Program Information: Certified Phlebotomy Technician (CPT)

Bitterroot College's Certified Phlebotomy Technician Program is being offered as an in-person program for spring 2022. However, if the local COVID-19 situation changes, the program could transition to remote delivery via live, interactive videoconferencing (equipment and internet access would be provided to students as needed). Full or partial refunds will NOT be provided if a transition to remote delivery occurs.

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-UM

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

Program Days and Times: March 8 through May 24, 2022

- **Classroom Instruction** (91 contact hours)
  - 6:00PM – 9:00PM, Tues, Thurs, March 8 – May 24; no class on March 22 & 24
  - 9:00AM – 4:30PM, Saturdays, March 12, April 2, April 23, May 7

- **Certified Phlebotomy Technician (CPT) Exam**
  - 6:00PM – 9:00 PM, Tuesday, May 24

- **Optional Clinical Externship** (80 hours)
  - Scheduled through CCI following successful completion of CPT exam
  - Externship may require additional vaccinations, drug testing, and physician statement of health

Program Fee:
- Full payment of **$2,260 due by Tuesday, March 1, 2022** (see application for payment submission instructions)
- Student payment includes textbook, workbook, handouts, laboratory materials, and 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 Kearns, (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)*
  - Sesar Bonilla, sesar@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
  - Julie Ochoa, Julie.Ochoa@mt.gov, (406) 329-5405, 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, chelle.twist@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@hrctxi.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 doj.egovmt.com/choprs/ and under Public Users click on Start Service
- $20.00. Pay online with eCheck, credit card, or debit card
- Within 14 days of your payment, print background check results, and attach to program application
- Background check expires after 14 days from your payment

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**

Program or application questions? (406) 541-3187 or lea.guthrie@mso.umt.edu

Bitterroot College UM, 103 South 9th Street, Hamilton, MT 59840 | (406) 375-0100 | fax (406) 375-0200
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 Tues, March 1 for program starting Tues, March 8, 2022

Submit completed application to:

_Bitterroot College UM_
103 South 9th Street, Hamilton, MT 59840
Application questions? (406) 541-3187 or lea.guthrie@mso.umt.edu

Include with completed application:
- Full program fee payment of $2,260 — 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 Clinical Medical Assistant:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

**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
- 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 and agree that falsification or omission of information may result in denial or rescinding of admission to Bitterroot College’s Phlebotomy Technician Program.

By signing this application, I understand and agree if I begin the program I am ultimately responsible for the full payment of the program fee. If I am applying for program fee assistance, I understand and agree it is my responsibility to provide written confirmation of third party funding approval prior to the start of the program. Finally, I understand and agree if my third party funding is not ultimately received in full or in part, it is my responsibility to pay any remaining program fee balance.

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

Photo ID:  ID Type ___________________________ ID No. ___________________________ ID Checked By __________

Payment Type: __________________________________________________________

Exam Results: ____________________________________________________________

**Reviewer’s name:** __________________________________________________________________________

**Review date:** ____________________________________________________________________________

**Reviewer’s comments:** ___________________________________________________________________

Circle one:  Accepted  Denied