

Application for admission to:

## PHLEBOTOMY TECHNICIAN

Texas State Technical College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements.

| Application                 | Date/_/              |                           |                                    |               |           |
|-----------------------------|----------------------|---------------------------|------------------------------------|---------------|-----------|
|                             |                      | ☐ Date:                   | ☐ Date:                            | ☐ Date        | e:        |
| PLEASE PRINT                | OR TYPE              |                           |                                    |               |           |
| Name in Full:               | Last                 | First                     |                                    | Mi            | ddle      |
| Home Address:               | Number & Street      | County                    | City                               | State         | Zip       |
|                             |                      |                           | •                                  |               |           |
|                             | _                    |                           | rnate Phone: E-mail: Date of Birth |               |           |
| ☐ Phleboto                  | omy                  |                           |                                    |               |           |
| ☐ Continui                  | ing Education        |                           |                                    |               |           |
| Have you applied Harlingen? | to any other Health  | Sciences Programs Acad    | emic or Contin                     | uing Educatio | n at TSTC |
| ☐ Yes what program?         |                      |                           | Approximate date                   |               |           |
| ☐ No                        |                      |                           |                                    |               |           |
| Have you ever be            | en convicted of a fe | elony?                    |                                    |               |           |
|                             |                      |                           |                                    |               |           |
| Have you worked             | for VBMC before a    | nd if so what department? |                                    |               |           |
|                             |                      |                           |                                    |               |           |

| Do you have any relatives or in-laws   | employed by VBMC? Yes No                       |                                |
|--|--|--------------------------------|
| Name & Relationship: Job Title & Department:                                   |  |                                |
| References: Name two persons who   | can attest to your character, experie          | ence, and/or qualifications:   |
| Name:  | Phone:   |                                |
| Name:  | Phone:   |                                |
| Give information concerning high sc  | hool(s) attended or G.E.D.:                    |                                |
| Name of School   | State  |                                |
|  |  |                                |
|  |  |                                |
|  |  |                                |
| Give information concerning college,   | , university, vocational schools, allie        | d health schools attended:     |
| Name of Institution  | City & State                                   | Number of Credits Earned       |
|  |  |                                |
|  |  |                                |
|  |  |                                |
|  |  |                                |
|  |  |                                |
|  |  |                                |
|  |  |                                |
| List any scholastic honors:  |  |                                |
|  |  |                                |
| List any licenses or certificates held:  |  |                                |
|  |  |                                |
| Please note that to be compliant with  | • •  | inal background check will be  |
| required prior to admission to the Ph<br>Certain minimum physical abilities ar |  | alth sciences professions. See |
| program web page for specific requ   | <u>.                                      </u> | •                              |
| skills standards) for the program to v   | vhich you are applying?                        |                                |
| ☐ Yes ☐ No   |  |                                |
| If "No," explain:  |  |                                |

| Name:  |  |
|--|--|
| Number:  |  |
| Email:   | -  |
| Address:   |  |
| Relationship:  | -<br>-   |
| Admission Checklist:   |  |
| ☐ All applicants must provide proof of high school grad  |  |
| Complete proper documentation from TSTC – Harlin   | gen  |
| Have current immunizations   |  |
| Interview  |  |
| Incomplete applications, as reflected by missing ite selection into the program.   | ems from the checklist, will not be considered for   |
| This application may not reflect recent progran information on the Program's webpage through the l   | -  |
| I hereby certify that the information contained in this knowledge. I understand that any misrepresentation admission or expulsion from the College. I understand t read by the faculty and staff of the TSTC Phlebotomy Te | or falsification of information is cause for denial of hat the information contained in this application will be |
| Signature of Applicant   | Date   |

Do you know anyone else that might be interested in the Phlebotomy program at TSTC Harlingen?