Date Received: _____
Initials: _____

PROGRAM: **Phlebotomy Certification**

DEADLINE DATES:
March 1 for SUMMER Admission
June 1 for FALL Admission
Oct.1 for SPRING Admission

Jefferson State Community College
Health-Related Programs
2601 Carson Road
Birmingham, AL 35215-3098

APPLICATION FOR ADMISSION TO CENTER PROGRAMS

Before being considered for Phlebotomy admission, you must complete all College admission requirements (AL 101).

Please carefully complete the application by filling in all blanks and responding to the statements on the back of the application. Print or type your information. Completed application may be submitted to Wendy Sweatt at the above address or emailed to wsweatt@jeffersonstate.edu

Date: _____ **Check one:** ☐ **Summer Admission,** ☐ **Fall Admission** ☐ **Spring Admission**

Name:_____

A# (if known) :_____ Date of Birth:_____
Month/Date/Year

Home Address:(Number,Street)_____

_____
City State Zip Code

Home Telephone:_____ Cell Phone:_____
E-mail address: _____

Person to be notified **in case of emergency:**_____
Address:(Street, City, State, Zip)_____
Home Telephone:_____ Business Telephone:_____

NOTE: Notify Enrollment Services (888-453-3378) immediately in case of change in your address or phone number.

OTHER COLLEGES ATTENDED: List all formal education beyond high school. If all colleges, universities, or schools previously attended are not listed, the student may be subject to dismissal action for falsification of records. Request that all other colleges attended send official transcripts to the Enrollment Services, Jefferson State Community College (see address on front). Official transcripts of all accredited colleges and universities attended must be on file in Enrollment Services by the application due date. Complete a "Request for Transcript Evaluation" and submit to Enrollment Services (AL 101).

DATES ENROLLED FROM / TO	NAMES OF INSTITUTIONS ATTENDED INCLUDING JEFFERSON STATE	CITY AND STATE	MAJOR	CREDENTIALS EARNED (DIPLOMA, CERTIFICATE, DEGREE) NUMBER OF CREDITS
	Jefferson State Community College			

All Students must provide **proof of hospitalization** and **malpractice insurance** before entering clinical rotations. You must also have a clean background check for the previous 5 years as well as a negative drug screen.

Once submitted, this application packet becomes the property of Jefferson State and cannot be returned. If you are applying for a scholarship and a copy of your application is required, it is your responsibility to make copies of your application prior to submitting to Jefferson State.

Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and activities in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Educational Amendments of 1972 and the Americans with Disabilities Act of 1990.