 Hrs. R - Retired E3 - Employed 21-39 Hrs. UN - Unemployed – Not Seeking Name of Employer: _____ | | | |
| Ethnic – Circle One 1. Non-Hispanic/Latino 2. Hispanic/Latino | | Race – Circle One 1. American/Alaskan Native 2. Asian 3. Black or African American | | 4. Hawaiian/Pacific Island 5. White Gender – Circle One M - Male F - Female | |
| Circle highest grade completed or check if passed High School (HS) Equivalency (GED) <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 11 12 13-Adult HS Diploma | | | | | |
| 14- One Year Vocational Diploma 15-Associate's Degree 16-Bachelor's Degree 17-Master's Degree or higher | | | | | |
| How did you learn about the class? | | | | | |
| | | | | | |
| Section Number Ex: CAS3020A 98000 | Section Title Introduction to Computers | Day(s) T, Th | Time 6-9 pm | Fees \$125 | Location Main Campus |
| 2. | | | | | |
| 3. | | | | | |

Please check one:
 I certify that I am at least 18 years old _____ or that I am under 18 and have provided a Minor Release Form to the Continuing Education Registration Office _____.

Signature _____ **Date** _____ **Amount Paid** _____

For CE Registration Only
 Method of Payment: _____ Cash _____ Check _____ Credit Card - (circle one) MASTERCARD VISA



Phlebotomy Application

ALL INFORMATION ON THIS FORM IS HELD CONFIDENTIAL

Registration is subject to class availability. Students must register with their legal name on all documents. Names must match exactly.

(PRINT)

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Birth Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell: _____ Email: _____

Education: High School Diploma or High School Equivalency (formerly known as GED)

School attended: _____

United States Citizen? Yes No Place of birth: _____ State of Legal Residency: _____

In case of Emergency contact:

Name: _____ Relationship: _____ Phone: _____

Registration Information

- **Student Background Check and Drug Screening must NOT be obtained prior to starting the course.** See packet information for the Background and Drug Screening form.
- **Tuition is due at the time of registration.** Scholarships may be available. See attached program information sheets for all fees associated with the corresponding program. Contact Janet at 336-633-0268 for more information.

Students seeking accommodations due to a documented disability should contact Tammy Cheek at 336-633-0246 or email twcheek@randolph.edu.

Document Policy: Copies of educational and identification documents are filed in RCC's archives and are not returned to the students. **Please do not give us your original or your only copy.**

Attendance Policy: There is a strict attendance and time policy in these programs. **If you are more than 10 minutes late for class, you will be counted absent.** If you wish to attend class after missing the first day of class, you will need to contact Tonya Monroe, Program Director at 336-328-1751, before you may attend class.

➔ **Student Initials:** _____

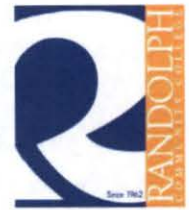
Refund Policy: For a **full refund**, you must request your refund before class begins. For **75% refund**, you must request your refund before the 5th class day. **No refunds given after the 5th class day.** ➔ **Student Initials** _____

By signing this document, I attest that the information that the information given above is complete and accurate. I understand and agree to the program requirements and will abide by all RCC policies and regulations.

Student Signature: _____ Date: _____

Randolph Community College

Phlebotomy Student Registration Checklist



All areas must be completed PRIOR to course completion.

DIRECTIONS: Students, please review this document and initial beside EACH statement. At the end of the document, please print and sign your name. Once completed, return the entire packet and all supporting documents to Janet Ingold at 413 Industrial Park Ave. Asheboro

Notice: Prior to registration, ALL students must acknowledge the following information

1. I am aware it is my responsibility to submit ALL required documentation BEFORE the course begins or I will NOT be eligible for the course.
2. I am aware that I am responsible for paying ALL fees associated with this course.
3. I am aware a Background Check and urine Drug Screen are REQUIRED.
4. I am aware of the course requirements, and I am able to meet ALL the necessary requirements and attend regularly scheduled classes.
5. I am aware that I will need a laptop/computer to complete online course work.
6. I am aware that I must make copies of all original documents and these copies will not be duplicated for me.

Phase 1: Required PRIOR to Course Enrollment

1. Submit completed Program Application Packet
2. Must be 18 years of age BEFORE clinicals begin (Proof required)
3. Submit a copy of your:
 - a. High school diploma or high school equivalency
 - b. Driver's license (MUST be current)
 - c. Social Security card
 - d. Immunization records (Must receive all vaccinations at least two (2) weeks PRIOR to the course start date *(see attached page for vaccine information)*).
4. Successfully complete the REQUIRED American Heart Association BLS Provider Course (CPR) or hold a CURRENT AHA BLS Provider card prior to the course start date. (Upcoming class schedule attached)
 - a. Submit copy of BLS card with application packet

Phase 2: AFTER Registration and BEFORE Course Starts

1. _____ Purchase Course Manuals PRIOR to FIRST day of class.
 - a. Phlebotomy- *National Healthcare Association (NHA) Online Portal (\$103.68)*

2. _____ Purchase ALL required clinical uniforms: *(scrubs are purchased by the individual student)*
 - a. Phlebotomy- Solid color GRAY scrubs
 - b. Closed heel and toe BLACK or WHITE shoe. Per OSHA guidelines tennis shoes, clogs, Crocs, etc. are not allowed.

3. _____ Submit a background check and urine screen (REQUIRED)
 - a. You will receive a code when you turn in your application packet *(see attached for fees)*

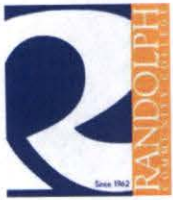
Phase 4: LAST day of class

1. Phlebotomy students: Register for the Certified Phlebotomy Technician (CPT) National Exam
 - a. Exam fee: \$125.00. Payment MUST be debit or credit card ONLY (student is responsible for the fee).
 - b. Students will complete exam registration and payment during the final week of the course.

Printed Student Name: _____

Student Signature: _____ Date: _____

Approved by: _____ Date: _____



Randolph Community College

Phlebotomy Program

Student Checklist- Immunization Requirements

Every student must provide proof of immunization with the application packet. Please refer to your healthcare provider for a copy of your immunization record. *Students can decide to use the attached immunization form provided by the College (2 pages).* It must be signed by an authorized medical professional and attested to by the student.

_____ Measles, Mumps, Rubella (MMR)

- Documentation of 2 measles vaccines, 2 mumps vaccines and 1 rubella vaccine

OR

- Documentation of positive titers (blood test) showing immunity

OR

- If no documentation, 2 measles vaccines, 2 mumps vaccines and 1 rubella vaccine is required.

_____ Varicella (Chicken Pox)- *completed or started*

- Documentation of 2 varicella vaccines

OR

- Documentation of positive titers (blood test) showing immunity

_____ Hepatitis B- *completed or started*

- Documentation of Hepatitis B positive titers (blood test) showing immunity

OR

- Documentation of 3 Hepatitis B vaccines (QuantiFERON gold)

_____ Tetanus, Diphtheria, Pertussis (Td/Tdap)

- Documentation of a Td or Tdap that is current within 10 years.
- Individuals should receive a booster every 10 years.

_____ Tuberculosis (TB) Screening

- **Quantiferon TB Gold or Tspot TB blood test** (within the past 12 months)

_____ Quadrivalent Flu (Influenza)

- Proof of seasonal flu vaccine, current season (October-March). Not required for summer classes

_____ Coronavirus (COVID-19)

- 2 doses of either the Pfizer, Moderna, AstraZeneca COVID-19 vaccine

OR

- Single dose of the Johnson & Johnson COVID-19 vaccine

These immunizations are required by the clinical facilities for the students practicing in their clinical setting.



Randolph Community College

Student Immunization Form

(Must be completed by MD/PA/NP/RN/Heath Department Representative)

Name: _____ SS#: _____ Date of Birth: _____
Last First Middle MM/DD/YY

| | | | | |
|---|--|---|---|--|
| Measles Vaccine or MMR | | OR | Measles Antibody | |
| Date 1: _____ / _____ / _____ Date 2: _____ / _____ / _____ | | | Date: _____ / _____ / _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative | |
| Mumps Vaccine | | OR | Mumps Antibody | |
| Date 1: _____ / _____ / _____ Date 2: _____ / _____ / _____ | | | Date: _____ / _____ / _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative | |
| Rubella Vaccine | | OR | Rubella Antibody | |
| Date 1: _____ / _____ / _____ Date 2: _____ / _____ / _____ | | | Date: _____ / _____ / _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative | |
| Varicella Vaccine | | OR | Varicella Antibody | |
| Date 1: _____ / _____ / _____ Date 2: _____ / _____ / _____ | | | Date: _____ / _____ / _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative | |
| Tetanus | | | | |
| Td | | OR | Tdap | |
| Date 1: _____ / _____ / _____ (required every 10 years) | | | Date 2: _____ / _____ / _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative | |
| Tuberculosis (TB) Screening | | | | |
| <input type="checkbox"/> QuantiFERON-TB Gold <input type="checkbox"/> | | If positive, CXR date and result: _____ | | |
| Date: _____ / _____ / _____ | | Treatment: _____ | | |
| Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | Date of Chest X-Ray: _____ / _____ / _____ Results: _____ | | |
| Hepatitis B | | | | |
| Vaccine | | OR | Antibody | |
| Date 1: _____ / _____ / _____ Date 2: _____ / _____ / _____ Date 3: _____ / _____ / _____ | | | Date: _____ / _____ / _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative | |

Health Care Provider Signature/Stamp (Required) _____ Date _____ Telephone Number (Required) _____

Address of Medical Facility (Required)

Street _____ City _____ State _____ Zip Code _____

Seasonal Flu

Date: _____ / _____ / _____
(required every year)

COVID-19

Initial Round

Booster(s)

Date: _____ / _____ / _____

Manufacturer: Pfizer Moderna AstraZeneca
 Johnson & Johnson

Date: _____ / _____ / _____

Manufacturer: Pfizer Moderna AstraZeneca
 Johnson & Johnson

Date: _____ / _____ / _____

Manufacturer: Pfizer Moderna AstraZeneca
 Johnson & Johnson

Date: _____ / _____ / _____

Manufacturer: Pfizer Moderna AstraZeneca
 Johnson & Johnson

Additional Information:

Measles, Mumps, Rubella (MMR) – Must provide:

- Documentation of 2 measles vaccines, 2 mumps vaccines and 1 rubella vaccine **OR**
- Documentation of positive titers (blood test) showing immunity **OR**
- If no documentation, 2 measles vaccines, 2 mumps vaccines and 1 rubella vaccine is required

Varicella (Chicken Pox) – Must provide:

- Documentation of 2 varicella vaccines if never had chicken pox **OR**
- Documentation of varicella positive titers (blood test) showing immunity if history of chicken pox

Hepatitis B – Must provide:

- Documentation of 3 Hepatitis B vaccines **OR**
- Documentation of Hepatitis B positive titers (blood test) showing immunity **OR**
- Documentation of 2 dose Heplisav-B

Tetanus, Diphtheria, Pertussis (Td/Tdap) – Must provide:

- Documentation of a Td or Tdap that is current within 10 years
- Individuals should receive booster every 10 years

Tuberculosis (TB) Screening – Must provide:

- An IGRA (QuantiFERON or T-Spot) annually. Your IGRA must be within the past 8 months, prior to the program start date **OR**
- If you test positive for tuberculin exposure, you must submit a negative chest x-ray within the last 5 years **OR**
- TB clearance letters must be dated no more than 8 months before your program start date

Quadrivalent Flu (Influenza) – Must provide:

- Proof of seasonal flu vaccine.
- Medical contraindications must be reported on a physician letterhead.

COVID-19 – Must provide:

- 2 doses of the Pfizer, Moderna, AstraZeneca COVID-19 vaccine **OR**
- Single dose of the Johnson and Johnson vaccine COVID-19 vaccine
- Medical contraindications must be reported on a physician letterhead.

Student Attestation

I hereby attest to this document being true and accurate. I understand the program clinical expectations and affirm to factual representation of my immunization record. Any false reporting will be subject to review and disciplinary action in accordance with institutional policies up to and including termination from the program.

Student Signature (Required) _____

Date _____



Randolph Community College

Phlebotomy Program

Criminal Background and Drug Screening

Information Regarding Criminal Background Check/Drug Screen for Clinical Externships

Affiliating clinical agencies require a national criminal background check and drug screen as a prerequisite for clinical learning experiences. Positive results can result in a clinical agency denying the student access to clinical practice in the facility. Any student who is denied access to any clinical facility will not be allowed to progress in the course. Students are responsible for all fees associated with background check/drug screen.

Potential students should be aware that this will be their financial responsibility.

Drug Screening - approximately \$45.00

Criminal Background Check - \$60.00 & up - depending on searches

Do NOT obtain a background check or drug screening while completing the application portion. Instructions will be given when you return your completed application.

You are signing this form as acknowledgement of this requirement.

My signature below indicates that am aware of the information regarding the national criminal background check and drug screen being required. I understand that if I fail to meet certain criteria, as set by these facilities, that I may not be able to participate in clinical education and that this may prevent my successful completion of the course/program to which I am applying.

Signature: _____

Print Name: _____

Date: _____ Student ID# _____

Current as of 07/20/2023

**RANDOLPH COMMUNITY COLLEGE
Phlebotomy Program**

Reading Assessment Verification

Appointments are required for testing. Limited same day testing may be available.

Call (336) 633 – 0321 to schedule.

Appointments are available mornings, afternoons, and evenings

Location: Assessment Center (next to the greenhouses; behind the Campus Store)

Acceptable scores / courses (scores must be less than 5 years old):

Reading:

NCDAP (Accuplacer) – Reading score of 117 or higher

Completion of DRE 096 or higher, with a grade of C or better

CASAS (Form 907R or 908R) – score of 244 or higher

TABE 11/12 (Level D or A) – score of 597 or higher

RISE Placement Test Tier 1 – score 70 or higher (only available for students who meet the RISE criteria)

If you intend to use scores from testing done at another school, please see the Welcome Center to have those scores transferred officially to RCC – we cannot accept only a print-out of scores.

Take this form with you to your testing appointment.

Please ensure that someone from the Assessment Center signs this form.

Student Name _____

Student ID _____

Phone number _____

Date _____

Test Type _____

Scores / Completed Courses _____

Assessment Center Signature _____