

1. OTHER DETAILS OF EXPERIENCE OR TRAINING, INCLUDING INFORMATION OF ADULT EDUCATION PROGRAMS:

2. LIST COMPUTER/SOFTWARE EXPERIENCE:

3. HAVE YOU COMPLETED A COURSE IN MEDICAL TERMINOLOGY? (Y OR N) _____

WORK EXPERIENCE

DATES	EMPLOYER	ADDRESS	SUPERVISOR	JOB DESCRIPTION

REFERENCES (Please list names of 3 persons we may contact – no relatives, please)

NAME	OCCUPATION	ADDRESS	PHONE/EMAIL

PLEASE WRITE A BRIEF STATEMENT EXPLAINING WHY YOU HAVE CHOSEN THIS TRAINING PROGRAM:

NOYES MEMORIAL HOSPITAL PHLEBOTOMY TRAINING PROGRAM

INSTRUCTIONS FOR PROGRAM APPLICATION

APPLICATION DEADLINE: Applications are accepted on an on-going basis. Students are accepted on an ongoing basis for the next scheduled program.

Admission to the program is competitive. Applicants to the program must have:

1. High school diploma or GED
2. "C" average or above throughout high school
3. Science/Math average of C or better
4. Demonstrated a better than average attendance record throughout high school
5. Course work in biology, chemistry, and mathematics (helpful)
6. Computer science course with an average of C or better (helpful)
7. Applicants must be at least 18 years of age

The applicant must submit the following application materials:

1. Completed application
2. Three (3) letters of recommendation including two from science, math, and/or computer science teachers. Those who have been out of school for two or more years may select recommendations from employers or instructors, if post high school courses have been taken. Please have the letters of recommendation sent directly to the Noyes Memorial Hospital Phlebotomy Training Program Director. Three copies of the Letter of Recommendation form are included in this application material.
3. Official high school transcript or official copy of GED and official college transcripts if college courses have been taken. Request forms for the official high school and college transcripts are included in this application material.

A personal, on-site interview is a prerequisite for final admissions consideration. No offers of acceptance will be made without fulfilling this requirement. Interviews may be scheduled during the week, Monday through Friday, during normal business hours. It is the applicant's responsibility to make sure that an interview appointment is made and that the application documents listed above are sent to the Program Co-Director prior to the interview and before the stated deadline date. The Director of Community Health Education and Training will conduct interviews. To schedule an interview with the Co-Director, Nancy Johnsen, please call 585-335-4355.

Applicants will be selected for admission to the Phlebotomy Training Program after evaluation of application information, recommendations and interview. Applicants who are selected for admission to the program are required to complete the medical requirements as follows; a completed health examination form with proof of current immunizations and PPD testing, and completed Documentation of Health Insurance form.

Students who have been accepted into the program based upon their academic requirements will be sent a Health Examination Form to be completed and signed by their physician or health care provider. The student must return the completed forms to the Program Director prior to the first day of classes.



Community Outreach Services • Noyes Memorial Hospital, 111 Clara Barton St. • Dansville, NY 14437
(585) 335-4355 • Fax (585) 335-4309

AFFIDAVIT AND BACKGROUND CHECK AUTHORIZATION **Phlebotomy Training Program**

I certify that all of the information provided by me in this application is true and complete to the best of my knowledge, and I understand that any omission, falsification of information, or misrepresentation of material facts in this application will be grounds for rejection of my application to the Nicholas H. Noyes Memorial Hospital Phlebotomy Training Program or, if my application has been accepted, my dismissal from the Program. I hereby authorize the Nicholas H. Noyes Memorial Hospital Phlebotomy Training Program to obtain information regarding my educational background, previous work experience, and personal character to determine my suitability for the Training Program. To that end, I authorize my former employers, educational institutions that I attended and my personal references to provide the Program with any and all information regarding my work history, educational background, including my school performance and grades, or personal character. I hereby release all parties from all liability for any damage that may result from furnishing such information to the Program. I hereby waive any right to see the information received by the Hospital as a result of its investigation and/or reference checks.

I further agree and understand that a conditional offer of enrollment in the Program may be issued pending the results of a medical examination to determine whether I meet the physical requirements of the Program.

If accepted for enrollment in the Program, I hereby agree to abide by the rules and policies of the Nicholas H. Noyes Memorial Hospital Phlebotomy Training Program and understand that a failure to abide by those policies or a violation of the rules of the Training Program may result in my dismissal from the Program.

My signature below indicates that I have read and understand this Affidavit and Background Check Authorization and that I agree to abide by its terms.

Signature of Applicant

Date

Printed Name



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PHLEBOTOMY TRAINING PROGRAM OFFICIAL TRANSCRIPT REQUEST

ATTENTION STUDENT: Please complete this form and send it to the high school you attended to request an official transcript. If you have attended college, make a copy of this form and also request an official transcript from the college. Most institutions charge a transcript fee. We advise you to contact your school concerning the appropriate transcript fee. Official transcripts are required for admission to the Nicholas H. Noyes Memorial Hospital Phlebotomy Training Program. The transcript must be mailed from the sending institution. Hand-carried and "student copy" transcripts are not acceptable. Mail this form directly to the institution from which you are requesting a transcript.

ATTENTION REGISTRAR/COUNSELOR: Please be sure that the student's name and social security number are on the transcript.

I, the undersigned student, am requesting that my:

- High school transcript
- College transcript
- GED scores

Full Name under Which You Were Enrolled

Current Name

Social Security Number

Date of Birth

I understand the information on this transcript will not be released to a third party without my consent.

Student's signature

Date

Please return to:

Nancy Johnsen, Program Co-Director, Phlebotomy Training Program, Noyes Memorial Hospital
111 Clara Barton Street, Dansville, NY 14437

NOYES MEMORIAL HOSPITAL PHLEBOTOMY TRAINING PROGRAM

LETTER OF RECOMMENDATION:

Applicant: Please complete top section, sign and date as indicated

I, _____, voluntarily waive my right under the Family Education
Print applicant's name
 Rights and Privacy Act of 1974, to review or examine this letter of recommendation:

 Applicant's signature

 Date

TO THE RECOMMENDER: The person whose name appears above has applied to the Phlebotomy Training Program at Noyes Memorial Hospital. The Program Director would appreciate your candid appraisal of the applicant. If you wish to use a letter or different format, please feel free to do so.

PLEASE ASSESS THE APPLICANT RELATIVE TO OTHER STUDENTS OR EMPLOYEES WHOM YOU
 HAVE KNOWN IN A SIMILAR CAPACITY

	SUPERIOR	GOOD	NEEDS IMPROVEMENT	UNABLE TO JUDGE
ACADEMIC PERFORMANCE				
ABILITY TO WORK WITH OTHERS				
WRITTEN EXPRESSION				
ORAL EXPRESSION				
ATTENDANCE				
MATURITY				
INITIATIVE/ INDEPENDENCE				
REACTION TO CRITICISM				
MANUAL DEXTERITY				
MOTIVATION				

How long and in what capacity have you known the applicant? _____

What is the applicant's primary strength? _____

What is the applicant's primary weakness? _____

What is your overall recommendation? _____ Strongly Recommend _____ Recommend
 _____ Recommend w/reservation _____ Do not Recommend

NAME: _____ TITLE: _____

SCHOOL OR ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

Please return this form as soon as possible to Nancy Johnson, Phlebotomy Training Program, Noyes Memorial Hospital, 111 Clara Barton St., Dansville, NY 14437 (585) 335-4355 / (585) 335-4309 {fax}

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