



Phlebotomy Program - Tahlequah Campus

(PLEASE MAKE SURE YOU READ THROUGH THIS APPLICATION COMPLETELY)

MUST BE 18 YEARS OF AGE- NO EXCEPTIONS

ICTC's Phlebotomy program, certified by the Oklahoma State Department of Health, is a 64-hour course that prepares you for the state certification exam. The training includes a combination of theory and clinical skills that helps you understand the basics, venipuncture, safety, and biohazards.

ICTC's Phlebotomy program includes clinical requirements of a minimum of 40 live sticks. Please wear closed-toe shoes. This program requires 100% participation.

This course costs \$435 which includes textbooks, background checks, exam fees, etc. A \$15 admin fee and the \$45 background check fee are due when submitting your application. These fees are non-refundable. We accept exact cash, check, money orders or credit / debit cards. Once we have the background check showing no barrier offenses, you will be notified of your acceptance. Upon acceptance, the remainder of the course cost must be paid or verification (i.e. Purchase Order) from a third-party payor must be submitted.

NOTE: If you are being funded by a government entity (Workforce Oklahoma, Tribal Nation, etc.) you will not be able to enroll in the program without an award letter from the funding entity. **No exceptions.** You will need to personally contact the funding entity and request an award letter be sent to michael.payne@ictech.edu or devin.hammond@ictech.edu.

Seating is always limited, so early application is encouraged. If for any reason the class is not available at the time of the expected start date, your enrollment will be transferred to the next available course opening.

This completed application (page 3), the supporting documents and forms requiring signatures listed below, should be submitted to michael.payne@ictech.edu or devin.hammond@ictech.edu with the \$15 admin fee & \$45 background check non-refundable fee. You must present these forms and payment in person at the Adult Career Development (ACD) office 240 Career Tech Way Tahlequah, OK 74464. Hours are 1:30pm-8pm Monday-Thursday.

REMINDER: MUST BE 18 YEARS OLD. EACH STUDENT WILL BE REQUIRED TO ALLOW FELLOW STUDENTS TO PERFORM LIVE DRAWS ON THEM, AND WILL PERFORM LIVE DRAWS ON FELLOW STUDENTS AND THEMSELVES. NO EXCEPTIONS.

Supporting Documents:

- Copy of your current driver's license or government ID (front & back)
- Social Security Card; must be presented in person at the Adult Career Development (ACD) office, 240 CareerTech Way N. Tahlequah, OK, Building A
- TB skin test, negative result (no older than 6 months and signed by a clinician)
- Shot records showing 2 Varicella shots, Hepatitis B, and MMR
- High School Diploma/Transcript or GED Certificate 18 years of age

Forms Requiring Signature & Date:

- Background check fee disclaimer (**page 4**)
- Oklahoma State Health Department Affidavit of Lawful Presence (**page 5**)
- Criminal Record Background Check Student Release (**page 7**)
- Confidentiality Acknowledgement (used for required clinical rotations) (**page 8**)
- Release of Liability & Media Release (**page 9**)

Classroom Requirements:

- Attendance- The first 16 hours of the class **requires 100% attendance** with a total of at least 60 hours completed.
- Dress Code- Closed toe shoes are required, but beyond that casual dress is allowed.
- Grooming- Acrylic nails are not permitted. Real nails should be reasonable length, clean and neatly trimmed.
- ICTC is a **Smoke Free** campus.

**Application for ICTC Phlebotomy
(Please type or print neatly.)**

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____

Social Security Card presented at time of enrollment: _____ Initial of admin: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Employer Name & Address: _____

Work Phone: _____ Home / Cell Phone: _____

Email: _____

Emergency Contact Information:

Highest Level of Education Achieved; Check One:

____ High School / GED / Technical Certificate

____ Associate Degree ____ Bachelor's Degree ____ Master's Degree

Race / Ethnicity; Check One:

____ White ____ Black ____ Native American ____ Hispanic ____ Asian

Gender: ____ Male ____ Female

Have you ever been convicted of a felony? Yes ____ No ____

List any health-related certificates you have (CPR, PALS, etc.): _____

Background Check Fee Disclaimer

Effective February 17, 2017, changes were put into place for required background checks for certain health related and armed security classes. Self-paying students must have the background check fee paid upon submission of this application. For students who are funded by a third party, background check fees will be billed to the third-party sponsor.

If the funding agency does not provide funding for the class after the background check is processed, the student is responsible for payment of the background fee. If a student does not show up for class or drops the class, s/he is still responsible for payment of the background fee. By signing below, you agree to the terms and conditions initiated by ICTC Adult Career Development.

Student Printed Name: _____ Date: _____

Student Signature: _____ Date: _____

ACD Representative Signature: _____ Date: _____



AFFIDAVIT OF LAWFUL PRESENCE BY PERSON
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

[] I am a United States citizen.

OR

[] I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. I understand that this approval may or may not include approval for employment. The issuance of a license, permit, or certificate issued by the Oklahoma State Department of Health is not authorization for employment in the United States. Write the identification number and the name of the authorizing document below.

ATTACH A COPY OF THE FRONT AND BACK OF YOUR AUTHORIZING DOCUMENT

Admission/Registration #: _____

Authorizing Document: _____

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date _____ Signature _____

City & State _____ Print Name _____

If applying to renew a license, permit, or certificate, please write the number: _____

Current license, permit, or certificate

INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

The person signing this form must read these instructions carefully.

- 1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should not be used but rather, either the form titled, "Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services" or the form titled "Affidavit of Lawful Presence by Person Receiving Services" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "I am a citizen of the United States." If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States."
3. Write the identification number in the space provided after "Admission/Registration #" and write the name of the authorizing document in the space provided after the Authorizing Document. For example, INS Form I-551 or INS Form I-94.
4. The person signing this form should write today's date in the space provided; write the city and state where they are located when they sign this form; sign their name in the space provided for signature; and print their name in the space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.Oklahoma



Procedure for Initial License/Certification Applications

The Oklahoma State Department of Health (OSDH) participates in the Systematic Alien Verification for Entitlements (SAVE) Program, which is an intergovernmental information-sharing initiative designed to aid in determining a non-citizen applicant's immigration status (lawful presence), and thereby ensuring only U.S. Citizens and eligible non-citizens receive government benefits, such as licenses. OSDH may only issue licenses, certifications or permits to Qualified Aliens (non-U.S. citizens) who present valid documentary evidence of one (1) of the following:

Alien Lawfully Admitted for Permanent Residence:

- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card"); or
- **Unexpired Temporary I-551**(Stamp in foreign passport or on INS Form I-94).

Immigrant or Non-Immigrant Visa Status:

- **INS Form I-94** · **INS Form I-688B**

Asylee:

- **INS Form I-94** annotated with stamp showing grant of asylum under §208 of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated "27a .12 (a) (5)";
- **INS Form I-766** (Employment Authorization Document) annotated "AS";
- **Grant letter** from the Asylum Office of INS; or · **Order** of an immigration judge granting asylum.

Refugee:

- **INS Form I-94** annotated with stamp showing admission under §207 of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (3)";
- **INS Form I-766** (Employment Authorization Document) annotated "A3"; or
- **INS Form I-571** (Refugee Travel Document).

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

Alien Paroled into the U.S. for a least One Year:

- **INS Form I-94** with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld:

- **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (10)";
- **INS Form I-766** (Employment Authorization Document) annotated "A10"; or
- **Order** from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry:

- **INS Form I-94** with stamp showing admission under §203 (a) (7) of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
- **INS Form I-766** (Employment Authorization Document) annotated "A3".

Cuban/Haitian Entrant:

- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- **Unexpired temporary I-551** stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
- **INS Form I-94** with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA.

INS petition and appropriate supporting documentation

Qualified Aliens: State law requires the Oklahoma State Department of Health to verify the immigration status (lawful presence) of all non-U.S. citizens upon initial license/certification and renewal.

QUALIFIED ALIENS MUST ATTACH A COPY (FRONT & BACK) OF THE DOCUMENTS that supports their status as shown above with their Affidavit of Lawful Presence. A license, permit, or certification **will not be issued until the appropriate documentation is submitted.**

Renewal applicants with new immigration documents are required to mail the new immigration documentation listed above to establish eligibility for renewal.

U.S. Citizens: After receipt of this Affidavit of Lawful Presence, U.S. Citizens are not required to attach an Affidavit of Lawful Presence every year.

Criminal Record Background Check Student Release

1. I understand and agree that a criminal record background check, including a sex offender registry check, is required as a condition of enrollment in an Indian Capital Technology Center health career program.
2. I have received a copy of Indian Capital Technology Center's policy on criminal record background checks, which includes Indian Capital's procedure for reviewing criminal record checks. I have read, understood, and agreed to this policy.
3. I understand that Indian Capital will conduct the background check through a commercial service that may not be able to obtain records (i.e. international students). Indian Capital may request that I, the student, satisfy this request through additional searches.
4. I understand and agree that I may be denied enrollment in or disqualified from continuing with an Indian Capital health career program should a background check reveal criminal history and/or registration as a sex offender.
5. By signing below, I give my permission to Indian Capital to release the results of my criminal history/background and sex offender registry check(s), including any documentation or information incidental thereto, to any clinical facility for the purpose of securing clinical training for me.
6. I hereby fully release and discharge Indian Capital, its officers, administrators, board members, employees, instructors, funding agents, assigns, contractors, insurers and attorneys, as well as any and all clinical facilities, their officers, administrators, board members, employee instructors, agents, assignees, contractors, insurers and attorneys; each of them, from any and all claims, liability, or causes of action for damages, known or unknown, arising out of or relating to any investigation of my background and the release of information obtained through that investigation.

Student Printed Name: _____ Date: _____

Student Signature: _____ Date: _____

Confidentiality Acknowledgement

I understand that patient information in any form (paper, electronic, oral, etc.) is protected by law. I also understand that any breach of patient confidentiality can have severe ramifications including termination of my partnership with said clinical site, as well as possible civil and criminal penalties. I will only access, use, or disclose the minimum amount of patient information necessary to carry out my assigned duties. I will not improperly divulge any information that comes to me through the carrying out of my assigned duties, program assignment or observation.

This includes, but is not limited to:

- I will not discuss information about any patient with anyone (including my own family) who is not directly working with said patient.
- I will not discuss any patient information in any place where it can be overheard by anyone who is not authorized to have that information.
- I will not mention any patient's name or disclose directly or indirectly that any person is a patient except to those authorized to have that information.
- I will not describe any behavior that I have observed or learned about through association within said clinical sites except to those authorized to have that information.
- I will not contact any individual or agency outside said clinical site to get personal information about an individual patient unless a release of information is signed by the patient or by someone who has been legally authorized by the patient to release information.
- I will not use confidential clinical site business-related information in any manner not required by my job or disclose it to anyone not authorized to have or know it.
- I will not access information concerning any patient in whose care I am not directly involved other than as established by my job description.
- I understand my responsibility to act when faced with a privacy concern or become aware of a potential violation of our policies and standards. I understand I am expected to:
 - o RECOGNIZE the concern and nature of the situation
 - o RESPOND appropriately
 - o REPORT the issue to someone who can assist in resolving the matter

I understand that my agreement to maintain the confidentiality of patient information is a condition of my continued position by said clinical sites. I understand that failure to maintain confidentiality is the basis for disciplinary action, including termination of position. By signing this I indicate I have read and understand this form.

Printed Student Name: _____

Student Signature: _____ Date: _____

Release of Liability & Media Release

I, (print your name) _____ the undersigned, do hereby voluntarily submit my application for attendance and participation in the following class/activity: (write the class/activity name) _____.

I hereby assume full responsibility for any and all damages, injuries or losses that I may sustain. I fully understand that any medical treatment given to me will be of a first aid nature only. I do hereby for myself, my heirs, executors, administrators, parents and guardians assign, release, acquit and forever discharge Indian Capital Technology Center (ICTC), its faculty and staff, and all volunteers, participants, agents, assistants, representatives, officers and directors of this activity, from any and all liability, actions, claims, demands or suits whatsoever, which I may now or hereafter have or claim to have, on account of any injury sustained and suffered by me in connection to this activity/class.

I consent now that any pictures taken of me in connection with the activity/class can be used for publicity, promotion, sales, or television, and I waive compensation in regards thereto.

I hereby accept that my participation in this activity/class is contingent upon my good conduct and that should the proprietors of the activity/class determine my action, behavior and/or attitude inappropriate in any way, that my right to participate in this activity/class will be revoked and I shall sacrifice all fees paid. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate in this activity/class.

Student Signature: _____ Date: _____