

PHLEBOTOMY APPLICATION

ALL INFORMATION ON THIS FORM IS HELD CONFIDENTIAL



Registration is subject to class availability. Students must register with their legal name on all documents. Names must match exactly.

(PRINT)

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Birth Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

Education: High School Diploma or High School Equivalency (formerly known as GED)
School attended: _____

Are you a United States Citizen? Yes No Place of Birth: _____ State of legal residency: _____

Are you currently enrolled at RCCC? Yes No If yes, which program of study? _____

Are you required by your employer to take this course? Yes No

In Case of Emergency contact:

Name: _____ Relationship: _____ Phone #: _____

Registration Information

- **Student Background Check and Drug Screen details are provided during the registration phase and not prior to registration.** To obtain background check and drug screen instructions and to register for this program, contact: Casey Hinson-Stapleton at 704-216-3452.
- Tuition of \$200.43 is due at time of registration.
 - Scholarships may be available. Visit www.rccc.edu/corporatecontinuing/continuing-education-scholarship-application for more information.

Students seeking accommodations due to a documented disability should refer to the RCCC Catalog, Disability Services or contact a disability services counselor by calling 704-216-7222 or visiting www.rccc.edu/disability.

Document Policy: Copies of education and identification documents are filed in RCCC's archives and are not returned to the student. Please do not give us your original or your only copy.

Attendance Policy: There is a strict attendance and time policy in this program. **If you are more than 10 minutes late for class, you will be counted absent.** If you wish to attend class after missing the first day of class, you will need to contact Casey Hinson-Stapleton, Director of Health Occupations, at 704-216-3452, before you may attend the class. **Student Initials:** _____

Refund Policy: For **full** refund, you must make your refund request before the class starts. For **75%** refund you must make your refund request before the fifth (5th) class day. **No refunds are given after the fifth (5th) class day.** **Student Initials:** _____

By signing this document, I attest that the information given above is complete and accurate. I understand and agree to the program requirements and will abide by all RCCC policies and regulations.

Student Signature: _____ Date: _____