



Phlebotomy

240 Hours

Program Summary

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. This course consists of theory and clinical experiences which will be available in the hospital, outpatient clinics and central processing areas.

Important: Students will have to practice venipuncture which includes being stuck and sticking others.

Enrollment Process

The first step in the enrollment process is to purchase an account through a compliance tracking system (Complio) at <http://forsythtechcompliance.com/>. Create a new account and follow the instructions to purchase a package for the **Phlebotomy program**. A direct helpline and video tutorials are available on the site to assist you.

The cost of this account is \$95. The account will include a background check, 12-panel drug screen, as well as access to an online storage platform, where you will upload required documentation. Please be sure to make sure that the course schedule will work with your schedule before purchasing the compliance package.

Program enrollment is on a first-come, first-served basis. **Students MUST complete the required steps of the compliance package before they are eligible to register.** The total number of seats available is dependent on available clinical space. **Purchasing the compliance package from Complio DOES NOT guarantee your seat in a particular class.**

Requirements

1. A **Background Check** will be initiated, and **Drug Screen** (see page 5) will be available for scheduling once the Complio account is opened.
2. High School Diploma/GED or College Diploma/Transcript
3. Current CPR (American Heart Association only) Basic Life Support Healthcare Provider (can be completed [at Forsyth Tech](#)).
4. Students will be required to upload documentation for immunizations and vaccinations (please see student medical form at the end of this packet)

NOTE: **Covid 19 Vaccine is NOT required** currently; however clinical site policies are subject to change.

Costs / Additional Requirements (*Prices are subject to change):

Course Registration*	\$270.00	Includes Malpractice Insurance, College Access, Parking and Security (CAPS) Fee, and ID Badge (you must present your registration receipt for your ID Badge)
Complio	\$95.00	Background Check, Drug Screen, and Immunization Tracking Package – New Student Bundle
MyClinical Exchange	\$21.50 (6-month access)	Linking package for students to attend clinical
Clinical site parking badge	\$10 (approximate)	
Supplies	Various	<ul style="list-style-type: none">○ Burgundy scrub pants and scrub top (burgundy scrub jacket is optional). These are for clinical only and not required for in-person classes.○ White or black non-porous shoes.○ Goggles (instructor will provide additional information)
<u>Books</u> (all are required)	Various	<ul style="list-style-type: none">○ McCall, Ruth, Phlebotomy Essentials, 8th Edition (textbook)○ McCall, Ruth, Student Workbook for Phlebotomy Essentials, 8th Edition (workbook)○ McCall, Ruth, Phlebotomy Exam Review, 8th Edition○ Phlebotomy Policy/Skills Book, Forsyth Technical Community College

*Contact Michael Glontz at mglontz@forsythtech.edu or Ashley Ramierz-Toledo (aramierez-toledo@goodwillnwc.org) to see if you qualify for a scholarship.

Class

- Much of the class is synchronous online meaning that you will need to be on the computer with the instructor during the scheduled class time. You will need to have a camera on your computer for this synchronous time in class. You will also need to bring a laptop to the in-person classes.
- The course is fast-paced, and homework will be assigned.
- Attendance is monitored and 240 hours are required to successfully complete the course. You cannot miss clinical and can only miss 3 days of class but will be required to do make-up assignments for the class time.
- An average final grade of 80 is required to pass the course (including passing a final exam with 80 or higher)
- The course books are required for the first day of class, which will be in-person.

Clinical

- You will be required to complete a clinical rotation of 100 hours at the clinical site designated.
- The clinical site will review your background check, drug screen and immunizations and they will be the one to clear you to go to clinicals at their facility, Forsyth Tech does not see your background check or drug screen and we will not have a say so if the clinical site declines your attending their site.
- Clinicals hours are scheduled between 4:00 am to 8:30 pm, depending on the site, and you can get scheduled anytime during these hours (there is also a 30-minute lunch break required).
- Clinical assignments will not be known until approximately halfway through the course.
- You must achieve a satisfactory grade on your clinical rotation to pass the course.
- If your clinical rotation is at the hospital, please be aware that there will be a lot of walking involved.
- You will complete mask fitting and computer documentation training through your clinical site.

National Certification

After successfully completing the course, you will be eligible to challenge for national phlebotomy certification through one of the following organizations (additional charges apply):

- [American Medical Technologists \(AMT\)](#)
- [American Society for Clinical Pathology \(ASCP\)](#)

For additional questions, please contact:

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SAMPLE CLASS SCHEDULE

Date	Day	Location	Start Time	End Time
10/04/2022	Tue	West Campus	8:00 AM	12:00 PM
10/05/2022	Wed	Online	8:00 AM	12:00 PM
10/06/2022	Thu	Online	8:00 AM	12:00 PM
10/11/2022	Tue	Online	8:00 AM	12:00 PM
10/12/2022	Wed	Online	8:00 AM	12:00 PM
10/13/2022	Thu	Online	8:00 AM	12:00 PM
10/18/2022	Tue	Online	8:00 AM	12:00 PM
10/19/2022	Wed	Online	8:00 AM	12:00 PM
10/20/2022	Thu	Online	8:00 AM	12:00 PM
10/25/2022	Tue	Online	8:00 AM	12:00 PM
10/26/2022	Wed	Online	8:00 AM	12:00 PM
10/27/2022	Thu	Online	8:00 AM	12:00 PM
11/1/2022	Tue	Online	8:00 AM	12:00 PM
11/2/2022	Wed	Online	8:00 AM	12:00 PM
11/3/2022	Thu	Online	8:00 AM	12:00 PM
11/8/2022	Tue	Online	8:00 AM	12:00 PM
11/9/2022	Wed	West Campus	8:00 AM	12:00 PM
11/10/2022	Thu	Online	8:00 AM	12:00 PM
11/15/2022	Tue	Online	8:00 AM	12:00 PM
11/16/2022	Wed	West Campus	8:00 AM	12:00 PM
11/17/2022	Thu	Online	8:00 AM	12:00 PM
11/29/2022	Tue	Online	8:00 AM	12:00 PM
11/30/2022	Wed	West Campus	8:00 AM	12:00 PM
12/1/2022	Thu	Online	8:00 AM	12:00 PM
12/6/2022	Tue	Online	8:00 AM	12:00 PM
12/7/2022	Wed	West Campus	8:00 AM	12:00 PM
12/8/2022	Thu	Online	8:00 AM	12:00 PM
12/13/2022	Tue	Online	8:00 AM	12:00 PM
12/14/2022	Wed	West Campus	8:00 AM	12:00 PM
12/15/2022	Thu	Online	8:00 AM	12:00 PM
12/20/2022	Tue	Online	8:00 AM	12:00 PM
1/3/2023	Tue	Online	8:00 AM	12:00 PM
1/4/2023	Wed	West Campus	8:00 AM	12:00 PM
1/5/2023	Thu	West Campus	8:00 AM	12:00 PM
2/21/2023	Tue	West Campus	8:00 AM	12:00 PM

Clinical rotations scheduled (M/T/W/Th/F) between 1/9/2023 and 2/15/2023
 Rotation hours sometime between 4:00 AM and 8:30 PM, totaling 100 hours



Dilute Negative Drug Screen and How to Prevent It

Dilute Negative Drug Screen Samples

- LabCorp has guidelines on lab values that will designate the sample as diluted.
- A dilute sample will not be accepted and will be flagged as an alert sample. It will NOT be cleared as negative. You must immediately notify us for additional instructions.
- Clinical agencies will not accept diluted samples. The concern is that you are trying to dilute any substances that could lead to a positive drug screen result.
- If you receive a dilute negative screen, **you will need to repeat the drug screen at an additional cost.**

How to Avoid a Dilute Negative Drug Screen

- Complete the drug screen testing first thing in the morning.
- If this is not possible, you should try and empty your bladder approximately two hours prior to your planned arrival at the collection site.
- During that time, you should NOT consume more than 24 ounces of fluid. The fluid you do consume should be a substantial fluid (milk, smoothie, tomato juice, etc.) and / or eat a high protein meal (egg, cheese, meat, etc.).
- Do not overconsume water or other fluids.
- Avoid diuretics and caffeine until after the drug screen collection.

Student Name:

Date of Birth:

Student ID:

CONTACT INFORMATION (Please print in black ink) To be completed by student.

Last First Middle Maiden

Mailing Address – Street or PO Box, City, State, Zip

Student ID# Home # Work # Cell #

Forsyth Tech Student Email Address

Date of Birth Gender (Male/Female) Marital Status (Single/Married/Other)

Emergency Contact Relationship Home # Work/Cell#

PERSONAL HEALTH HISTORY (Please print in black ink) To be completed by student.

Check each item "Yes" or "No". Every item checked "Yes" must be fully explained in the space on the right (or an attached sheet). Have you ever experienced adverse reactions (hypersensitivities, upset stomach, rash, hives, etc.) to any of the following? If yes, please explain fully the type of reaction, your age when the reaction occurred, and if the experience has occurred more than once.

Adverse Reactions to:	Yes	No	Explanation
Drugs, medicines, chemicals (Specify.)			
Insect bites			
Latex or other contact allergies			
	Yes	No	Explanation
Do you have any conditions or disabilities that limit your physical activities?			
Have you ever been a patient in any type of hospital?			
Has your academic career ever been interrupted due to physical or emotional problems?			
Other than for a routine check-up, have you seen a physician or healthcare professional in the past six months?			
Have you ever had any serious illnesses or injuries other than those already noted?			

IMPORTANT INFORMATION! PLEASE READ AND COMPLETE.

STATEMENT BY STUDENT (OR PARENT/GUARDIAN, IF STUDENT IS UNDER THE AGE OF 18):

I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, unless otherwise permitted by law. If I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission to the institution to release information from my (son/daughter's) medical record to a physician, hospital or other medical professional involved in providing me (him/her) with emergency treatment or medical care.

Signature of Student (Signature of parent/guardian if student under age 18)

Date

Student Name:

Date of Birth:

Student ID:

IMMUNIZATION RECORD

(Please print in black ink)

To be completed by physician.

A complete record from physician, clinic, or health department may be attached to this form.

REQUIRED IMMUNIZATIONS	Month/Day/Year
Td booster or tDap	

	Month/Day/Year	Month/Day/Year	Titer
MMR (after first birthday)			Attach Titer Lab Report

	Month/Day/Year	Month/Day/Year	Titer
Varicella			Attach Titer Lab Report

Tuberculin (PPD) Test	#1 Date admin:		#2 Date admin:	
	Date read:		Date read:	
	mm induration:		mm induration:	
TB Serum Blood Test	Date:		Results:	
Chest x-ray, if positive PPD (must be within the past five years)	Date:		Results:	
TB Treatment, if applicable	Date:			

	Month/Day/Year
Seasonal Influenza	

Students entering in spring semester must submit flu vaccination documentation with their medical form. Students entering in fall or summer will be given a later due date by which to submit flu vaccination documentation.

	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer
Hepatitis B series				Attach Titer Lab Report

Hepatitis B Vaccination Waiver:

Students have the right to decline the Hepatitis B vaccination after consultation with their physician on the importance of receiving the vaccination. If students decline the vaccination, they understand they may be at risk of acquiring Hepatitis B Virus (HBV) infection, and hereby release Forsyth Technical Community College from any liability related to the failure to have the immunizations. Students understand that due to the clinical experiences or lab experiences required in their curriculum, they have the potential to be exposed to blood and/or other infectious diseases.

By signing this waiver, I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Student Signature

Date

Signature of Healthcare Provider

Date

Print Name of Healthcare Provider

Area Code/Phone Number

Office Address

City

State

Zip Code