Program Information: Certified Phlebotomy Technician (CPT)

Program Overview:
The Phlebotomy Technician Program prepares professionals to collect blood specimens from clients for the purpose of laboratory analysis. Students will become familiar with all aspects related to blood collection and develop comprehensive skills to perform venipunctures completely and safely. Classroom and lab work includes terminology, anatomy and physiology, blood collection procedures, specimen hands-on practice, and training in skills and techniques to perform puncture methods. Program prepares students to take the Certified Phlebotomy Technician (CPT) Exam.

Program Provider:
Curriculum is provided by Condensed Curriculum International (CCI)
Program is delivered by Bitterroot College University of Montana

Program Location:
Bitterroot College UM, 103 South 9th Street, Hamilton, Montana

Program Days and Times: Next program starts the week of January 14, 2019

- **Classroom Instruction (91 contact hours)**
  - 6:00 PM - 9:00 PM, two weeknights each week for 11 weeks, dates TBA
  - 8:00 AM - 3:30 PM, four Saturdays, dates TBA (includes 30-minute lunch break)

- **Certified Phlebotomy Technician (CPT) Exam**
  - 6:00 PM – 9:00 PM, one weekend, date TBA

Program Fee:
- Full payment of **$2,300 due by Wednesday, January 9, 2019** (see application for payment submission instructions)
- Student payment includes textbook, workbook, handouts, laboratory materials, and Certified Phlebotomy Technician (CPT) Exam fee
- **Refund Policy**: 100% refund before payment due date; 75% refund between payment due date and course start date; no refund after course start date

Program Fee Assistance

➤ **IMPORTANT: Program Fee Assistance takes time to process; connect with assistance providers ASAP**

- Pathways Programs Funding (formerly WoRC), Human Resource Council, 303 North 3rd Street, Hamilton
  - Lisa Kears, (406) 363-6101 ext. 237 or Holly Montgomery, (406) 363-6101 ext. 239
- Rural Employment Opportunities (REO) (for eligibility, must have worked in agriculture within last 2 years)
  - Will Bodle, william@reomontana.org, (406) 274-4172
- Veterans Administration Educational Benefits, Valley Veterans Service Center, 217 N 3rd St, Suite L, Hamilton
  - Veterans and family members: check your benefits eligibility, call (406) 363-9838 for an appointment
- Veterans Administration Vocational Rehabilitation Services Training Funds
  - Debra Fleig, debra.fleig@va.gov, (406) 258-1084; 2681 Palmer Street, Suite N, Missoula
- Vocational Rehabilitation Services Training Funds – **Disability Employment Assistance Program**
  - Sarah Seltzer, sselter@mt.gov, (406) 375-0203, Bitterroot College, 103 S 9th Street, Hamilton
- Workforce Innovation & Opportunity Act (WIOA) Funding, Human Resource Council, 303 N 3rd Street, Hamilton
  - DeLynn Gardner, dgardner@mt.gov, (406) 560-1689 or Chelle Twist, mtwist@mt.gov, (406) 565-2243
- WIOA Youth Employment Program (serves ages 14 to 24), Human Resource Council, 303 N 3rd Street, Hamilton
  - Shane Kravik, sek@hrcxi.org, (406) 363-6101, ext. 236
Age, Education, ID, Email, and Other Requirements for Program Application:

- 18 years of age or over
- Must have a high school diploma from an accredited high school, high school equivalency diploma (GED or HiSET), OR qualifying Test of Adult Basic Education (TABE) scores
  - TABE is available free of charge every Monday at 9 AM at Literacy Bitterroot (303 North 3rd Street, Hamilton). Testing takes approximately 3 hours. Contact Literacy Bitterroot at (406) 363-2900 or abc123@montana.com for more information
- Must have a photo ID for proof of identity
- Must have a personal email account which can be accessed daily
- Must demonstrate requisite emotional and mental maturity/health for work in a clinical setting
- Must be able to lift 20 to 30 lbs.
- Must complete Health History portion of program application

Background Check Required with Program Application:

- Visit app.mt.gov/choprs/ and under Public Users click on Start Service
- Cost is $14.50; pay online with eCheck, credit card, or debit card
- Print background check document and attach to program application

Vaccination Records Required with Program Application:

- Record of TB test results (within past year); contact your primary care provider or Ravalli County Public Health Department at (406) 375-6670 if you need a current test
- Record of Tdap vaccination; contact your primary care provider or your public high school for your vaccination records; contact your primary care provider or Ravalli County Public Health Department at (406) 375-6670 if you need this vaccination
- Attach TB test results and Tdap vaccination records to program application

Retain Program Information for Your Records

Questions?
Contact Bitterroot College at (406) 375-0100 or email Meri Telin at meri1.telin@umontana.edu
Program Application: Certified Phlebotomy Technician (CPT)

Application Requirements (see program information sheet for details)
1) Must meet age, ID, email, emotional/mental health, and physical requirements
2) Must submit HS transcript, GED or HiSET transcript, OR TABE scores with application
3) Must submit cleared background check with application
4) Must submit current TB test (within past year) and current Tdap vaccination records with application

Application Deadline is Wed, Jan 9, 2019 for training starting week of Jan 14, 2019

Submit completed application to:

Bitterroot College UM
103 South 9th Street, Hamilton, MT 59840
Application questions? (406) 375-0100 or meri1.telin@umontana.edu

Include with completed application:
- [ ] Full program fee payment of $2,300 — make check payable to Bitterroot College UM or pay in person at Bitterroot College with cash, credit card, or debit card (see program information sheet for payment assistance options)
- [ ] HS transcript, GED or HiSET transcript, OR TABE scores (see program information sheet for details)
- [ ] Cleared background check documentation (see program information sheet for details)
- [ ] TB test and Tdap records (see program information for details)

Full Legal Name: 

First Middle Last

Mailing Address: ____________________________

City: ___________________ State: ___________ Zip Code: ____________________

Social Security Number (required for exam registration): ______________________________

Telephone No: ______________ Email Address (required): _________________________

Gender (optional): Male   Female   Date of Birth: ______________ Age at Start of Program: __________

List any currently held healthcare certifications: ________________________________

Summarize previous work experience: ________________________________

______________________________

(application has two pages – continue to second page)
Provide relevant life experiences: __________________________________________

List three qualities you have which will help you be an attentive and competent Phlebotomy Technician:

____________________________________________________________________

Health History *(required)*

Do you have any allergies? Yes No
If so, please describe: ________________________________________________

Are you currently being treated for any blood disorders? Yes No
If so, please describe: ________________________________________________

Are you currently taking any blood thinners or on an aspirin therapy? Yes No
Are you currently pregnant? Yes No

Have you *EVER* been diagnosed with any of the following conditions *(please circle all that apply)*:

- Diabetes
- Hypoglycemia
- Insulin Resistance
- Hepatitis
- HIV or Aids
- Autoimmune Disorders
- Breast Cancer
- Lymph Node Cancer
- Heart Conditions

By signing this application, I certify that my application information is true and correct to the best of my knowledge, and I understand that falsification or omission of information may result in denial or rescinding of admission to Bitterroot College’s Phlebotomy Technician Training Program.

Applicant’s Signature __________________________ Date ____________

For Office Use Only

Required Application Materials

- [ ] Complete Application
- [ ] HS/HS Equiv/TABE
- [ ] Photo ID
- [ ] Background Check
- [ ] TB Test
- [ ] Tdap Records

Reviewer’s name: __________________________________________
Review date: ______________________________________________
Reviewer’s comments:

Circle one: Accepted Denied

Photo ID: ID Type ______________________________ ID No. __________________ ID Checked By ____________
Payment Type: ______________________________________________
Exam Results: ____________________________________________