



Northwest Technical Institute
rethink education

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

Phlebotomy Program Application Packet

Amy Meadors 479-751-8824 ext. 116
Allied Health Coordinator
ameadors@nwti.edu

Tricia Olinghouse
Phlebotomy Instructor

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

www.nwti.edu

Revised 9/6/2023



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. Please call to schedule your test. 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)
COVID-19 vaccine is not required but highly recommended. Clinical placements may be limited for students who do not have the COVID-19 vaccine. Students will be responsible for finding an appropriate clinical placement.
- CPR (BLS or CPR AED) by American Heart Association** (must be completed by the end of the program)
- You will be required to purchase one pair of black scrubs to wear to clinicals.

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Classes will be held from 6-9 p.m. Tuesday and Thursday**

NEXT-GENERATION ACCUPLACER SCORE
Arithmetic—235
Reading Comprehension— 245



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2023-2024 FEE STRUCTURE FOR PHLEBOTOMY

Paid to NWTI	Description	Costs
Tuition & Fees (includes textbook)	52 Clock Hours, insurance fee, textbook	\$ 1,250.00
Paid by Student	Description	Costs
Drug Screen Background	PreCheck Background Check and Drug Screen	\$ 133.00
Certification Fee	American Allied Health Fee (AAH)	\$ 105.00
CPR Certification	CPR Certification	\$ 85.00
TOTAL		\$ 1,573.00
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 or amounts may have changed. 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.

Please Note: The Phlebotomy Program is not eligible for federal financial aid.

BACKGROUND CHECK INFORMATION

All applicants and new students are advised and must sign acknowledgements that successful completion of the Phlebotomy program at Northwest Technical Institute does not guarantee employment at area healthcare facilities. If you have been convicted of any crime in the last three (3) years, you will not be eligible for employment at most area healthcare facilities. Students are advised to acknowledge all past crimes, including those that have been sealed or expunged as these may appear on their background checks that will be done prior to employment at area healthcare facilities.

Please answer the following questions.

- Do you have prior experience in any branch of the armed forces?

YES NO

If so, please attach a copy of your DD 214.

- Have you ever been convicted of a misdemeanor or felony or pled guilty or nolo contendere to any charge in any state or jurisdiction?

YES NO

- Have you ever had a license, certificate or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction?

YES NO

- Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and/or alcohol that would affect your functional abilities to perform while working as a Phlebotomy Technician?

YES NO

- In the last two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation?

YES NO

If you answered yes to any of the above questions, please give a detailed explanation to each yes answer.

Applicant's Signature

Date

Your signature indicates that you have been apprised of background requirements for area healthcare facilities.

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.

Waiver of Liability Relating to Coronavirus/COVID-19

In addition to the required vaccinations published for the Phlebotomy program, clinical agencies are beginning to require COVID-19 vaccination for onboarding. **Please note that refusal to comply with all of the vaccination requirements may limit site placement and could impede progression through your program of study.**

Northwest Technical Institute Phlebotomy Program cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 or its variants, while attending the program even after vaccination.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my family in order to attend the NWTI Phlebotomy Program. I hereby **RELEASE and FOREVER DISCHARGE**, Northwest Technical Institute its officers, employees, or agents of all of its' divisions, insurers and the Board of Trustees of NWTI and NWTI Foundations, from all claims, actions, causes of action, suits, debts, sums of money (including but limited to principal, interest, attorney's fees and costs), controversies', damages, and demands of any nature whatsoever, in law or in equity, that I ever had, now has, or which any of my predecessors, successors, estate, potential heirs or assigns have, shall have or may have, against the Released Parties from the beginning of time to the present, whether now accrued or hereafter accruing, whether now known or unknown, that are in any way related to, or that arise out of my exposure to COVID-19 virus that may occur due to my participation in the NWTI Phlebotomy Program.

VACCINATION REQUIREMENTS: I have read and understand and agree that refusing vaccination for Covid-19 or any of the recommended boosters, or any other vaccination requirements may limit placement in clinical rotations and could impede progression in the program or delay graduation.

WAIVER OF LAWSUIT/LIABILITY: CHOICE OF LAW: I understand and agree that the law of the State of Arkansas will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Printed Name: _____ Date: _____

PHLEBOTOMY PROGRAM APPLICATION FOR ENROLLMENT

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