



Northwest Technical Institute
rethink education

“Changing lives through education, training, and skill development.”

Phlebotomy Program Application Packet

Jessica Diaz Melara 479-751-8824 ext. 116
FAX 479-750-7272
Allied Health Office Assistant

Dr. Debra Walker
Director of Nursing

P.O Box 2000
709 S. Old Missouri Road
Springdale, AR 72764
Phone: 479-751-8824
Fax: 479-750-7272

www.nwti.edu

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CERTIFIED PHLEBOTOMY PROGRAM

Thank you for inquiring about Northwest Technical Institute's Certified Phlebotomy Program.

FILE COMPLETION-This packet must be returned two weeks prior to the first day of class. You must be 18 yrs. of age to apply for the program.

- Phlebotomy Program Application (\$10.00 application fee)**
- Official High School Transcripts or GED**
- Next-Generation Accuplacer Test (\$10.00)** The Next-Generation Accuplacer is a reading comprehension and arithmetic exam and a requirement to enter the Phlebotomy Program. This test may be taken Monday through Friday from 7:30 a.m. until 11 p.m. in room 130. A photo ID is required the day off testing.
- Immunization Records**
Two (2) Measles, Mumps & Rubella (MMR), if born on or after January 1, 1957, 2 Varicella vaccines or history of Chicken Pox, DTAP within the last 10 years, 3 doses of Hepatitis B vaccines.
Negative TB Skin Test (must be taken in the current year before class starts)
Influenza vaccine (for current flu season)
- CPR (BLS or CPR AED) by American Heart Association**
- One Reference**
Reference can include Employer, Counselors or personal (no family). References must be sent directly to NWTI
- You will be required to purchase one pair of black scrubs to wear to clinicals
- Phlebotomy Essentials 7th Edition ISBN # 9781975142445 (you will be responsible for purchasing your own book prior to the 1st day of class).

**You will be required to purchase one pair of black scrubs to wear to clinicals
Classes will be held from 6-9 Monday, Wednesday, and Friday for 16 weeks**

NEXT-GENERATION ACCUPLACER SCORE

Arithmetic—235

Reading Comprehension— 245



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2020 FEE STRUCTURE FOR PHLEBOTOMY

Paid to NWTI	Description	Costs
Tuition	\$ 60.00 X 8 credit hrs	\$ 480.00
Institutional Fee	\$ 30.00 Facility Fee \$ 75.00 Student Support Fee \$ 30.00 Administrative Fee \$ 60.00 Technology Fee \$ 5.00 Student ID	\$ 200.00
Application Fees	\$ 10.00 Accuplacer Fee \$ 10.00 Application Fee	\$20.00
Program Fees	\$ 250.00 Lab Fee \$ 30.00 Insurance Fee (Liability)	\$280.00
Text Books	Wolters Kluwer Phlebotomy Essentials 7 th ed ISBN 9781975142445 (Purchase on your own before class)	\$ 92.00
Paid by Student	Description	Costs
Drug Screen Background	Criminal Background Check \$22 Drug Screening \$45	\$ 67.00
Certification Fee	American Allied Health Fee (AAH)	\$ 117.00
TOTAL		\$ 1,256.00
Misc	Uniform 1- black set scrubs Tennis Shoes – 1 black set	

Although we have made every effort to include all expenses (both required and recommended), we may have missed some. Hopefully, any missed will be incidentals. The purpose of this is to help you budget your money for the year; but whether or not it is included on this sheet, it is your responsibility to pay for the required supplies and services at the time they are due.

Please keep in mind when making your financial plans: Travel expenses to/from school and clinical sites, lunches, child care, out-of-town trips, etc.



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Phlebotomy Program Application for Enrollment

Name Last First Middle
Nickname Maiden Name
Current Address
City State Zip County
Home Phone Cell Phone
E-mail SS# - - DOB / /

EMERGENCY CONTACT INFORMATION

Last Name First Name M Relationship
Address City State Zip Phone

Gender: Male Female

High School Attended

High School Address

Did you graduate? If so, what year?

If high school equivalency achieved, give name of test and date

College Attended Hours Degree

Other Educational Experience

Please select one or more of the following, as applicable: *Additional Information (Used for research purposes and federal and state reporting requirements, not for admission consideration.)

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Are you Hispanic or Latino? Yes No Are you a citizen of the U.S.? Yes No If No, Country or Origin:

Marital Status: Married Single Divorced Separated Widowed Are you a veteran? Yes No

Applicant's Signature

(1)

Date

Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize Northwest Technical Institute and/or its agents to make an independent investigation of my background, references, character, part employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for entrance into the clinical setting.

I release Northwest Technical Institute and its agent and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth: ____/____/____

Present Address _____

City _____ State _____ Zip Code _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip Code _____

How Long at Former Address? _____

Please List all states and counties of residence since turning age 18:

Driver's License Number _____ State of License _____

Signature of Applicant _____ DATE _____

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Northwest Technical Institute abides by all applicable state and federal employment laws.

PHLEBOTOMY PROGRAM APPLICATION FOR ENROLLMENT

Employment History: List work in health related fields first.

EMPLOYER	MAILING ADDRESS	JOB	DATES FROM TO

PERSONAL REFERENCES: No family member or residents of the same household.

NAME	MAILING ADDRESS

Personal Reference Letters: You will need one. Complete the top portion of each form and sign it. The reference should be completed and mailed by your reference and sent directly to NWTI. *Reference letters submitted to NWTI directly from the applicant will not be accepted!*

In keeping with the guidelines on Title VI, Sections 602, Civil Rights Act of 1964; Title IX, Section 901, Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, this school assures that no person in the United States shall, on the basis of race, color, national origin, sex, or handicap be excluded from the participation in, be denied benefit of, or be subjected to discrimination under any person or activity administered by the school.

I hereby affirm that all information supplied for this application is complete and accurate. It is my understanding that I shall not be considered for admission until I have submitted all credentials specified. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I also understand that upon discovery of any falsified information on this application I will be subject to immediate dismissal from the program.

For more information concerning Northwest Technical Institute's Campus Security Report, please visit The following link: <http://www.nwti.edu/campus-security.html>

Signature

Date

NORTHWEST TECHNICAL INSTITUTE
PHLEBOTOMY PROGRAM
P.O. BOX 2000
SPRINGDALE, AR 72765-2000
Phone: (479) 751-8824 Ext. 116

REFERENCE LETTER

PART I – TO BE COMPLETED BY APPLICANT. ONCE COMPLETED, REFERENCE MUST BE MAILED TO NWTI.

Name and Address: _____
& Phone Number: _____

Applicant's Name: _____

I authorize the above named employer to release to Northwest Technical Institute any information in my personnel file for the purpose of entry into the Phlebotomy Program.

Applicant's Signature Date _____

PART II – PLEASE COMPLETE AND MAIL TO NWTI.
Employment reference letters submitted to NWTI directly from the applicant will not be accepted.

The above person has applied for admission to our Phlebotomy Program and has given your name as a reference. Will you kindly give us your candid opinion of this applicant's suitability for the duties of a phlebotomist? All information will be kept confidential. Thank you for your assistance.

Evaluate the applicant on the following 1 – 5 scale:

	1=Unacceptable		2=Poor		3=Fair		4=Good		5=Excellent		
Ability to get along with others	1	2	3	4	5	Initiative	1	2	3	4	5
Reaction under stress	1	2	3	4	5	Responsibility	1	2	3	4	5
Character	1	2	3	4	5	Dependability	1	2	3	4	5
Honesty	1	2	3	4	5	Efficiency	1	2	3	4	5

Comments/Recommendations:

Signature/Date _____
Job Title/Relationship