To: Prospective Student

From: Janet Cooper, MSNS, BSMT (ASCP) H
Program Director Medical Laboratory Technology / Phlebotomy

We are pleased you are interested in a MDCC Health Science Program. The information in this application packet allows the student to apply to the **Phlebotomy Technician Program**. Additional information about this program and other Health Science programs can be obtained from the MDCC website at www.msdelta.edu. Go to Programs, then Health Science. **Please be advised that the Phlebotomy program is NOT covered by financial aid.**

**Please note that the deadline to apply for this program is July 1, 2019.**

MDCC offers the following additional health science programs: Associate Degree Nursing, Practical Nursing, Dental Hygiene Technology, Physical Therapy Assistant, Medical Laboratory Technology, and Radiologic Technology. Health Care Assistant (CNA) and Emergency Medical Technician (EMT) are one-semester courses also offered at MDCC.

If you have further questions about the available programs, please call the Health Science department at 662-246-6503; or write to Health Science Department, Mississippi Delta Community College, PO Box 668, Moorhead, MS 38761; or e-mail Maegan Applewhite, Administrative Support at mapplewhite@msdelta.edu.

The documents listed below are included in this application packet.

1. Memo to Prospective student
2. Health Science Division Information
3. Phlebotomy Entrance Requirements
4. Required courses for Phlebotomy
5. Sample Rating Scale for Admissions
6. Standard Functions for Phlebotomy *(requires signature)*
7. Cost Estimate for Phlebotomy
8. Directions for Application
9. MDCC Application for Admission/Readmission *(requires signature)*
10. Application for Phlebotomy Program *(requires signature)*
11. Substance Use Policy and Signature Form *(requires signature)*
12. Background Information Signature Form *(requires signature)*
13. Personal/Work Reference

**PLEASE VERIFY THAT ALL PAGES OF THE APPLICATION HAVE BEEN PRINTED.**

**PLEASE READ ALL PAGES CAREFULLY.**

If a student has a disability that qualifies under the Americans with Disabilities Act (ADA) and requires accommodations, he/she should contact the Office of Student Disabilities Services for information on appropriate policies and procedures. Contact info: Frances Williams | Phone 662-246-6251 | Fax 662-246-8627 | Email fwilliams@msdelta.edu

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scruggins Student Services Center, P. O. Box 668, Moorhead, MS 38761, 662-246-6558
POLICY OF ADMISSION TO HEALTH SCIENCE PROGRAMS

Applicants should obtain the appropriate application packet from the Health Science web page from the MDCC website at www.msdelta.edu. All required application materials must be submitted by the specified deadline in order for the applicant to be considered for admission.

Applicants to the health science programs must meet the requirements for admission to the college. In addition, health science program applicants (with the EXCEPTION of Medical Laboratory Technology, Practical Nursing and all certificate programs) must complete BIO 2513/BIO 2511 and BIO 2523/BIO 2521 with a grade of “C” or higher prior to program admission.

The admission process is competitive. Each program uses an objective rating scale to evaluate each applicant. Specific areas that are evaluated include (but are not limited to) ACT scores, entrance test scores, academic course work required for the major, GPA or specific course grades, and timely submission of the application.

Acceptance into a Health Science Program is conditional pending results of a physical examination indicating satisfactory health, a drug screen, and criminal background check at the applicant's expense. According to Mississippi State Law, an individual may not be eligible for employment in a health care agency if the person has ever been convicted of a felony, or plead guilty to, or plead nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult. Additional requirements include CPR certification and specific summer course work, if applicable.

Applicants are notified by letter of conditional acceptance or non-acceptance into a program. Applicants who are conditionally accepted must comply with all orientation requirements in order to preserve a place in the class. Academic and career counseling is available for applicants who are not accepted into Health Science Programs.

POLICY ON READMISSION TO HEALTH SCIENCE PROGRAMS

A student may be considered for readmission to a specific health science program one time only. This applies to courses in any respective health science program, whether at MDCC or at another institution. The only exception may be: a student who had a passing grade in the classroom and clinical setting, but was forced to withdraw due to illness, accident, pregnancy, or family crisis may be considered for a second readmission.

Each student requesting readmission into a health science program will be considered on an individual basis. The student should contact the appropriate program director/supervisor for the readmission procedure. Space must be available in the class. No precedent will be set by the decision of an admissions committee.

At the discretion of the Dean of Health Sciences, with the recommendation of the Admission Committee, a student requesting readmission to a health science program may be required to take a challenge exam to assess placement. It may be necessary for the applicant to repeat courses.

PHLEBOTOMY TECHNICIAN
Program Supervisor: Janet Cooper

The Phlebotomy Program is a one semester program consisting of two courses PBT 1113 Phlebotomy and PBT 1122 Phlebotomy Practicum. Through classroom, laboratory, and clinical experiences students are trained to perform a variety of blood collection methods and techniques. Upon completion of the program, the student will be able to demonstrate entry level competencies as a clinical phlebotomist.

This evening course is ideal for health professionals seeking to expand their current skills, for currently employed phlebotomists seeking certification, or for those interested in a profession in laboratory medicine. Other topics covered include medical terminology, laboratory and patient safety, basic anatomy and physiology, quality assurance methods, and medicolegal issues of phlebotomy.

The clinical practicum, consisting of 100 hours of supervised clinical experience, is provided at regional medical affiliates, allowing participants to achieve proficiency in the health-care setting. Students must complete a minimum number of
successful unaided collections before course completion. The practicum is not required for students who have been employed as phlebotomists for at least six months within the past five years, as documented by letter from their employer.

Affiliated health care organizations are Delta Regional Medical Center in Greenville, Greenwood Leflore Hospital in Greenwood, University of MS Medical Center Grenada in Grenada and Northwest Mississippi Medical Center in Clarksdale, Bolivar Medical Center in Cleveland, and Chicot Memorial Hospital in Lake Village, AR. Clinical assignments are at the discretion of the college.

Upon successful completion of the program, a certificate of completion will be awarded. Students are eligible to take a national examination to become a Certified Phlebotomy Technician. Completion of the PBT program is not contingent upon the passage of any external certification examination.

**Legal Limitations** for Employment as a phlebotomist:
According to Mississippi State Law, an individual may not be eligible for employment in a health care agency if the person has ever been convicted of a felony, or plead guilty to, or plead nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, of felonious abuse and/or battery of a vulnerable adult.

**MINIMUM ADMISSION REQUIREMENTS:**
Applicants must:
- meet general admission requirements.
- be a high school graduate or have a satisfactory High School Equivalency score (GED or HiSET).
- have a minimum ACT score of 18 (15 if taken before October 28, 1989) if entering college for the first time OR a minimum ACT score of 16 to17 (12 to14 if taken before October 28, 1989) and have completed at least 12 semester hours with a “C” average or better on courses approved by the Phlebotomy program faculty
- have completed a biology course within the past 5 years, either in high school or college with a grade of “C” or better. This requirement may be waived for applicants who have been employed in a healthcare capacity providing patient care for at least 6 months within the past 5 years. A letter from the employer is required for this requirement to be waived.

**PROCEDURE:**
Applicants must have the following documents on file in the Health Sciences office by **JULY 1st** to be considered for admission to the fall class and by **NOVEMBER 1st** for the spring class:
- MDCC application for admission or readmission
- MDCC application to the Phlebotomy Program (Health Sciences Application packet)
- An official high school transcript from an approved high school or High School Equivalency score (GED or HiSET), if not previously enrolled in college
- an official college transcript for all colleges previously or presently attending
- ACT score
- One personal reference form

**Students are encouraged to submit all parts of the application well in advance of the deadline.**

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED FOR ADMISSION.**

**SELECTION:**
No applicant will be considered unless the minimum admission requirements are met. Admission requirements are evaluated by the use of a rating scale which includes ACT scores, GPA, healthcare work experience, and applicable previous degrees earned. All applicants are considered on a competitive basis. Meeting the minimum requirements does not guarantee admission into the program. The number of applicants accepted is limited due to the nature of the program. Applicants will be notified by letter of their conditional acceptance or non-acceptance to the program. The conditional acceptance letter will include specific instructions regarding all requirements that must be complete prior to admission. Admission is tentative based on:
- Prior to clinical, students must satisfactorily complete AHA-BLS Provider CPR taught during the Phlebotomy program.
- satisfactory background check (see Policy on Admission to Health Science Program)
• health evaluation form completed by a physician or nurse practitioner indicating satisfactory health
• proof of current immunizations including, but not limited to Hepatitis-B vaccination series, MMR vaccination series, Tdap booster, and TB skin test
• acceptable pre-admission drug screen

STUDENT RESPONSIBILITIES
Students who are accepted into the program must:
• attend a Health Science orientation session
• be aware that, in addition to the regular college fees, Phlebotomy Technician students will incur expenses for such items as scrubs, books, supplies, liability insurance, accident insurance, physical examination, Hepatitis B vaccination series, background check, and CPR certification and national certification examination fees. Fees are not limited to these listed.
• be responsible for their own transportation to the college campus and clinical agencies.

PROGRESSION:
Students are required to maintain a “C” average (grade of 75) or better in both academic and clinical aspects of the program to obtain course credit and receive a certificate of completion.

READMISSION OR TRANSFER:
Students seeking readmission to the program are considered on an individual basis according to health sciences readmission policies.

Due to the nature of the semester program, students are not eligible to transfer into the phlebotomy program.

CERTIFICATION AND LICENSURE
Upon completion of the program, students are eligible to sit for a national certification examination. Most students choose certification through the American Society of Clinical Pathology Board of Registry (ASCP). The Program Instructors will provide information on certification. Cost is approximately $135.00.

Scores are usually received within 2 days after completion of exam. You may be employed as “registry eligible” before taking the examination or receiving scores.
Mississippi does not require a state license, though a number of states do. In most states requiring a license, national certification exams are accepted as proof of competency and no other testing is required.

Completion of the PBT Program is not contingent upon passage of any external certification examination.

PHLEBOTOMY TECHNICIAN

REQUIRED COURSES

(to be completed within the same semester)
PBT 1113 Phlebotomy..................3 semester credit hours
PBT 1122 Clinical Practice ..........2 semester credit hours
Electives (optional)
MISSISSIPPI DELTA COMMUNITY COLLEGE
PHLEBOTOMY
Rating Scale for Admission

<table>
<thead>
<tr>
<th>Score</th>
<th>ACT score</th>
<th>Point Scale</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17</td>
<td>1/2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-21</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22-24</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 or &gt;</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cumulative Grade Point Average (Transcript)**

<table>
<thead>
<tr>
<th>Score</th>
<th>PBT Grade Point Average in Relevant Course Work Approved by Program (Based on 12 hours or more)</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>2.5 – 2.99</td>
<td>½</td>
</tr>
<tr>
<td></td>
<td>3.0 – 3.49</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3.5 – 3.74</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3.75 – 4.0</td>
<td>3</td>
</tr>
</tbody>
</table>

**PBT Program Approved Credit Hours Courses with a “C” or higher**
Including in progress courses

<table>
<thead>
<tr>
<th>Score</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17</td>
<td>1</td>
</tr>
<tr>
<td>18-25</td>
<td>2</td>
</tr>
<tr>
<td>26-35</td>
<td>3</td>
</tr>
</tbody>
</table>

**HIGH SCHOOL** (scores used only for entering freshman, no college credit, graduation within 5 years)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Score</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio I/II</td>
<td>90-</td>
<td>1</td>
</tr>
<tr>
<td>Science</td>
<td>90-</td>
<td>1</td>
</tr>
<tr>
<td>Math</td>
<td>90-</td>
<td>1</td>
</tr>
<tr>
<td>Allied Health</td>
<td>90-</td>
<td>1</td>
</tr>
</tbody>
</table>

**Previous Degree Awarded (Highest)**
Requirements for consideration: Degree must be of Science or Health Care emphasis and must contain 50% or more of the Program Approved Relevant Courses (Listed below)

<table>
<thead>
<tr>
<th>Degree</th>
<th>Year</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate</td>
<td>Year</td>
<td>½</td>
</tr>
<tr>
<td>Bachelor</td>
<td>Year</td>
<td>1</td>
</tr>
<tr>
<td>Masters</td>
<td>Year</td>
<td>1½</td>
</tr>
</tbody>
</table>

**Health Care Background/Experience**

<table>
<thead>
<tr>
<th>Work experience (as a Phlebotomist)</th>
<th>Describe</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>TOTAL SCORE</strong></td>
<td>1</td>
</tr>
</tbody>
</table>

**NOT TO BE COMPLETED BY STUDENT**
MISSISSIPPI DELTA COMMUNITY COLLEGE
PHLEBOTOMY TECHNICIAN

Standard Functions for Progression

The following standard functions provide descriptions of basic cognitive, sensory, affective, and psychomotor requirements for successful Phlebotomy program completion. Applicants and students who cannot meet one or more of the requirements will be considered on an individual basis in terms of whether reasonable modification/accommodation can be made. Reasonable accommodations will be examined in accordance with the Americans with Disabilities Act (ADA) as well as the Standard functions for Progression.

In order to successfully complete the Phlebotomy program, an applicant/student must be able to do the following:

*Standard Observation Requirements*

In order to perform phlebotomy duties, the individual must be able to meet the following requirements:

- **Vision** – The Phlebotomy Technician student must be able to read test order requisitions, discriminate colors, and record information.

- **Speech and Hearing** – The Phlebotomy Technician student must be able to communicate effectively and sensitively in order to elicit information. The student must be able to assess non-verbal communication and must be able to transmit the information to all members of the health care team.

- **Fine Motor Functions** - The Phlebotomy Technician student must manifest all the skills necessary to manipulate instruments and equipment. The student must be able to perform phlebotomy safely and accurately.

- **Psychological Stability** – The Phlebotomy Technician student must demonstrate the emotional health required for full utilization of the applicant’s intellectual abilities. The student must be able to recognize emergency situations and be able to take the appropriate action.

Please sign and return this form to the Phlebotomy Program.

I understand the standard functions described for the Phlebotomy Technician Program.

Signature_________________________________________ Date ____________________________

Please Check (Completion is optional): Information provided is not evaluated as part of the admissions criteria.

_________ I do not require special accommodations to meet the standard functions.

_________ I will need the following accommodations to meet the standard functions.

Please list:__________________________________________________________________________________

RETURN THIS PAGE WITH APPLICATION!!!
MISSISSIPPI DELTA COMMUNITY COLLEGE
PHLEBOTOMY PROGRAM

COST ESTIMATE 2019-2020

Please Note:
This estimate of costs is meant to be used only as a guide to students, parents, and sponsors. The figures are based upon previous school year averages and are not binding on the college or the program.

In addition to these estimates, students will incur expenses related to travel necessary for clinical laboratory experiences. All students are responsible for their own transportation to healthcare agencies utilized in the program’s curriculum. All costs are approximate and subject to change without notice and tax is not included.

Additional fees for a physical exam and immunizations are NOT included in the cost estimate and are required at the student's expense.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition ($125/hour x 5 hours)</td>
<td>$625.00</td>
</tr>
<tr>
<td>Textbooks</td>
<td>120.00</td>
</tr>
<tr>
<td>Liability Insurance</td>
<td>15.00</td>
</tr>
<tr>
<td>Accident Insurance</td>
<td>15.00</td>
</tr>
<tr>
<td>Uniforms (3 sets @$70 per set)</td>
<td>210.00</td>
</tr>
<tr>
<td>2 Fluid Resistant Lab Coats</td>
<td>20.00</td>
</tr>
<tr>
<td>Registry Exam</td>
<td>135.00</td>
</tr>
<tr>
<td>Drug Screening</td>
<td>40.00</td>
</tr>
<tr>
<td>Criminal Background</td>
<td>60.00</td>
</tr>
<tr>
<td>Duplication Fee</td>
<td>25.00</td>
</tr>
<tr>
<td>Lab Fee</td>
<td>15.00</td>
</tr>
<tr>
<td>CPR</td>
<td>40.00</td>
</tr>
<tr>
<td>Misc. Fees</td>
<td>40.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,360.00</strong></td>
</tr>
</tbody>
</table>

PHLEBOTOMY IS NOT COVERED BY FINANCIAL AID.
Directions for Application:

1. **Mail all application documents to:**
   
   Maegan Applewhite  
   Division of Health Sciences  
   Mississippi Delta Community College  
   P O Box 668  
   Moorhead, MS  38761

2. **All** applicants must do the following:
   a. Complete the attached “MDCC Application for Admission/Readmission” (regardless of current enrollment status) and return to address listed above. DO NOT SEND THIS FORM TO THE OFFICE OF ADMISSION. Our office will forward any applicable material to the Office of Admissions.
   b. Complete the attached “Application for Phlebotomy Program”
   c. Complete the attached “Standard Functions for Progression”
   d. Complete the attached “Health Science Substance Use Policy & Signature Form”
   e. Complete the attached “Background Information Signature Form”
   f. Submit one reference using the enclosed form. Your personal/work reference form should be filled out by someone who has known you for at least one year and is **not a relative**. This form should be mailed by the person completing the form, not the applicant.

3. **All** applicants must arrange for **one official transcript** from each school attended other than MDCC. Have the transcript(s) sent to the address in #1 above. All colleges previously or presently attending MUST be listed on your application and must be on file by the application deadline (see below).

4. If the applicant has no previous college courses, an official high school transcript or High School Equivalency score (GED or HiSET) should be sent to the address in #1 above. If presently attending high school, **you must send a partial transcript before the application deadline** and a complete transcript upon graduation.

5. **The applicant must also provide a copy of his/her ACT score.** ACT scores should be sent with the application packet to the address in #1 above.

6. The deadline for having the application process completed is **JULY 1** for the fall semester and **NOVEMBER 1** for the spring semester. It is the applicant’s responsibility to verify that the necessary information has been received. This may be done via email to mapplewhite@msdelta.edu. If all information is not received by the deadline, the applicant will not be considered for admission into the program.

7. All applicants will be notified by letter of conditional acceptance or non-acceptance after the application process is complete.

8. Applicants who receive a conditional acceptance into the program are admitted tentatively pending:
   a. satisfactory background check (performed by our office)
   b. satisfactory completion of AHA-BLS Provider CPR
   c. acceptable pre-admission drug screen (performed by our office)
   d. health evaluation form completed by a physician or nurse practitioner indicating satisfactory health.
   e. proof of current immunizations including, but not limited to Hepatitis B vaccination series, MMR vaccination series, Tdap booster, and TB skin test

**The Phlebotomy program is not covered by financial aid.**
APPLICATION FOR ADMISSION OR READMISSION

(Do not use Nickname or initials) PLEASE PRINT OR TYPE PLEASE FILL IN ALL BLANKS

Legal Name ____________________________________________

Last First Middle (Previous name(s))

Mailing Address PO Box City County State Zip Code

Physical Address Street City County State Zip Code

GENDER ☐ Female ☐ Yes ☐ Male ☐ No

US. CITIZENSHIP ☐ Yes When? ☐ No Did you list MDCC to receive your scores?

 Have you taken the ACT? ☐ Yes ☐ No

Do you have a: ☐ High School Diploma ☐ High School Certificate

GED GED Test Location: City: _______ State: _______

*ETHNICITY *This information is optional; it is used for statistical use only

☐ American Indian or Alaskan Native ☐ Asian

☐ Black or African American ☐ Hispanic/Latino

☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ Two or more races

Name of High School Attended ____________________________________________ Date of Graduation _____________ Month/Date/Year

Address of High School Attended City: ___________________ State: _______ Zip Code: _______

Previous College(s) Attended (Official Transcripts Must Be Submitted)
(List the most recent first and Include any attendance at MDCC)

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Address (City &amp; State)</th>
<th>Dates of Attendance</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check the appropriate box: ☐ Parent ☐ Guardian ☐ Emergency Contact

Parental Information/Emergency Contact (Required for all; Parents must be listed if student is age 21 or under)

Last Name: ____________________ First: ____________________ PO Box/Street: ____________________ City/State: _______ Zip Code: _______

Home Telephone: ______________ Work Telephone: ______________ Cell Phone: ______________

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, crime committed __________________ Date of conviction _____________

Are you to receive veteran’s benefits? ☐ Yes ☐ No

Have either of your parents completed a four-year college degree? (For statistical purposes only) ☐ Yes ☐ No
SELECT ONLY ONE (1) MAJOR

A major must be indicated, your signature and the date must be present to validate this application. This application if for students applying to a specific MDCC Health Science program. If applying for more than one program you must fill out a separate application which is included in that programs application packet. DO NOT mark more than one major.

HEALTH SCIENCE PROGRAMS
(To be completed and included (mailed) with all program application forms)

☐ Associate Degree Nursing (RN) ☐ LPN Accelerated Track for ADN ☐ Practical Nursing (PN)
☐ Medical Laboratory Technology ☐ Physical Therapist Assistant (PTA) ☐ Radiologic Technology (X-Ray)
☐ Dental Hygiene Technology ☐ Phlebotomy (one semester) ☐ ☐
☐ Health Care Assistant (one semester) ☐ Emergency Medical Technician (EMT) (one semester)

An official transcript of all previous high school/college work must be submitted to the Registrar's Office by the high school principal or registrar of the last school attended. This should be done as soon as possible after high school graduation or the close of the current, college semester. A statement of acceptance will not be issued to the applicant until the following documents are received and approved by the registrar: (1) a completed application form (inaccurate or incomplete information will invalidate the application); (2) a transcript of your school record or GED scores; and/or college transcript from any previous college (if applicable); (3) ACT scores.

I have read and understand the conditions of the Student/Patron Use Agreement located at Admission on the MDCC Web Site. I realize that failure to comply with any of those conditions could result in disciplinary action against me as described in the college’s Student Handbook. I also understand that the college is not responsible for any consequences or legal actions that may result because of my misuse of the college network resources. I hereby make application for admission to Mississippi Delta Community College and agree to abide by the regulations of the college.

I hereby make application for admission to Mississippi Delta Community College and agree to abide by the regulations of the college.

An offi

I have read and understand the conditions of the Student/Patron Use Agreement located at Admission on the MDCC Web Site. I realize that failure to comply with any of those conditions could result in disciplinary action against me as described in the college’s Student Handbook. I also understand that the college is not responsible for any consequences or legal actions that may result because of my misuse of the college network resources. I hereby make application for admission to Mississippi Delta Community College and agree to abide by the regulations of the college.

All correspondence to students will be distributed electronically and/or regular mail through USPS. All information concerning student accounts will be posted to their MDCC My Banner account. It is the responsibility of the student to check their student email and their My Banner account on a regular basis and be aware of all activity on their account.

STUDENT SIGNATURE ____________________________________________________ DATE SIGNED _____________________

Mississippi Delta Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award the Associate of Arts Degree and the Associate of Applied Science Degree and Certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Mississippi Delta Community College.

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558
MISSISSIPPI DELTA COMMUNITY COLLEGE  
DIVISION OF HEALTH SCIENCES  
APPLICATION FOR PHLEBOTOMY PROGRAM

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scruggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558

DIRECTIONS: Complete all of the following applicable information. Your application will be considered incomplete if blanks are left.

Legal Name: ____________________________________________  
Last  First  MI  (Previous Names)

MAILING Address: ________________________________________
Street Name or PO Box  
City  State  Zip

SSN: ______________ Date of Birth: ____________  Age*: ________  Gender*: ________  Race*: ________  
(*Optional – Data is used for statistical purposes only)

Cell Phone: ____________________________  Home Phone: ____________________________

Email Address: ____________________________

1. Have you taken the ACT?  □ YES  □ NO  ACT Score? ________  Year Taken? ________
   a. Do you plan to retake the ACT?  □ YES  □ NO  If yes, when? ____________________________

2. Do you have a:  □ High School Diploma  □ GED/HiSET  
   a. High School Attended? ____________  Year Graduated? ____________

3. Have you ever attended Mississippi Delta Community College?  □ YES  □ NO
   a. If yes, are you currently enrolled?  □ YES  □ NO  
      b. If yes, please list the courses you are currently enrolled in. ____________________________________________________________

List ALL College(s)/Institutions Previously or Presently Attended. Include any attendance at MDCC.  
*Any schools not listed by applicant will be deemed fraudulent.*

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Dates of Attendance</th>
<th>Degree/Certificate Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Have you ever attended a program for Medical Laboratory Technology or Phlebotomy?  □ YES  □ NO
   a. If yes, which one(s) and where? ____________________________________________________________

5. Have you ever attended another Health Science Program at MDCC or another school?  □ YES  □ NO
   a. If yes, which one(s) and where? ____________________________________________________________

6. Do you plan to apply to another Health Science program at MDCC this year?  □ YES  □ NO
   a. If yes, which one(s)? ____________________________________________________________

7. If accepted, which is your 1st Choice: ____________  2nd Choice: ____________  3rd Choice: ____________

8. Have you ever been employed in a health care setting?  □ YES  □ NO
   a. If yes, please explain. ____________________________________________________________
Page 2 – APPLICATION FOR PHLEBOTOMY

9. Are you currently employed? □ YES □ NO
   a. If yes, present occupation, place of employment, and phone number. _____________________________  
      ______________________________________________________________________________________

10. Will you receive a loan or scholarship to assist with your education? □ YES □ NO
    a. If yes, please describe. _____________________________  
       ______________________________________________________________________________________

11. Do you plan to work while in the program? □ YES □ NO
    a. Agency: ____________________________  Phone: __________________  Hours/week: __________

12. Have you ever been convicted of, plead guilty or no contest to any charge(s), or are charges pending against you for a felony or misdemeanor, other than minor traffic violations, in any state or jurisdiction? □ YES □ NO
    If yes, please explain: ______________________________________________________

13. Have you ever been convicted of a felony, or plead guilty or no contest to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense, listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult? □ YES □ NO
    a. If yes, please explain. __________________________________________________________________

14. Have you ever been denied licensure/certification, had disciplinary action or is action pending against you by a board of nursing or any other regulatory agency or certification organization in any state or jurisdiction? □ YES □ NO
    If yes, please explain. ________________________________________________________________

15. Have you ever been disciplined by any state or federal regulatory agency or national certifying agency? □ YES □ NO
    If yes, please explain. ________________________________________________________________

ALL APPLICANTS SHOULD BE ADVISED OF THE FOLLOWING:

1. Any statement made on this application which is false and known to be false by the applicant at the time of making such statement, shall be deemed fraudulent and subjects the applicant to disciplinary proceedings.

I certify that the information on this application is true and accurate.

_____________________________________________  ______________________________
Applicant Signature  Date
It is the goal of Mississippi Delta Community College to maintain an environment that is free from the effects of intoxicants or other substances affecting behavior. It is our belief that a substance/drug free environment is to the benefit of students and employees of Mississippi Delta Community College as well as the surrounding community. MDCC Health Sciences has a zero tolerance drug/alcohol policy inclusive of: possession, use, or under the influence while on any MDCC campus or clinical affiliate.

Preadmission drug screening is required as a part of the physical exam for all students admitted to the Health Science Programs. A satisfactory drug screen is required for admission. All drug screening will be done in a manner to assure verification of an accurate specimen. All students who are tested must be witnessed by an approved MDCC Official or a staff member of the collecting agency. If there are any discrepancies with the specimen, the student may be subject to retesting. If any student(s) is caught falsifying a urine specimen or in possession of a falsified urine specimen that individual(s) will be immediately re-tested and be subject to disciplinary action by the College and the Health Science Department. If a student does not report or refuses drug testing at the designated time, or leaves the drug testing area without giving a specimen, the test will be considered as a positive test and the student will be dismissed immediately from the program. All prescription medications taken regularly or as needed should be listed on the medical form. The student must notify and provide written proof of any medications which may affect behavior to the program director.

Random and/or group drug screening may take place each semester. Any person in the role of a student in a Health Science Program who exhibits sensory symptoms or behavior indicative of being under the influence of mind altering substances (reasonable suspicion exists) may be required to have a drug and/or alcohol screening performed immediately. The student will be suspended pending test results. Refusal by a student to participate in a drug screening is in violation of the established policy and will result in dismissal.

If any drug screening is positive, the student is dismissed immediately from the program. Any drug screening, whether it is done for employment purposes, law enforcement purposes or school purposes, that is positive during the period of time the student is enrolled in the Health Science program, the student will be dismissed immediately from the program. The student will be given an opportunity to meet with the Program Director and the Dean of Health Science. The student may be considered for probationary readmission (ONE time only) following completion of a chemical dependency program approved by the Health Science Program at the student’s expense. If probationary readmittance is granted, after-care monitoring will be required for the duration of the course of study at the student’s expense.

Drug testing procedures will be carried out at the direction of the Vice President of Student Services and the laboratory personnel conducting the screening. Testing may be in the form of urine testing or hair sampling as deemed necessary by the Vice President of Student Services in consultation with the collecting agency. Lab results are submitted directly from the lab to the Vice President of Student Services. The Vice President of Student Services sends notification of drug testing results to the Dean of Health Science or Program Director. Results are confidential and will be placed in the student’s file.

I, ____________________________, have read and understand the substance use policy of Mississippi Delta Community College. I grant permission for drug and alcohol testing of myself and acknowledge consent by this signature affixed hereto. I grant permission for the laboratory facility to release lab results to Mississippi Delta Community College.

I understand that I am responsible for providing written documentation from my physician regarding controlled substances that I am taking that could be positively identified in a drug profile.

Student Signature __________________________ Date ______________

Signature of Parent/Guardian (if under age of 18) __________________________ Date ______________

RETURN THIS PAGE WITH APPLICATION
MISSISSIPPI DELTA COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCE

BACKGROUND INFORMATION SIGNATURE FORM

All Health Science students who will be providing direct patient care in health care institutions regulated by the MS Department of Health should be aware that Mississippi law requires background checks for individuals seeking employment in a health care facility.

According to the Mississippi State Law, an individual may not be eligible for employment if the criminal history record check discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted.

Students admitted to Health Science Programs may be required to complete additional paperwork and pay additional fees related to the background check requirement.

Students assigned to some agencies may also be required to have additional background checks to comply with specific clinical agency contracts which may include criminal record check, credit check, driving history check and license check.

Students must be able to attend clinical agency sites in order to meet the requirements of the specific Health Science Program.

I have been informed of the above information regarding the MS State Law requiring background checks for individuals providing direct patient care in health care institutions regulated by the MS Department of Health.

_____________________________  ________________________
Student Signature                  Date

_____________________________  ________________________
Signature of Parent/Guardian (if under age of 18)  Date

RETURN THIS PAGE WITH APPLICATION
MISSISSIPPI DELTA COMMUNITY COLLEGE
PHLEBOTOMY PROGRAM

PERSONAL/WORK REFERENCE FORM

Name of Applicant

Note to Applicant: Be sure that your full name is on this form before giving to the evaluator. Personal/Work References should be completed by someone who has known you for at least a year & is not a relative. The reference should be mailed by the person completing the form, not the applicant.

<table>
<thead>
<tr>
<th></th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision Making:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Thinks situations through completely, considers alternatives, arrives at logical conclusions, takes appropriate action.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works well with others. (Works well with peers and subordinate, shows respect for others, demonstrates tact in relationships.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts guidance and constructive criticism from authority figures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity (Assumes responsibility for personal decisions and actions, seeks assistance when needed.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability (Conscientious, reliable, punctual.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative (Seeks opportunities for growth.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Potential (Directs group efforts effectively, organizes efficiently, is resourceful.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity. (Guided by moral principles, is trustworthy.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stability. (Adapts appropriately to new situations, does not exhibit extremes in behavior.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Return To:
Maegan Applewhite
Mississippi Delta Community College
P.O. Box 668
Moorhead, MS 38761

Signed: ___________________________

Relationship to Applicant: ___________________________
(*Cannot be related to applicant)

Name (Please Print) ___________________________
Title ___________________________

School/Agency ___________________________
City, State, Zip ___________________________
Telephone Number ___________________________
Date ___________________________