



Application for admission to:
**PHLEBOTOMY TECHNICIAN**

Austin Community College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements. Copy of immunization form is available for print out at www.austincc.edu/health or you may obtain a copy from the Health Sciences Admission Office.

DATE STAMP HERE

[Empty rectangular box for date stamp]

(Office Use Only)

Application Date \_\_\_ / \_\_\_ / \_\_\_

[ ] Fall 20 \_\_\_ [ ] Spring 20 \_\_\_ [ ] Summer 20 \_\_\_

PLEASE PRINT OR TYPE

Name in Full: \_\_\_\_\_
Last First Middle

Home Address: \_\_\_\_\_
Number & Street Apt. # County City State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Social Security No.: \_\_\_ - \_\_\_ - \_\_\_ or Student ID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Select one:

- [ ] Credit
[ ] Continuing Education

Select one:

- [ ] Traditional Phlebotomy
[ ] Tech Prep High School \_\_\_\_\_
[ ] MLT Application submitted

Have you ever before made application to any Health Sciences Programs?

- [ ] Yes What program? \_\_\_\_\_ Approximate date \_\_\_\_\_
[ ] No

It is the student's responsibility to:
Return this application to the Health Sciences Admission Office at the Eastview Campus. It may be returned by mail or in person. DO NOT FOLD! If you need further assistance, contact the Health Sciences Admission Office at the Eastview Campus (3401 Webberville Rd., Austin, TX 78702) or call at (512) 223-5700. Additional information on the web: http://www.austincc.edu/health/.
Please note: Students must keep mailing address current with the Health Sciences Admission Office as well as the Admissions and Records Office.

**Give information concerning high school(s) attended or G.E.D.:**

Name of School

City & State

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**Give information concerning college, university, vocational schools, allied health schools attended:**

Name of Institution

City & State

Number of Credits Earned

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List any scholastic honors:

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List any licenses or certificates held (ie, ARRT, EMT, etc):

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Please note that to be compliant with clinical facility requirements a criminal background check will be required prior to admission to the Phlebotomy Technician program.

Certain minimum physical abilities and characteristics are required in health sciences professions. See program web page for specific requirements. Are you able to meet the Essential Functions (technical skills standards) for the program to which you are applying?

Yes       No

If "No," explain: \_\_\_\_\_

**Admission Checklist:**

- All applicants must provide proof of high school graduation or GED.
  - All students must complete a mandatory Online Information Session. Submit a copy of the verification form with application. <http://www.austincc.edu/health/phb/infosession/introPhlebotomy.php>
  - All students must submit the Informed Consent Form located at the conclusion of the verification post test. <http://www.austincc.edu/kotrla/phblabconsentform.pdf>
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**All applicants must provide a copy of written documentation from a physician for:**

- Proof of Varicella (Chicken Pox) immunity as shown by (a) physician documented history of disease (b) documentation of two immunizations **or** (c) a serum titer confirming immunity.

**AND**

- Proof of (a) a complete (3 injection series) Hepatitis B Vaccination **or** (b) a serum titer confirming immunity.

**AND**

- Proof of (a) **two** Measles Vaccinations (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

**AND**

- Proof of (a) one Mumps Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

**AND**

- Proof of (a) one Rubella Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** immunity as shown by (c) physician documented history of disease, **regardless of date of birth**

**AND**

- Proof of Tetanus-Diphtheria vaccination within the last 10 years.
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**Incomplete applications, as reflected by missing items from the checklist, will not be considered for selection into the program.**

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**This application may not reflect recent program changes. Please access the most up-to-date information on the Program's webpage through the link at [www.austincc.edu/health](http://www.austincc.edu/health).**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of the ACC Phlebotomy Technician program.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**