

# **NURSING AND HEALTH SCIENCES**

**Admission Packet**

## **PHLEBOTOMY CERTIFICATE PROGRAM**

**APPLICATION FOR Fall 2024**

**FLORIDA GATEWAY COLLEGE**

**For additional information and guidance, before you apply to one of the programs,  
call 386-754-4222, to set up an appointment with an advisor.**



**Contact: Admissions 386-754-4287/386-754-4396  
149 S.E. College Place, Lake City, Florida 32025-8703**

[www.fgc.edu](http://www.fgc.edu)

FGC will adhere to all applicable federal, state, and local laws, regulations and guidelines with respect to providing reasonable accommodations as required in affording equal educational opportunity. The Accessibility Services office can provide further information and assistance at (386) 754-4393. It is the student's responsibility to register with the Accessibility Services office and to contact the faculty member in a timely manner to arrange for appropriate accommodations. Accommodations will be provided for standardized testing (i.e., CPT, Nurse Entrance Exam) when requested in a timely manner.

Florida Gateway College does not discriminate in its employment practices, admission and treatment of students on the basis of race, color, religion, nation origin, sex, age, disability, marital status or any other legally protected status in accordance with the law. The equity officer is Cassandra Buckles, Director of Human Resources, and may be reached at (386) 754-4313.

Florida Gateway College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the baccalaureate and associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call 404-679- 4500 for questions about the accreditation of Florida Gateway College. The Commission is to be contacted only if there is evidence that appears to support an institution's significant non- compliance with a requirement or standard

## **OVERVIEW OF PHLEBOTOMY CERTIFICATE PROGRAM**

The student must complete the following courses:

**HSC 0003 Basic Healthcare Worker** - 90 contact hours or 3 vocational credits.

This course must be taken prior to or concurrently with MEA 0520.

**Offered Fall**

**MEA 0520 Phlebotomy** - 75 contact hours or 2.5 vocational hours.

**Offered Fall**

### **COURSE DESCRIPTIONS**

**HSC 0003 BASIC HEALTHCARE WORKER** - An introductory course to health occupations and the health care delivery system. This course meets the Department of Education requirement of 90 contact hours. Overview of the following principles are included: interpersonal and communication skills, legal and ethical responsibilities, wellness and illness concepts, safety and security procedures, response in emergency situations, infection control procedures, computer literacy skills, employability skills and blood borne disease precautions including AIDS, CPR certification.

**MEA 0520C PHLEBOTOMY** – This course prepares students for employment in the phlebotomy field. Phlebotomists obtain blood by venipuncture or skin puncture and are an integral part of the clinical laboratory. Topics include techniques of withdrawing venous blood, maintaining sterility, and storage techniques.

## APPLICATION PROCESS FOR THE PHLEBOTOMY CERTIFICATE PROGRAM

1. Submit a Florida Gateway College application to Admissions Office. Call the Admissions Office at 386-754-4287 if you have questions.
2. Register and pay for courses: All fees (tuition, lab fees, and liability insurance) must be paid by the due date prior to the beginning of class. Please see the critical dates calendar on the FGC homepage for details.
3. Submit the Phlebotomy supplemental application at the back of this application packet to the Nursing and Health Science Department. You may hand deliver or email the form to [patricia.orender@fgc.edu](mailto:patricia.orender@fgc.edu)
4. In order to participate in the Phlebotomy Certificate program, the student **must** complete the following as directed by the instructor on the first session of class: **Health Status Documentation, Drug & Alcohol Screen, and Background Screen. Once submitted, these records will become the property of the College and will not be available for copying or for use to meet the requirements of outside employers.** *Instructions for the testing will be given at the beginning of MEA 0520*

The following specific requirements for this documentation must be met:

A. **DRUG & ALCOHOL SCREEN:**

Area health care agencies are drug free places of employment. All health care agencies require a negative drug and alcohol screen before hiring a new employee. The Florida Gateway College Nursing and Health Sciences Division has been asked by area health care affiliates to require a drug and alcohol screen for program applicants who will be placed in area health care agencies for clinical rotations. Program applicants are required to obtain a substance abuse drug and alcohol screen and are subject to random screens upon admission to the program. These results are important for clinical rotations, and subsequent completion of the program. Applicants with a positive result on the screen will be given a reasonable opportunity to explain the confirmed positive test result. If the explanation is unacceptable and/or cannot be satisfactorily documented by the applicant's physician or ARNP, or the Medical Review Office (MRO), the applicant will not be accepted into the program and, if enrolled, shall be dismissed from the program. Screening results will be kept in a confidential file.

The applicant may reapply and be considered for application to a Nursing and Health Sciences program after a positive reference from a treatment team who has followed the applicant for at least two (2) years, and has dealt specifically with the applicant's problem of chemical dependence.

Results from the drug and alcohol screens are returned to the Director of ASDN and Certificate Programs and will be kept in a strictly confidential file, separate from the student's record. No screening results are to be placed in individual student files.

## B. **BACKGROUND SCREEN:**

Nursing and Health Sciences students at Florida Gateway College involved in direct patient care during a clinical rotation in a hospital or related medical facility are required to complete an in-depth background screen. This is a requirement mandated by health care agencies with which FGC has clinical, internship, and externship agreements.

Any student who has been found guilty of, regardless of adjudication, or entered a plea of *nolo contendere*, or guilty to, any offense under the provisions of Florida Statutes or under a similar statute of another jurisdiction may be disqualified from admission. **Students must self-disclose any charges and/or arrest information by submitting a letter to the Director of ASDN and Certificate Programs prior to admission to the program.**

Applicants for Nursing and Health Sciences Programs must be free of offenses that would disqualify one for employment as a phlebotomist. This policy is the result of requirements by clinical affiliates which must comply with state and federal regulations.

Judgments of guilty or pleas of *nolo contendere* (no contest) to the following crimes may disqualify applicants from entering into clinical rotations associated with a Florida Gateway College Nursing and Health Program:

- a. Murder, Manslaughter or Vehicular homicide
- b. Killing of an unborn child by injury to the mother
- c. Assault or Battery, if the victim of the offense was a minor
- d. Aggravated assault or battery
- e. Kidnapping or False imprisonment
- f. Sexual battery
- g. Prohibited acts of persons in familial or custody authority
- h. Prostitution
- i. Lewd and lascivious behavior
- j. Lewdness and indecent exposure
- k. Arson
- l. Theft, robbery, and related crimes, if the offense is a felony
- m. Fraudulent sale of controlled substances, only if the offense was a felony
- n. Incest
- o. Abuse, neglect or exploitation of a disabled adult or elderly person
- p. Aggravated child abuse
- q. Child abuse
- r. Negligent treatment of children
- s. Sexual performance by a child
- t. Obscene literature
- u. Drug offenses which were a felony, or if the offense involved a minor
- v. Fraudulent practices in Health Care, Medicaid, Medicare or any public assistance program

Some Health Care units will require an additional abuse check. If this is the case, the following applies: Has not been judicially determined to have committed abuse or neglect against a child as defined in

s.3901(2) and (45); does not have a confirmed report of abuse, neglect, or exploitation as defined in s.415.102(6), or abuse or neglect as defined in s.415.503(6), which has been uncontested or upheld under s.415.1075 or s.415.504; does not have a proposed confirmed report that remains unserved and is maintained in the central abuse registry and tracking system pursuant to s.415.1065(s)©; and has not committed an act that constitutes domestic violence as defined ins. 714.128.

**HEALTH STATUS DOCUMENTATION:** Students will be required to submit documentation of current physical, TB screening, current tetanus, and shot records or titers demonstrating proof of immunity.

**Recent Physical:** Use of an approved physical exam form is required. Examination is to be completed by a licensed doctor, physician's assistant, or nurse practitioner. *Physicals should be completed no more than six weeks prior to the first day of class.*

**Tuberculosis Screening:** A current (*within past six weeks prior to first day of class*) TB skin test (PPD) is required. A current chest x-ray is necessary if you cannot have a PPD done. Any waiver for a TB skin test from a healthcare provider must be on professional letterhead.

**Tetanus:** If tetanus booster is greater than 10 years old, it is required that a booster be obtained.

**Proof of Immunity:** An official shot record from your doctor, the health department, or public school is acceptable. If an official shot record is not available, then blood titers are necessary to determine immunity for:

- Hepatitis B (proof of series of 3 doses)
- Varicella (chickenpox) (proof of 2 doses)
- MMR (Measles, Mumps, and Rubella): (proof of series of 2 doses)

**Vaccinations may be necessary if immunity cannot be confirmed with the blood titer.**

**Hepatitis B:** If a hepatitis B vaccine is required, the series of three immunizations must be started ASAP and may be completed during the clinical rotation. A titer at six months after completion of the series is required to document immunity.

**Flu and COVID-19 Vaccination:** It is the responsibility of all students to obtain current flu (required) and COVID-19 (recommended) vaccinations.

**CPR CERTIFICATION:** This documentation is earned during HSC 0003 is part of the curriculum regardless of prior certification. All students who already have a CPR card must provide a copy of current CPR card. BLS Provider card from the American Heart Association (AHA) or the Professional Rescuer card from the American Red Cross (ARC), no others will be taken. All students are responsible for remaining current in CPR and for submitting documentation of updates.

**PROOF OF INSURANCE:** Submit proof of health/hospitalization insurance (copy front and back of card). This insurance must be effective throughout the internship/clinical rotations.

**Latex Advisory:** The use of latex/latex based products may exist in health care universal precautions and in environments such as, but not limited to, Health Sciences' classrooms and training labs, hospitals, nursing care facilities, laboratories, clinical areas, and medical/dental offices. Individuals with latex allergies should

seek expert advice from their health care provider so that they may receive information to make an informed decision regarding their exposure to latex in the health care field.

## COURSE OPERATION

**Clinical Uniform:** *Specific instructions regarding uniform will be given on the first day of class.*

- A. White skirt or pants (uniform scrub pants, no jogger style scrubs permitted) with a Cherokee brand, forest green color BNP top. Men must wear Cherokee brand, forest green color. Flesh colored hose or white socks. White socks for men.
- B. White leather shoes; cannot be clogs, sandals, or crocs. Only all-white uniform style tennis shoes in good, clean condition are permitted.
- C. Watch with a second hand.

**Textbook and workbook:** TBA

### Estimated costs:

\*Tuition for vocational credits @ \$84.89 per credit hour:

Basic Healthcare Worker	\$ 254.67
Phlebotomy	212.23

\*Additional Fees:

Includes Liability Insurance, Background Screen, Drug & Alcohol Screen, Course/Lab Fees	262.50
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\*Text Books (not including tax):

<i>Basic Healthcare Worker Text &amp; Workbook</i>	192.90
<i>Phlebotomy</i>	120.95
<i>CPR Book</i>	16.00

Physical Exam	160.00 (est. to include immunizations if necessary)
Health Insurance (Student's Responsibility)	125.00 (estimated)
Uniform	70.00 (est. for 2 uniforms)
Watch	20.00 (estimated)
Shoes	50.00 (estimated)
School Supplies	<u>25.00</u> (estimated)

**PHLEBOTOMY CERTIFICATE PROGRAM**

**TOTAL      \$1509.25**

**\*Fees to be paid to the College.**

**FINANCIAL AID**

Please call Office of Financial Aid, 386-754- 4282 if you have further questions.

**ADMISSIONS OFFICE  
FLORIDA GATEWAY COLLEGE  
149 SE COLLEGE PLACE  
LAKE CITY, FLORIDA 32025-8703  
386-754-4287**

**PLEASE HAND DELIVER OR MAIL**

**ALL APPLICATIONS TO  
PHLEBOTOMY PROGRAMS  
ATTENTION: PATRICIA ORENDER  
FLORIDA GATEWAY COLLEGE  
149 SE COLLEGE PLACE  
LAKE CITY, FLORIDA 32025**



FLORIDA GATEWAY COLLEGE  
PHLEBOTOMY CERTIFICATE PROGRAM  
FLORIDA GATEWAY COLLEGE  
LAKE CITY, FLORIDA 32025

**A. GENERAL INFORMATION**

STUDENT ID NUMBER \_\_\_\_\_ YEAR & TERM APPLYING FOR ADMISSION \_\_\_\_\_  
 NAME \_\_\_\_\_ PHONE HOME ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

IF ANY OF YOUR TRANSCRIPTS, TEST SCORES, ETC., MIGHT ARRIVE UNDER ANY NAMES OTHER THAN THOSE LISTED ABOVE, ENTER NAMES HERE: \_\_\_\_\_

HIGH SCHOOL GRADUATE? \_\_\_\_\_ YES \_\_\_\_\_ NO **OR**  
 GED? \_\_\_\_\_ YES \_\_\_\_\_ NO **OR** HOME SCHOOL GRADUATE: \_\_\_\_\_ YES \_\_\_\_\_ NO

**B. PERSONAL INFORMATION:**

IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

**C. HAVE YOU EVER BEEN ARRESTED?** \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, ATTACH YOUR STATEMENT PROVIDING DESCRIPTION OF THE CIRCUMSTANCES OF THE ARREST(S).

**D. VETERANS PREFERENCE:** Are you a Veteran? Yes  No   
 Are you the spouse of a Veteran Yes  No

**FALSIFICATION OF ANY PART OF THIS FORM WILL BE GROUNDS FOR DENIAL OF ADMISSION.**