

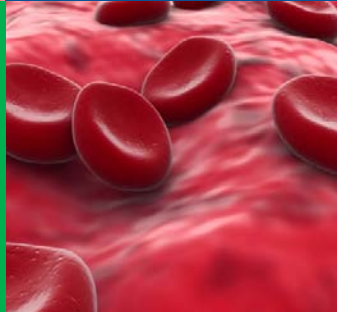
# Phlebotomy Technician & Medical Laboratory Assistant Program



**Certificate of Completion in Phlebotomy Technician and Medical Laboratory Assistant**



**PBT & MLA Program is an approved program by ASCP and is currently seeking approval from NAACLS**



**Eligibility to nationally recognized certification agencies**



**Function as a member of a Medical Laboratory Team**



**On-Line, Classroom and Laboratory Instruction**



**Clinical Practicum at an Approved Clinical Affiliates**

**Student Handbook  
Fall 2011 – Spring 2012**

# Approvals

The Phlebotomy Technician and Medical Laboratory Assistant Student Handbook Fall 2011-Spring 2012 has been reviewed and approved by Jason Stratman, MBA, Dean of Workforce Development; Deb Sargent, RN, Director of Allied Health and Rex Famitangco, MLS(ASCP)<sup>CM</sup> QLC, MT(AMT), Program Director.

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## Disclaimer

Information in this handbook describes the general policies of the Division of Workforce Development Phlebotomy Technician and Medical Laboratory Assistant Programs at Western Nebraska Community College at the time of publication. However, changes may be made in policies, the calendar, curriculum or costs, etc. Such changes will be announced prior to their effective date.

**Each individual program may set and enforce additional policies and procedures specific to its unique nature. Students will be informed by their specific programs.**

Questions regarding any part of this handbook should be referred to program director, department/division chairs, or the dean of the Workforce Development.

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## Equal Opportunity Statement

Western Nebraska Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, marital status, or military veteran status, as is defined by law, in employment, admission, or operation of its educational programs and activities, as prescribed by Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, sections 503 and 504 of the Rehabilitation Act of 1974 and 1975, Americans with Disabilities Act 1992, and other federal and state laws and regulations. Inquiries concerning the application of these executive orders to the college may be directed to the College's affirmative action officer, Mr. David Groshans, Human Resources, Scottsbluff, NE 69361, (308) 635-6105; or to the director, Office for Civil Rights, U.S. Department of Education, Washington, D.C. 20201.

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## Disability Services

Western Nebraska Community College is committed to providing support for all students so that they may achieve their academic potential. Services are provided to give students with disabilities an equal opportunity for success. Students with disabilities may enroll in regular courses and participate fully in the services and activities of the College. There are no special classes or fees for students with disabilities.

Reasonable accommodations may be provided to enable students with disabilities to learn, to receive information, and to demonstrate learned information. Such modifications to the learning environment are provided to assist the student in meeting the academic standards of the College.

It is the student's responsibility to inform the College of a disability that may affect academic performance or access to the College and to make specific requests for accommodations in a reasonable and timely manner. The accommodation process is an interactive one and requires full

participation on the part of the student. Accommodations must be requested each semester that they are needed.

Students requiring or requesting assistance must contact the WNCC Counseling Director. Appropriate documentation verifying a student disability is required in order to make reasonable accommodations. Such documentation must be provided by a qualified health professional and must indicate the applicable diagnosis, must describe the impact of the disability on academic performance, and must support the need for the requested accommodations.

The College reserves the right to have the documentation reviewed by appropriate professionals. Failure to submit appropriate and complete documentation in a timely manner will result in a delay in the accommodation process.

Any student who wishes to request accommodations, auxiliary aids, and/or services for a disability should download and print the request form, complete the information, and mail to the director of counseling. See Appendix for accommodation form.

## Section I: General Information

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### Welcome to the PBT & MLA Program!

This handbook to clinical laboratory science education has been designed to aid students enrolled in the Division of Workforce Development, Phlebotomy Technician and Medical Laboratory Assistant Program at Western Nebraska Community College.

WNCC reserves the right to make policy and procedural changes at any time. Students enrolled in PBT & MLA programs will be informed of such changes prior to their effective date. The Division of Workforce Development welcome recommendations regarding policies and programs; these recommendations will be taken under advisement by WNCC.

Please note: WNCC PBT & MLA Programs are physically, emotionally, and academically demanding. Please be aware that balancing school with home, work and other personal commitments will be challenging.



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### On-line, Classroom and Clinical Education

A student can register for PBT & MLA courses only if all application requirements have been met, all prerequisites are completed and official acceptance is granted by the program.

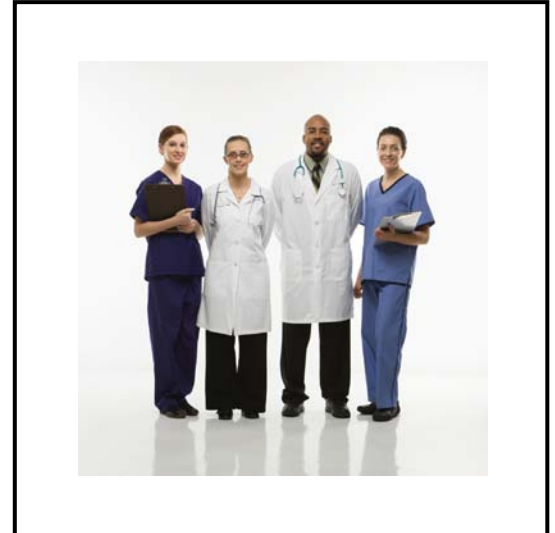
PBT & MLA programs have a clinical component. The purpose of clinical education is to provide students the opportunity to directly apply theoretical principles of their disciplines, patient care skills, and/or departmental procedures, to practical, hands-on experience. While in the clinical facility, the student is required to observe regulations, procedures and policies imposed by the clinical facility on its own employees to ensure patient health, safety, and welfare.

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# Professional Conduct Objectives

Professional conduct objectives are applicable to on-line classroom, classroom, student laboratory and clinical settings, and will include but are not limited to the following:

1. Comply with the rules, regulations, policies, ethical standards or standards of professional practice of the affiliate institution/agency, the PBT & MLA programs and/or WNCC.
2. Comply with Health Insurance Portability and Accountability Act (HIPAA) rules and regulations protecting the confidentiality of personally identifiable patient health information.
3. Assist patients to feel more comfortable and secure.
4. Establish effective rapport with clinical and WNCC personnel and peers.
5. Seek appropriate clarification about responsibilities from appropriate sources.
6. Ask for assistance when uncertain how to proceed.
7. Follow through with assignments, discussions and special projects in a timely manner.
8. Practice learned skills.
9. Strive for adaptability.
10. Perform tasks that are within the limits of competence and are necessary for the assigned area. If directed to perform any procedure outside your competence or limits of practice, students are to inform the affiliate institution/agency's supervisor and the PBT & MLA program director. The student should also inform the clinical instructor.
11. Maintain the cleanliness and safety of the work area and stock appropriate supplies for lab and clinical assignments.
12. Attend class and be prompt.
13. Comply with the clinical dress code.
14. Be prepared for class or clinical course work.
15. Contribute to class discussions.
16. Exhibit the highest standards of integrity and honesty.
17. Exhibit behavior which inspires the confidence of patients, peers, and supervisors.
18. Treat patients, staff, faculty, and others with kindness, courtesy, and concern for the preservation of their privacy.
19. Maintain the highest standards of professional ethics at all times.
20. Maintain the highest standards of health, welfare, and safety for patients, faculty, staff, and other students.



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## Personal Business

In our technological-based society, it is noted that some students are frequent users of electronic devices. Except during breaks and approved times, usage of the following are prohibited during class or clinical hours:

- facilities' fax/phone
- personal pagers/cellular phones/text devices

Messages may be received through the instructor.



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## Confidentiality of Student Records

In accordance with institutional policy and the U.S. Family Education Rights and Privacy Act (FERPA), WNCC vigorously protects the privacy of students' education records. Unless allowed by law, WNCC does not release education records, such as grades and class schedules, without prior written consent of the student. The student may grant such permission by completing the *Authorization to Release Information* form. (See appendix) The signed form will be maintained in the student's file and the requested information will be copied and forwarded.

As permitted under federal law, the sole exception to the above practice is the release of "directory" information considered to be public in nature and not generally deemed to be an invasion of privacy. At WNCC, the following categories are defined as "directory" information: name, mailing address, telephone number, dates of attendance, full or part time status, degree awarded, major and date of graduation.

Students have the right to request non-disclosure of directory information. If they do not restrict release of this information, it is probable that the information will be released or disclosed. WNCC uses directory information for non-commercial, educational purposes, such as to mail notices to student about changes in policies, services, or opportunities. Directory information may also be provided for commercial purposes to businesses affiliated with the institution, honor societies, the alumni association and foundation, or other individuals for purposes that may be beneficial to students. The institution exercises discretion in responding to requests for directory information and may or may not provide such information when requested, depending on the intended purpose of the request. The institution does not sell or rent student information for a fee.

*It is important to consider carefully the potential consequences of restricting the release of directory information. If a student restricts release for non-commercial educational purposes, the institution will be unable to place the student's name in publications such as honors and graduation programs; to provide your name for recruitment contacts by potential employers, to confirm graduation and dates of attendance to potential employers; to verify enrollment with organizations such as insurance companies; or to send notifications about specialized scholarships without the express written authorization of the student.*

If, after due consideration, you wish to restrict the release of directory information, complete and sign the Privacy Notice available at Appendix and must submit, in writing, the specific information to be withheld to the Student Services Office. This must be done each semester that the exclusion is to apply. This request will apply permanently to the student's record, even after graduation, until a written authorization to reverse the request is received by the program director and the Student Services Office.

The PBT & MLA programs often receive requests from potential employers seeking to contact graduates of the programs for employment purposes. It is the policy of the health sciences programs to release only directory information in accordance with FERPA.

The FERPA revisions of 1998 permit schools to notify parents of students who are younger than 21 if such student has been found responsible for violating institutional policies regarding alcohol and other drugs.

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## Review of Personal Education Records

FERPA gives a student the right to inspect and review his/her education records. The student has the right to request correction of records they believe to be inaccurate or misleading, and if the records are not amended, the student has the right to a formal hearing. After the hearing, if the school decides not to amend the record, the student has the right to place a statement in the record setting forth his/her view about the contested information.

If a student requests a review of his/her education record, the following procedure will be followed by the PBT & MLA program director/department chair. The student will complete the *Request to Review Educational Records* form (See appendix) which will be maintained in the student's file. The student's signature will be verified for authenticity using a picture ID. The student may review his/her record in close proximity to the appropriate office. Request for a hearing must be submitted to the program director in writing.

## Section II: Program General Information

### Career Description

(Source: American Medical Technologist (AMT))

#### PHLEBOTOMY TECHNICIAN (PBT)

A Phlebotomy Technician (Phlebotomist) is an integral member of the medical laboratory team whose primary function is the collection of blood samples from patients by venipuncture or microtechniques. The Phlebotomy Technician facilitates the collection and transportation of laboratory specimens, and is often the patient's only contact with the medical laboratory. The need to assure quality and patient safety mandates strict professional behavior and standards of practice for these practitioners.

#### Nature of the Work

The primary function of a Phlebotomy Technician is to obtain patient blood specimens by venipuncture or microtechniques. The Phlebotomy Technician aids in the collection and transportation of other laboratory specimens, and may be involved with patient data entry. A Phlebotomy Technician also draws blood for transfusions, donations and research.

Phlebotomy Technicians must like challenge and responsibility. They must be accurate, work well under pressure and communicate effectively. They must be able to deal with patients and be able to calm patients. Safety is a key and all safety precautions must be taken to prevent the transmission of infectious diseases.

Duties differ by doctor office, hospital and laboratory but may include:

- Drawing blood from patients or donors in hospitals, blood banks, clinics, doctor offices, laboratories or similar facility for medical purposes
- Assembles equipment (such as needles, blood collection devices, gauze, tourniquet, cotton, and alcohol)
- Verifies or records identity of patient or donor

*“A Phlebotomy Technician (Phlebotomist) is an integral member of the medical laboratory team whose primary function is the collection of blood samples from patients by venipuncture or microtechniques.”*



- Converses with patients to allay fear of procedure
- Applies tourniquet to arm, locates vein, swabs area with disinfectant, and inserts needle into vein to draw blood into collection tube. (May also prick finger instead of inserting needle.)
- Labels and stores blood container for processing
- May conduct interview, take vital signs and test blood samples to screen donors at a blood bank
- Be able to analyze information and make appropriate recommendations

### **Employment**

Phlebotomy Technicians are in high-demand. Vacancies have increased significantly as many places need to hire three shifts of technicians.

### **Salary\***

Earnings vary depending on experience, education and skill level. Staff Phlebotomy Technicians are typically paid hourly and it varies by state, shift, schooling and experience. The national average hourly wage for staff Phlebotomy Technician is \$13.50 (SD = \$3.75). Certified staff PBTs earns at least 10% more than those who are not certified. The average hourly wage for PBT Supervisors is \$20.08 (SD = \$7.88).



### **MEDICAL LABORATORY ASSISTANT (MLA)**

All laboratory professionals, including Medical Laboratory Scientists, Medical Technologists, Medical Laboratory Technicians and Medical Laboratory Assistants have long played a vital role in the diagnosis and prevention of disease.

#### **Nature of the Work**

A Medical Laboratory Assistant is a health care practitioner qualified by education, experience, and examination to assist in the performance of routine laboratory testing. This multi-skilled practitioner performs, or assists in performing, clinical laboratory tasks as regulated by law, administrative tasks, and select tasks involving patient contact. Quality improvement, safety, procedural accuracy, knowledge of regulatory practice standards is defining aspects of this

practitioner's role.

### **Employment**

Medical Laboratory Assistants work in a variety of different settings, including hospitals, independent reference laboratories and in offices of physicians.

Rapid job growth and excellent job opportunities are expected. Most jobs will continue to be in hospitals, but employment will grow faster in other settings. Employment of laboratory workers is expected to grow 14 percent between 2006 and 2016, faster than average for all occupations. The

volume of laboratory tests continues to increase with both population growth and the development of new types of tests.

Technological advances will continue to have opposing effects on employment. On the one hand, new, increasingly powerful diagnostic tests will encourage additional testing and spur employment. On the other, research and development efforts targeted at simplifying routine testing procedures may enhance the ability of non-laboratory personnel—physicians and patients in particular—to perform tests now conducted in laboratories.

Job opportunities are expected to be excellent because the number of job openings is expected to continue to exceed the number of job seekers. Although significant, job growth will not be the only source of opportunities.

As in most occupations, many additional openings will result from the need to replace workers who transfer to other occupations, retire, or stop working for some other reason.

### Salary\*

Median annual wage and salary earnings of Medical Laboratory Assistants in 2010 were \$13.52 per hour (SD = \$3.33). MLA Supervisors earn an average of \$19.50 per hour (SD = \$9.17). There is little difference in wages across laboratory type, hospital size and testing volume.

\*Source: ASCP 2010 Wage Survey of U.S. Clinical Laboratories

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## Program Mission

The mission of the Phlebotomy Technician and Medical Laboratory Assistant program is to provide quality instruction by preparing the graduate with skills necessary to obtain quality laboratory specimens, technical knowledge required to pass the national certification examination and become an important member of the health care team.

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## Program Goals

Upon completion of the program the student will successfully:

1. Demonstrate knowledge of the health care delivery system and medical terminology.
2. Demonstrate knowledge of the role a medical laboratory assistant in the health care delivery system as it relates to the point care or clinical laboratory environment.
3. Demonstrate knowledge of infection control and safety practices.
4. Demonstrate understanding of the anatomy and physiology of body systems and anatomic terminology in order to relate major areas of the clinical laboratory to general pathologic conditions associated with the body systems.
5. Demonstrate the understanding of the importance of following standard operating procedure for specimen collection and specimen integrity in the delivery of patient care.
6. Demonstrate the knowledge of collection equipment, various types of additives used, special precautions necessary and substances that can interfere in clinical analysis of blood constituents.
7. Demonstrate proper techniques to perform venipuncture and capillary puncture.

WNCC's Phlebotomy Technician (PBT) and Medical Laboratory Assistant (MLA) Certificate of Completion program is a Limited-Entry Program with a Selective Admission Process. The program consists of a pre-clinical component and a clinical component. The pre-clinical component or qualifying courses is taught through didactic and student laboratory. Qualification courses must be completed with a Grade of "C"(GPA 2.00) or better to continue on for the clinical component of the program. Successful completion of both pre-clinical and clinical component will result in the awarding of a Certificate of Completion.



8. Demonstrate understanding of requisitioning, specimen transport and specimen processing.

9. Demonstrate understanding of proper Identification and reporting of potential pre-analytical errors that may occur during specimen collection, labeling, transporting and processing.

10. Demonstrate the proper technique to prepare blood and body fluid specimens for analysis according to standard operating procedures.

11. Demonstrate the proper technique to prepare/reconstitute reagents, standards and controls according to standard operating procedure.

12. Demonstrate the understanding of establishing quality control protocols to include maintenance and calibration of equipment.

13. Demonstrate understanding of quality assurance in phlebotomy, quality control and proficiency testing.

14. Demonstrate understanding of the basic concepts of communications, personal and patient interaction, stress management, professional behavior and legal implications of the work environment.

15. Demonstrate understanding of the CLIA waived laboratory tests, basic laboratory principles and techniques in major areas of the clinical laboratory at the clinical assistant level and according to standard operating procedures.

16. Demonstrate proper techniques to perform and record vital sign measurements.

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## Program Overview

WNCC's Phlebotomy Technician (PBT) and Medical Laboratory Assistant (MLA) Certificate of Completion program is a Limited-Entry Program with a Selective Admission Process. The program consists of a pre-clinical component and a clinical component. The pre-clinical component or qualifying courses is taught through didactic and student laboratory. 223 contact hours of classroom and or on-line training, consisting of but not limited to anatomy and physiology of the circulatory system, accessioning, specimen collection, specimen processing, specimen transportation and handling, basic laboratory techniques and operations and principles of CLIA waived laboratory tests. 109 contact hours of simulated laboratory consisting of hands-on training in the skill of blood collection methods using proper techniques and precautions including: vacuum collection devices, syringes, butterfly needles, capillary skin puncture and special phlebotomy collection procedures on adults, children and neonates; and CLIA waived laboratory examinations. Emphasis will be placed on infection prevention, patient identification, order of draw, proper labeling of specimens and quality assurance. Qualification courses

must be completed with a Grade of "C"(GPA 2.00) or better to continue on for the clinical component of the program.

The clinical component of the program is taught through didactic, student laboratory and clinical practicum/experiences. Students are required to complete a 225 contact hours of clinical rotation consisting of the following: 120 successful routine draws (vacuum collection devices, syringe or butterfly methods) including STATs, ASAPs, etc; 10 successful timed draws (GTT, TDM, etc.); 10 successful blood culture draws; 25 successful skin punctures; and 8 hours Orientation in a full-service laboratory (including specimen processing). Concurrently with clinical rotations, 60 contact hours



of classroom and or on-line consisting of transportation and handling of hazardous materials and emphasis will be place on quality control and proficiency testing, and to give an opportunity to discuss practical learning and clarify variances if encountered. The students will also take a weekly comprehensive review practice exams and case studies in preparation for the national certification examination.

Students are admitted into the program in the summer semester. The program can be completed in three (3) semesters Successful completion of both pre-clinical and clinical component will result in the awarding of a Certificate of Completion. Upon completion, graduate is eligible to sit for national certification through the American Society of Clinical Pathologists (ASCP), or American Medical Technologist (AMT), and or National Healthcareer Association (NHA) as a Phlebotomy Technician PBT (ASCP/AMT/NHA) and or Medical Laboratory Assistant (AMT/NHA); and may qualify for employment as phlebotomist or medical laboratory assistant in hospital laboratories, clinics, physicians' offices, and other health care settings.

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## Program Approvals, Affiliations & Memberships

The Higher Learning Commission of the North Central Association accredits Western Nebraska Community College. Inquiries regarding WNCC accreditation may be directed to the HLC by letter at 30 North LaSalle Street, Suite 2400, Chicago, IL 60602-2504; or by phone at (312) 263-0456.

The Phlebotomy Technician & Medical Laboratory Assistant Program of WNCC is an approved structured program by ASCP, and is currently seeking an approval from the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS.) “The purpose of the program approval is to identify educational programs that are structured to assure that graduates possess stated career entry level competencies.”<sup>1</sup> The program is also an approved affiliate of National Healthcareer Association (NHA) and an education member of the Clinical Laboratory Standards Institute. Approval, affiliation and membership from these organizations assure students that they will be provided with a quality education.



### **National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)**

5600 N. River Rd, Suite 720, Rosemont, IL 60018-5119

Tel: (773) 714-8880 Fax: (773) 714-8886 Website: [www.naacls.org](http://www.naacls.org)



### **American Society for Clinical Pathology (ASCP) Board of Certification**

33 W Monroe Street, Suite 1600, Chicago, IL 60603

Tel: (312) 541-4979 Fax: (312) 541-4998 Website: [www.ascp.org](http://www.ascp.org)



### **National Healthcareer Association (NHA)**

7500 West 160th St. Stilwell, KS 66085

Tel: (800) 499-9092 Fax: (913) 661-6291 Website: [www.nhanow.com](http://www.nhanow.com)

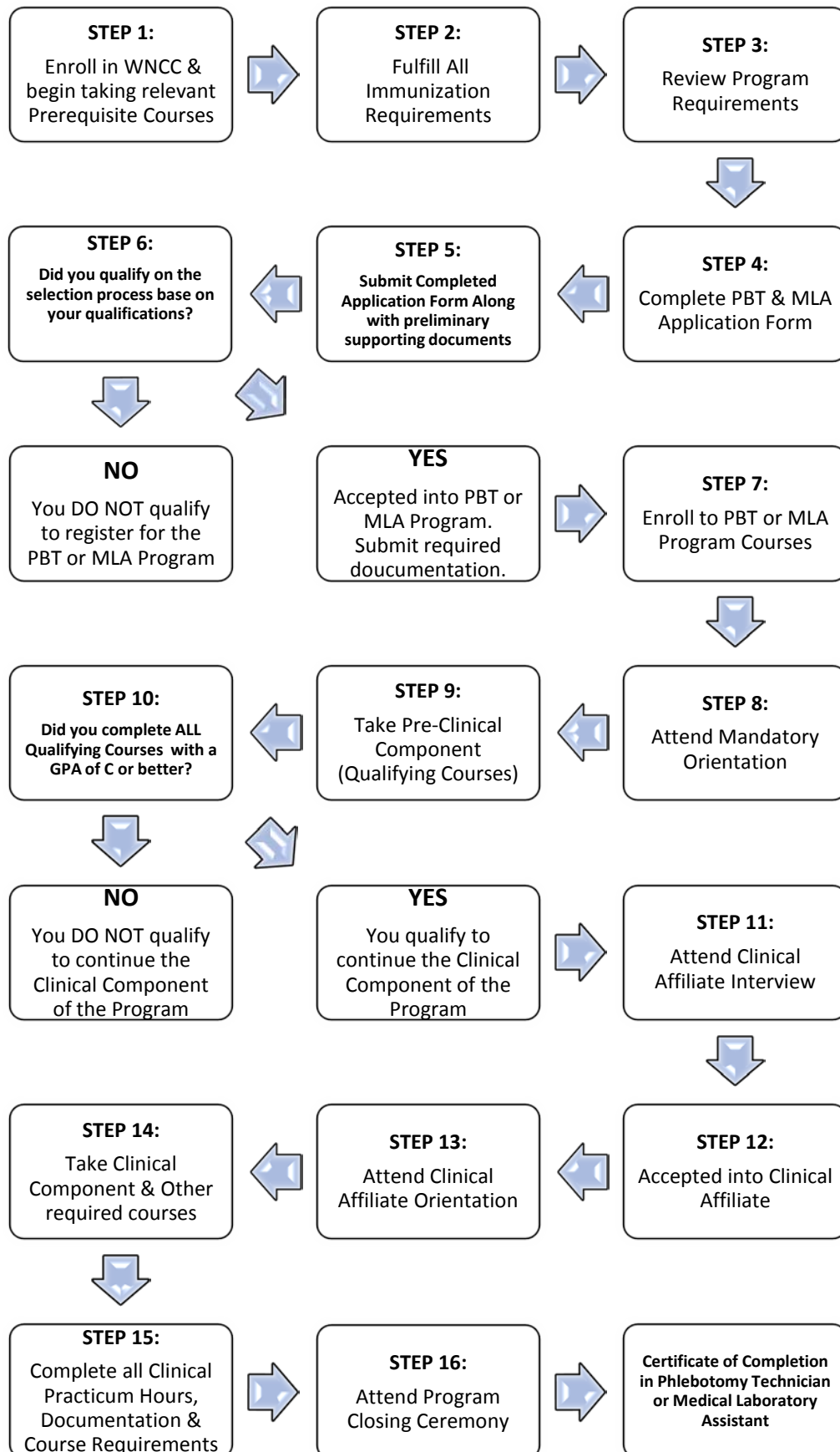


### **Clinical Laboratory Standards Institute (CLSI)**

940 West Valley Road, Suite 1400, Wayne, PA 19087

Tel: (610) 688-0100 Fax: (610) 688-0700 Website: [www.clsi.org](http://www.clsi.org)

# Program Process



# Program of Study

## Phlebotomy Technician Program

Course Number	Course Title	Credits
<b>Prerequisites</b>		
HLTH-1090	CPR-Healthcare Provider	0.5
	Physiology & Anatomy Options	
BIOS-1160	Option A: Human Anatomy & Physiology	2
LPNR-1110	Option B: Body Structure and Function	2
NURA-1190	Option C: Basic Nursing Assistant Training	4
HLTH-1060	Medical Terminology	2
<b>Summer Semester (Pre-Clinical Courses)</b>		
ALHL-1005	Introduction to Clinical Laboratory	2
	<b>Total Summer Semester Credits</b>	<b>2</b>
<b>Fall Semester (Pre-Clinical Courses)</b>		
ALHL-1050	Introduction to Phlebotomy	2
ALHL-2050	Advanced Phlebotomy	3
	<b>Total Fall Semester Credits</b>	<b>5</b>
<b>Spring Semester (Clinical Courses)</b>		
ALHL-2040	Phlebotomy Clinical Practicum and Comprehensive Review	3.5
	<b>Total Spring Semester Credits</b>	<b>3.5</b>
<b>TOTAL CREDIT HOURS</b>		<b>10.5</b>

## Medical Laboratory Assistant Program

Course Number	Course Title	Credits
<b>Prerequisites</b>		
HLTH-1090	CPR-Healthcare Provider	0.5
	Physiology & Anatomy Options	
BIOS-1160	Option A: Human Anatomy & Physiology	2
LPNR-1110	Option B: Body Structure and Function	2
NURA-1190	Option C: Basic Nursing Assistant Training	4
HLTH-1060	Medical Terminology	2
<b>Summer Semester (Pre-Clinical Courses)</b>		
ALHL-1005	Introduction to Clinical Laboratory	2
	<b>Total Summer Semester Credits</b>	<b>2</b>
<b>Fall Semester (Pre-Clinical Courses)</b>		
ALHL-1051	Basic Laboratory Techniques	4
ALHL-1050	Introduction to Phlebotomy	2
ALHL-2050	Advanced Phlebotomy	3
	<b>Total Fall Semester Credits</b>	<b>9</b>
<b>Spring Semester (Clinical Courses)</b>		
SFTX-1220	Transportation and Shipping of Hazardous Material	2
ALHL-1052	Basic Quality Control and Proficiency Testing	2
ALHL-2055	Medical Laboratory Assistant Clinical Practicum and Comprehensive Review	4
	<b>Total Spring Semester Credits</b>	<b>8</b>
<b>TOTAL CREDIT HOURS</b>		<b>19</b>

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# Program Course Descriptions

## Prerequisite Courses

### **HLTH-1090            CPR-Healthcare Provider**

This course is designed for healthcare providers and any other interested individuals. Individuals will learn two-man rescue and one-man rescue. Individuals will learn signs and symptoms of heart attacks, strokes and choking. The course prepares individuals to perform CPR and the Heimlich maneuver for infants, children and adults. The American Heart Association standards are followed.

### **BIOS-1160            Human Anatomy and Physiology (AP Option A)**

This is an introductory course in human body structure and function. Emphasis is placed on anatomy, with attention also given to physiology, as related to the ten body systems.

### **LPNR-1110            Body Structure and Function (AP Option B)**

This course is planned to give the student a working knowledge of body structure and function from the cell to all body systems.

### **NURA-1190            Basic Nursing Assistant Training (AP Option C)**

This course is designed to instruct students in becoming Basic Nursing Assistants. The course provides essential knowledge and skill to provide basic care and skills to resident/clients of healthcare facilities; including such topics as resident rights, communication, safety, observation, reporting and assisting resident /clients in maintaining basic comfort and safety. It is designed to meet the training requirements of the federal and Nebraska state law for nursing assistants working in licensed facilities.

### **HLTH-1060            Medical Terminology**

This course gives the student a basic knowledge of medical terms used in the health profession. The format presents terminology within the context of root words and use of prefixes and suffixes. It is designed to stimulate the student thinking process including proper use and pronunciation of medical terms.

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# Program Course Descriptions

## Pre-Clinical Courses

### **ALHL-1005 Introduction to Clinical Laboratory**

The course will provide an overview of the clinical laboratory testing process by following a specimen from collection through the reporting of laboratory results.

### **ALHL-1051 Basic Laboratory Techniques**

Students will learn the background and scope of waived testing, quality issues identified in waived testing, and recommendations for improving the quality of waived testing.

### **ALHL-1050 Introduction to Phlebotomy**

The course will provide basic instruction on techniques, procedures, and issues pertaining to the proper collection of blood specimens for routine clinical laboratory testing.

### **ALHL-2050 Advanced Phlebotomy**

This course will provide advanced instruction on different types of specimen collection containers, difficult draws, patient complications, arterial draw, unusual tests, specimen processing, non blood specimens, quality assurance and legal issues.

## Clinical Courses

### **SFTX-1220 Transportation and Shipping of Hazardous Material**

This course is designed for health care employees who handle Dangerous Goods. Shipping dangerous Goods involves certain risks, with the potential for liabilities both criminal and civil. Students will learn proper and compliant procedures that can reduce the risks.

### **ALHL-1052 Basic Quality Control and Proficiency Testing**

This course is a concise and comprehensive introduction to statistical quality control which is the backbone of the laboratory. The basics of proficiency testing are emphasized throughout the course.

### **ALHL-2040 Phlebotomy Clinical Practicum and Comprehensive Review**

This course is designed for students who are seeking to complete the Phlebotomy certification. The course is divided into two parts. The course will begin in supervised clinical experience in a hospital and or phlebotomy setting and an in-depth review for Phlebotomy Technician Certification/Examination will follow.

### **ALHL-2055 Med Lab Assistant Clinical Practicum and Comprehensive Review**

This course is designed for students who are seeking to complete the Medical Laboratory Assistant certification. The course is divided into two parts. The course will begin in supervised clinical experience in a clinical laboratory setting and an in-depth review for Medical Laboratory Assistant Certification/Examination will follow.

# Program Curriculum Information

ALHL-1005

Introduction to Clinical Laboratory (2 Credits)

33 Lecture hours + 0 Laboratory hours = 33 Classroom hours

Week	Module/Course Content	Method	Lecture Hrs	Lab Hrs
1	The Clinical Laboratory & Healthcare System	Lecture MTS On-Line Training	3	0
2	The Clinical Laboratory: Personnel & Regulatory Frame Work	Lecture Quiz 1	3	0
3	The Clinical Laboratory Testing Process and Quality Systems	Lecture	3	0
4	The Clinical Laboratory Services	Lecture Quiz 2	3	0
5	Safety in the Clinical Laboratory	Lecture MTS On-Line Training Quiz 3	3	0
	Midterm Examination	Written Examination	2	0
6	Laboratory Safety: Physical and Chemical Hazards	Lecture MTS On-Line Training	3	
7	Laboratory Safety: Biological Hazards	Lecture MTS On-Line Training Quiz 4	3	0
8	Systems of Measurement, Laboratory Equipment and Reagents	Lecture	3	0
9	The Microscope	Lecture Quiz 5	3	0
10	Laboratory Mathematics & Solution Preparation	Lecture	3	
11	Laboratory Information System	Lecture Quiz 6	3	
	Final Examination	Written Examination	2	
<b>TOTAL LECTURE HOURS</b>				-
<b>TOTAL LABORATORY HOURS</b>				0
<b>TOTAL CLASSROOM HOURS</b>			33	

# Program Curriculum Information

ALHL-1051

Basic Laboratory Techniques (4 Credits)

40 Lecture hours & 50 Laboratory hours = 90 Classroom hours

Week	Module/Course Content	Method	Lecture Hrs	Lab Hrs
1	Basic Urinalysis <ul style="list-style-type: none"> <li>• Introduction to Urinalysis</li> <li>• Collection &amp; Preservation</li> <li>• Physical Examination</li> <li>• Chemical Examination</li> <li>• Urine HCG Test</li> </ul>	Lecture Quiz 1 Lab Hands-On Procedure	4	5
2	Basic Hematology 1 <ul style="list-style-type: none"> <li>• Introduction to Hematology</li> <li>• Hematocrit Determination</li> <li>• Hemoglobin Determination</li> </ul>	Lecture Lab Hands-On Procedure	4	5
3	Basic Hematology 2 <ul style="list-style-type: none"> <li>• Preparing &amp; Staining A Blood Smear</li> <li>• ESR</li> </ul>	Lecture Lab Hands-On Procedure Quiz 2	4	5
4	Basic Hemostasis <ul style="list-style-type: none"> <li>• Principles of Hemostasis</li> <li>• Disorders of Hemostasis</li> <li>• Bleeding Time</li> <li>• Prothrombin Time</li> </ul>	Lecture Quiz 3 Lab Hands-On Procedure	4	5
5	Midterm Examination	Written Examination	2	5
	Basic Clinical Chemistry <ul style="list-style-type: none"> <li>• Introduction to Clinical Chemistry</li> <li>• Specimen Collection &amp; Processing</li> <li>• Instrumentation in POLs</li> </ul>	Lecture Lab Hands-On Procedure	4	5
6	Basic Clinical Chemistry <ul style="list-style-type: none"> <li>• Blood Glucose &amp; HbA1c POCT</li> <li>• Blood Cholesterol &amp; Triglycerides POCT</li> <li>• Electrolytes</li> </ul>	Lecture Quiz 4 Lab Hands-On Procedure	4	5
7	Basic Immunology <ul style="list-style-type: none"> <li>• Introduction to Immunology</li> <li>• Introduction to Immunohematology</li> <li>• Infectious Mononucleosis</li> </ul>	Lecture Quiz 5 Lab Hands-On Procedure	4	5
8	Basic Microbiology <ul style="list-style-type: none"> <li>• Introduction to Microbiology</li> <li>• Public Health Threats I: Emerging Infectious Diseases</li> <li>• Public Health Threats II: Biological Agents and Bioterrorism</li> </ul>	Lecture Lab Hands-On Procedure	4	5
9	Basic Microbiology <ul style="list-style-type: none"> <li>• Culture Techniques for Bacteria</li> <li>• Preparing &amp; Gram Staining A Bacterial Smear</li> <li>• Throat Culture &amp; Rapid Strep A</li> <li>• Laboratory Detection of Sexually Transmitted Diseases</li> </ul>	Lecture Quiz 6 Lab Hands-On Procedure	4	5
10	Basic Microbiology <ul style="list-style-type: none"> <li>• Fecal Occult Blood</li> <li>• Introduction to Parasitology</li> <li>• Collecting and Processing Specimens for parasite examination</li> <li>• Microscopic methods of detecting intestinal parasites</li> <li>• Preparing and staining smears for blood parasites</li> </ul>	Lecture Quiz 7 Lab Hands-On Procedure	4	5
	Final Examination	Written Examination	2	5
<b>TOTAL LECTURE HOURS</b>			40	-
<b>TOTAL LABORATORY HOURS</b>				50
<b>TOTAL CLASSROOM HOURS</b>			90	

# Program Curriculum Information

ALHL-1050

Introduction to Phlebotomy (2 Credits)

30 Lecture hours & 15 Laboratory hours = 45 Classroom hours

Week	Module/Course Content	Method	Lecture Hrs	Lab Hrs
1	Phlebotomy Practice and Quality Assessment	Lecture Workbook Exercises	2.5	
2	Communication, Computerization and Documentation Part 1	Lecture Workbook Exercises Quiz 1	3	
3	Communication, Computerization and Documentation Part 2	Lecture Workbook Exercises	2.5	
4	Professional Ethics, Legal, and Regulatory Issues	Lecture Workbook Exercises Quiz 2	3	
5	Infection Control	Lecture Workbook Exercises Lab Procedure	2	3
	Midterm Examination	Written Examination	2	
6	Safety and First Aid	Lecture MTS On-Line Training Workbook Exercises Lab Procedure Quiz 3	3	3
7	Pre-Analytical Complications Causing Medical Errors in Blood Collection	Lecture Video Presentation 3 Workbook Exercises	2	
8	Specimen Handling, Transportation, and Processing	Lecture MTS On-Line Training Lab Procedure Workbook Exercises Quiz 4	3	3
9	Urinalysis, Body Fluids, and Other Specimens	Lecture Lab Procedure Workbook Exercises	2	3
10	Drug Use, Forensic Toxicology, Workplace Testing	Lecture Lab Procedure Workbook Exercises Quiz 5	3	3
	Final Examination	Written Examination	2	
<b>TOTAL LECTURE HOURS</b>			30	-
<b>TOTAL LABORATORY HOURS</b>				15
<b>TOTAL CLASSROOM HOURS</b>			45	

# Program Curriculum Information

ALHL-2050

Advanced Phlebotomy (3 Credits)

30 Lecture hours & 40 Laboratory hours = 70 Classroom hours

Week	Module/Course Content	Method	Lecture Hrs	Lab Hrs
1	Medical Terminology	Lecture Workbook Exercises	2	
2	Anatomy & Physiology of Organ System 1	Lecture Workbook Exercises Quiz 1	2	
3	Anatomy & Physiology of Organ System 2	Lecture Workbook Exercises	2	
4	The Cardiovascular and Lymphatic System	Lecture Workbook Exercises Quiz 2	2	
5	Blood Collection Equipments	Lecture Workbook Exercises Lab Procedure	2	5
	Midterm Examination	Written & Lab Examination	2	5
6	Venipuncture Procedure	Lecture & Demo Video Presentation 1 MTS On-Line Training Workbook Exercises Quiz 3 Lab Hands-On Procedure	4	5
7	Capillary Blood Specimens	Lecture & Demo Video Presentation 2 MTS On-Line Training Workbook Exercises Lab Hands-On Procedure	4	5
8	Pediatric and Geriatric Procedures	Lecture & Demo Video Presentation 5 MTS On-Line Training Workbook Exercises Quiz 4 Lab Hands-On Procedure	3	5
9	Arterial, Intravenous (IV), and Special Collection Procedures	Lecture & Demo Video Presentation 4 Workbook Exercises Lab Hands-On Procedure	3	5
10	Point of Care Collections	Lecture Workbook Exercises Quiz 5 Lab Hands-On Procedure	2	5
	Final Examination	Written Examination Practical Lab Examination (Hands on with Patients)	2	5
<b>TOTAL LECTURE HOURS</b>			30	-
<b>TOTAL LABORATORY HOURS</b>				40
<b>TOTAL CLASSROOM HOURS</b>			70	

# Program Curriculum Information

**SFTX-1220      Transportation and Shipping of Hazardous Material (2 Credits)**  
**30 Lecture hours & 4 Laboratory hours = 34 Classroom hours**

<b>Week</b>	<b>Module/Course Content</b>	<b>Method</b>	<b>Lecture Hrs</b>	<b>Lab Hrs</b>
<b>1</b>	Applicability & Limitations	Lecture	3	0
<b>2</b>	Classification & Identification	Lecture Quiz 1	3	0
<b>3</b>	Selecting Proper Packaging	Lecture	3	0
<b>4</b>	Marking & Labeling	Lecture & Demo Quiz 2	3	2
	Midterm Examination	Written Examination	3	0
<b>5</b>	Shipping with Dry Ice & Overpacks	Lecture	3	0
<b>6</b>	Documentation	Lecture & Demo Quiz 3	3	2
<b>7</b>	Transport Operations	Lecture	3	0
<b>8</b>	Emergency Response	Lecture Quiz 4	3	0
	Final Examination	Written Examination	3	0
<b>TOTAL LECTURE HOURS</b>			<b>30</b>	<b>-</b>
<b>TOTAL LABORATORY HOURS</b>			<b>-</b>	<b>4</b>
<b>TOTAL CLASSROOM HOURS</b>			<b>34</b>	

# Program Curriculum Information

ALHL-1052

Basic Quality Control and Proficiency Testing (2 Credits)

30 Lecture hours + 0 Laboratory hours = 30 Classroom hours

Week	Module/Course Content	Method	Lecture Hrs	Lab Hrs
1	Quality Control for the Laboratory	Lecture	2	0
2	Quality Control Related Process	Lecture Quiz 1	3	0
3	Quality Control Policies & Procedure	Lecture	2	0
4	Statistics of Quality Control	Lecture Quiz 2	3	0
5	Performing Quality Control	Lecture	2.5	0
	Midterm Examination	Written Examination	2	0
6	Reviewing Quality Control	Lecture	2	0
7	Quality Control Corrective Action, Documentation & Quality Assessments	Lecture Quiz 3	3	0
8	Proficiency Testing	Lecture	2.5	0
9	Reviewing Proficiency Testing Results	Lecture Quiz 4	3	0
10	Proficiency Testing Corrective Actions	Lecture	2	0
	Final Examination	Written Examination	3	0
<b>TOTAL LECTURE HOURS</b>			30	-
<b>TOTAL LABORATORY HOURS</b>			-	0
<b>TOTAL CLASSROOM HOURS</b>			30	

# Program Curriculum Information

**ALHL-2040      Phlebotomy Clinical Practicum and Comprehensive Review (3.5 Credits) 30 Lecture hours + 0 Laboratory hours = 30 Classroom hours and 120 Total Practicum Hours**

Week	Module/Course Content	Method	Lecture Hrs	Lab Hrs
1	Phlebotomy Practice and Quality Essentials Communication, Computerization and Documentation	Clinical Practicum Practice Examination	2.5	0
2	Professional Ethics, Legal, and Regulatory Issues Infection Control, Safety and First Aid	Clinical Practicum Practice Examination	2.5	0
3	Medical Terminology, Anatomy & Physiology of Organ System	Clinical Practicum Practice Examination	2.5	0
4	The Cardiovascular and Lymphatic System	Clinical Practicum Practice Examination	2.5	0
5	Blood Collection Equipments and Pre-Analytical Complications Causing Medical Errors in Blood Collection	Clinical Practicum Practice Examination	2.5	0
	Midterm Examination	Written Examination	2	0
6	Venipuncture Procedure & Capillary Blood Specimens	Clinical Practicum Practice Examination	3	0
7	Specimen Handling, Transportation, and Processing Pediatric and Geriatric Procedures	Clinical Practicum Practice Examination	2.5	0
8	Arterial, Intravenous (IV), and Special Collection Procedures; Point of Care Collections	Clinical Practicum Practice Examination	2.5	0
9	Urinalysis, Body Fluids, and Other Specimens Drug Use, Forensic Toxicology, Workplace Testing	Clinical Practicum Practice Examination	2.5	0
10	Final Paper & Poster Presentation	Oral Examination	2	0
	Final Examination	Written Examination	3	
<b>TOTAL LECTURE HOURS</b>			30	-
<b>TOTAL LABORATORY HOURS</b>			-	0
<b>TOTAL CLASSROOM HOURS</b>			30	
<b>TOTAL CLINICAL PRACTICUM HOURS</b>			200	

# Program Curriculum Information

ALHL-2055

**Medical Laboratory Assistant Clinical Practicum and Comprehensive Review (3.5 Credits) 30 Lecture hours + 0 Laboratory hours = 30 Classroom hours and 200 Total Practicum Hours**

Week	Module/Course Content	Method	Lecture Hrs	Lab Hrs
1	Chemistry	Clinical Practicum Practice Examination	2.5	0
2	Hematology & Coagulation	Clinical Practicum Practice Examination	2.5	0
3	Immunology & Serology	Clinical Practicum Practice Examination	2.5	0
4	Microbiology	Clinical Practicum Practice Examination	2.5	0
5	Urinalysis & Microscopy	Clinical Practicum Practice Examination	2.5	0
6	Midterm Examination	Written Examination	2	0
7	Phlebotomy	Clinical Practicum Practice Examination	3	0
8	Patient Test Management & Specimen Collection	Clinical Practicum Practice Examination	2.5	0
9	Legal, Ethical, Confidential & Professional Considerations, HIPAA, Safety Standards, Procedures & OSHA Regulations	Clinical Practicum Practice Examination	2.5	0
10	Medical Terminology, Anatomy & Physiology	Clinical Practicum Practice Examination	2.5	0
11	Final Paper & Poster Presentation	Oral Examination	2	0
12	Final Examination	Written Examination	3	
<b>TOTAL LECTURE HOURS</b>			30	-
<b>TOTAL LABORATORY HOURS</b>			-	0
<b>TOTAL CLASSROOM HOURS</b>			30	
<b>TOTAL CLINICAL PRACTICUM HOURS</b>			200	

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# Admission Process to the Phlebotomy Technician and Medical Laboratory Assistant Program

The following step must be completed prior to completing the “Intent to Apply” to the program. A prospective student must have:

1. WNCC Registration Form and PBT & MLA Application Form completed and returned to the reception area at the WNCC Harms Center.
2. Completed eCOMPASS Basic Skills Assessment and must meet minimum cut-off scores.
3. Copy of High School Transcript or GED Test Scores and or copy of official transcript from all colleges or schools attended since high school (these will be reviewed for possible transfer credit)
4. 18 years of age
5. Copy of Driver’s License
6. For High School Career Academy Students:
  - a. Must be a high school junior or senior
  - b. Must be 17 years old
  - c. Must have transportation to and from classes and clinical rotation sites
  - d. Must complete a High School Career Academy application and be selected to participate

## Minimum Admission Requirements

### 1. eCOMPASS Basic Skills Assessment

To be considered eligible to apply to the program, all applicants must meet the minimum cut-off score on the eCOMPASS Basic Skills Assessment Test\*. Contact the WNCC local campus to schedule an appointment to take the eCOMPASS assessment.

Scottsbluff Campus  
800-348-4435

Sidney Campus  
800-222-9682

Alliance Campus  
888-559-9622

\*eCOMPASS requirement is waived for students who already possess a college degree from an accredited higher education institution. Official transcripts verifying the degree must be received by the Registrar’s Office prior to enrollment.

\*Students are exempt from taking eCOMPASS or taking parts of eCOMPASS if the ACT or SAT score meets or exceeds the criteria listed at the eCOMPASS (ACT/SAT) Parameter Table. To claim the exemption, the student must verify that WNCC has received a copy of the test results. The test results can be submitted to the WNCC Registrar either as an official test copy or an official high school transcript listing the ACT or SAT scores.

If the applicant scores less the minimum cut-off scores on the eCOMPASS Test, he/she will be required to complete the essential sequence of developmental courses. If the student completes all of the required remedial courses with a grade of “C” or higher prior to the application deadline

date and meets the other minimum requirement, he/she may be considered eligible to apply to the program.

eCOMPASS (ACT/SAT) Parameter Table				
<b>Writing Skills Assessment</b>				
LEVEL	eCOMPASS	ACT	SAT	COURSE RECOMMENDATION
1	0-27	1-14	<380	ACFS-0030W Basic Writing
<b>Reading Skills Assessment</b>				
LEVEL	eCOMPASS	ACT	SAT	COURSE RECOMMENDATION
1	0-54	1-13	<340	ACFS-0060R Basic Reading
<b>Pre-Algebra Skills Assessment</b>				
LEVEL	eCOMPASS	ACT	SAT	COURSE RECOMMENDATION
1	0-46	1-17	<360	Math-0160 Basic Mathematics

## 2. Phlebotomy & Medical Laboratory Assistant Selection Process

Applicants to the phlebotomy program are selected on a “best qualified” basis. The point system was implemented as an objective means for evaluating PBT & MLA applicants. PBT & MLA applicants will be ranked based upon points earned, and the students with the highest number of points will be selected. If two or more students have the identical point count total, the date that the PBT & MLA application form was submitted will be the determining factor.

After the application deadline the applicants are ranked in order of qualifications. Six (6) new students may be admitted to each program, Phlebotomy Technician Program and Medical Laboratory Assistant Program every Summer Semester. Phlebotomy applicants who are selected will be conditionally accepted in the program pending the submission of required documentation and review of a favorable medical report form provided by WNCC.

### Criteria for selecting PBT & MLA Applicants

Points	<b>Section A: College/High School/GED</b>			
	<i>If applicants has completed at least 12 semester hours (or equivalent) of college credit from a regionally accredited institution, the highest GPA will be used. If not, high school transcript GPA or GED scores will be used.</i>			
	College Cumulative GPA or	High School Cumulative GPA or	GED Total Score or	GED Total Score (before 2002)
1	2.0 to 4.9	2.0 to 4.9	2250 to 2349	225 to 234
2	2.5 to 2.99	2.5 to 2.99	2350 to 2449	235 to 244
3	3.0 to 3.49	3.0 to 3.49	2450 to 2549	245 to 254
4	≥3.5	≥3.5	≥2550	≥255
Points	<b>Section B: College coursework with grade of “C” or higher</b>			
	BIOS-1160 Human Anatomy & Physiology	LPNR-1110 Body Structure and Function	NURA-1190 Basic Nursing Assistant Training	HLTH-1060 Medical Terminology
6	C	C	C	C
8	B	B	B	B
10	A	A	A	A
Points	INFO-1098 Introduction to On-Line Learning	PSYC-1050 Introduction to Psychology	EMTL-1120 & 1130-EMT Basic 1 & 2	HIMS-1400 & HIMS- 2400 Disease Process 1 & 2
	6	C	C	C
8	B	B	B	B
10	A	A	A	A

Points	Section C: Documented Medical Experience <i>Previous health professional training or proof of current certifications from a regionally accredited institution</i>
2	First Aid and CPR
4	BNA, Med Aide, EMT, Medical Assistant
6	LPN, LPN-C, RN, Paramedic, Limited Radiographer, Medical Radiographer

## Notification Procedure

Six (6) new students may be admitted to each program, Phlebotomy Technician and Medical Laboratory Assistant program every summer semester. Students whose status is “alternate” are admitted to the program only if someone who was originally accepted, declines the offer of admission, or if someone who was originally accepted becomes disqualified (refer to disqualifying factors). If the applicants did not meet minimum requirements, was not accepted, or declined admission, he/she must re-apply the following semester.

The six (6) selected students for each program will be notified via mail and email when to complete the following requirements:

1. Medical Report (Physical Examination) completed by a doctor.
2. Documentation of all immunization and blood test results
  - a. Hepatitis B vaccination series (a minimum of the first of three injections)
  - b. Hepatitis B titer (if all three injections, above, have already been received)
  - c. Varicella titer
  - d. Rubella titer
  - e. Negative TB skin test or negative chest x-ray report (current for year)
  - f. 2 MMR (only 1 if born before 1957)
  - g. Tetanus (within last 10 years)
3. Health Insurance verification
4. Urine Drug Screen & Criminal Background Check
  - a. Urine drug screen and criminal background check is mandatory. Clinical sites/affiliates requires’ a Urine Drug Screen and Criminal Background Check prior to allowing students into the clinical rotation. **All associated fees will be the responsibility of the student.** Testing positive on the drug screen, or evidence of tampering with a specimen, will disqualify a student from participation from the clinical rotation. In addition, certain criminal activity, if reported in a criminal background check may also disqualify a student from clinical rotation. Please be aware that failure to participate in a clinical rotation based on either the drug screening or criminal background check will result in dismissal from the program. Students can access a criminal background check at Student Services Department.
5. Mandatory Orientation
 

The selected six (6) students for each program will be required to attend a mandatory orientation with the Phlebotomy Program Director. Failure to attend will result in forfeiture of PBT or MLA seat.

### 3. Essential Functions of a PBT and MLA Student

Successful students are those who are highly disciplined, self-motivated, self-reliant and capable of working independently. Essential functions, as distinguished from academic standards, refer to those physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum, as well as the development of professional attributes. The essential functions consists of minimal physical, cognitive, affective and emotional requirements to provide reasonable assurance that students can complete the entire course of study and participate fully in all aspects of clinical training.

The essential functions consists of minimal physical, cognitive, affective and emotional requirements to provide reasonable assurance that students can complete the entire course of study and participate fully in all aspects of clinical training.

#### **The Psychomotor Demands required includes:**

- Physical abilities to move about freely and maneuver in small spaces, stand and or walk for long periods, and access areas within the healthcare facility.
- Physical ability, including sufficient mobility and fine motor coordination, to manipulate phlebotomy equipment to safely collect and process patient specimens, maintain a safe, aseptic work environment, and accurately and safely operate a variety of laboratory equipment.
- Visual ability sufficient to discern colors and perform phlebotomy procedures.
- Visual ability to respond to messages from patients and staff.
- Ability to operate computers.

#### **The Cognitive Demands required includes:**

- Establish and maintain effective working relationships including working as a part of a team.
- Accurately remember and apply oral and written procedures.
- Maintains accurate records.
- Ability to organize one's work for completion in a timely manner.
- Ability to exercise critical thinking skills to solve problems.

#### **The Affective Demands required includes:**

- Interpersonal abilities sufficient to communicate in a professional, positive, tactful manner with patients, physician nurses, other health care and non-health care employees, and laboratory personnel.
- Emotional stability to allow professional interaction with patients and staff, to respect patient confidentiality, use reasonable judgment and accept responsibility for actions.
- Project a well-groomed, neat appearance.
- Ability to maintain patient confidentiality and to exercise ethical judgment, integrity, honesty, dependability, and accountability in the performance of one's laboratory responsibilities.
- Ability to perform laboratory procedures accurately and quickly even under stressful conditions.

- Ability to exercise independent judgment and to think logically in the performance of one's duties.
- Ability to assume responsibility for one's work.

Technical Standards (Core Performance Standards)	
Standard	Examples of Necessary Activities (Not all Inclusive)
Critical Thinking ability <b>sufficient for clinical judgment.</b>	Identify cause and effect relationship in actual and simulated clinical situations. Apply knowledge from lecture, laboratory and clinical areas.
Interpersonal abilities <b>sufficient to interact with co-workers, patients, families, and individuals from a variety of social emotional, cultural and intellectual backgrounds.</b>	Establish rapport with clients, families and colleagues
Communication abilities <b>sufficient for interaction with others in verbal and written forms</b>	Collect and document data. Explain procedures. Obtain and disseminate information relevant to patient care and work duties.
Physical abilities <b>sufficient to maneuver in small spaces and reach needed supplies</b>	Move around and within an exam room. Administer CPR
Gross and fine motor abilities <b>sufficient to provide safe and effective patient care.</b>	Move, calibrate, pass equipment and supplies including sharp instruments, manipulate collection tubes and equipment.
Auditory ability <b>sufficient to monitor and assess health needs.</b>	Hears patients, cries of distress, sound of instruments and equipment being properly utilized.
Visual ability <b>sufficient for phlebotomy, performance of procedures, and maintenance of environmental safety.</b>	Observes client responses such as skin color and facial expression. Read records. Observes color involved in specimen testing.
Tactile ability <b>sufficient for performance of phlebotomy procedures.</b>	Perform palpation techniques (venipuncture).
Emotional stability and mental alertness <b>in performing in the role of a phlebotomist</b>	Maintaining a calm and efficient manner in high stress/pressure situations with patients, staff, supervisors and colleagues.

*The Phlebotomy Technician and Medical Laboratory Assistant Program operates in compliance with the American with Disabilities Act and all other applicable State and Federal laws. The Program reserves the right to require the applicant to physically demonstrate any of the above skills. It is the responsibility of the applicant/student to notify the Program officials if there is any reason why the abilities/expectations described above cannot be met.*

#### 4. Disqualifying Factors

Students may be denied admission to the PBT & MLA Program for any of the following reasons:

- a. Physical or emotional health, which indicate impairment in the ability to provide safe medical care to the public.
- b. Conduct not in accordance with the standards of a Phlebotomist & Medical Laboratory Assistant:
  - i. Has given false information or has withheld material information;

- ii. Has been convicted of or pleaded guilty or nolo contendere to any crime which indicated that the individual is unfit or incompetent to work as a Phlebotomist or that the individual has deceived or defrauded the public;
- iii. Uses any drug to a degree that interferes with his or her fitness to practice Phlebotomy and Medical Laboratory Assistant;
- iv. Engages in conduct which endangers the public health.

## Estimated Cost of Attendance

	Cost
Tuition (In-State) per credit	77.00
Tuition (Out-of-State) per credit	91.00
Fees	15.00
High School Academy Tuition per credit	38.50
High School Academy Fees	7.50
PBT & MLA Laboratory Fees	45.00
Liability Insurance (Recommended)	varies
Books	
Required Books:	
Phlebotomy Essentials 5 <sup>th</sup> Edition	53.33
Phlebotomy Essentials Workbook 5 <sup>th</sup> Edition	27.26
Phlebotomy Exam Review 4 <sup>rd</sup> Edition	51.68
Palko's Medical Laboratory Procedures 3 <sup>rd</sup> Ed	86.79
Uniform	varies
Shoes (Closed Toe Shoes)	varies
Physical/Medical Examination	varies
Vaccinations and Blood Test (Titers)	varies
Drug Screen	varies
Criminal Background Check	varies
National Registry (Certification) Examination Fees	
PBT-American Society for Clinical Pathology	125.00
RPT-American Medical Technologists	85.00
CMLA-American Medical Technologists	95.00
CPT-National Healthcareer Association	105.00
CMLA-National Healthcareer Association	105.00
Student Membership Fee (Optional)	
American Society for Clinical Pathology	FREE
American Medical Technologists	5.00
American Society for Clinical Laboratory Science	30.00

*The following tuition, fees and other associated items are estimated cost at the time of publication. Please visit our website at [wncc.edu](http://wncc.edu) for current cost of attendance figures. The College reserves the right to change the schedule of tuition, fees and refunds without notice. Associated items are subject to change without prior notification.*

## Section III: Program Medical Information

### 1. Potential Risk for Students

Students entering the PBT or MLA programs are informed that certain risks are involved in health care. These risks include, but are not limited to: exposure and contact with infectious/communicable diseases, radiation or hazardous material, and/or physical injury. Should pregnancy occur during the course of study, the unborn child will also be exposed to these risks. Each student must complete and submit to the program director the *Disclosure of Exposure to Potential Health Risks and Waiver of Liability* form. (See appendix)

### 2. Physical Examination

As part of the entry requirements, students entering the PBT or MLA program must receive a physical examination with the results documented on the PBT & MLA Health History Questionnaire. The examination may be performed by a medical doctor (MD), a doctor of osteopathic medicine (DO), physician's assistant (PA), or a nurse practitioner (NP).

Students entering the PBT or MLA programs are informed that certain risks are involved in health care. These risks include, but are not limited to: exposure and contact with infectious/communicable diseases, radiation or hazardous material, and/or physical injury.

### 3. Special Considerations in the Clinical Facility

Students must notify the appropriate instructor/supervisor of any existing health conditions that may warrant special consideration in the clinical setting: e.g., exposed herpetic lesions, temperature exceeding 100.2 degrees, physical injury or conditions transmitted via close contact such as rubella, measles, mumps, tuberculosis, etc. Failure to notify the appropriate instructor/supervisor may result in disciplinary action. It is the instructor's responsibility to notify the program director.

### 4. Background Check

Program clinical affiliate sites require each student to submit to a background check. Upon acceptance into the program, the student will be given instruction on how to submit the information for the background check. Following assignment to a clinical facility, the facility will review the background and decide to accept or reject the student for assignment to their facility. If the student is rejected, the program director will attempt to make alternate placement at another clinical facility. The student will be given the opportunity to plead his/her case before the Human Resources Department at the facility that rejected the student for placement. If the program is not able to successfully place the student for clinical experience, this may jeopardize the student's opportunity to complete the program and the student may be advised to withdraw.

## Substance Abuse

WNCC is committed to protecting the safety, health, and well-being of its students, faculty and staff, and the patients and employees of our affiliate institutions/agencies. Recognizing that drug and alcohol abuse pose a threat to this goal, WNCC's Division of Workforce Development is committed to assuring a drug-free working and learning environment. Therefore, the use of intoxicants in violation of WNCC policy, and state law; the use of illegal drugs as defined by state and federal law; or the use of controlled substances without a legal prescription is prohibited.

In order to participate in the clinical education component of the curriculum, students enrolled in PBT or MLA program clinical courses are subject to a drug and alcohol screen. Any student who violates the substance abuse policy will be subject to discipline up to and including removal from the program. Each student must complete and submit to the program director the *Substance Abuse Policy Release* form. (See appendix)

### 5. Drug and Alcohol Testing

#### ***Use of Prescription Drugs***

In the event a student is under the care of a physician and is taking a prescribed medication which might impair his/her ability to perform a job, the student must notify his/her instructor in advance of starting clinical work. It is at the instructor's/preceptor's discretion as to whether the student may continue to perform the normal assignment or be assigned non-safety-sensitive duties (if appropriate). Controlled substances taken by a student must be by authorized prescription approved by the FDA.

#### ***Pre-Placement Testing***

Each student enrolled in PBT or MLA program will be subject to a mandatory pre-clinical placement urine drug screening. A student who refuses to submit to pre-clinical placement testing or refuses to sign the release form will not be eligible to participate in clinicals. Pre-clinical testing, which is subject to change, currently includes screening for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, methadone, opiates, oxycodones, phencyclidine, propoxyphene, and adulterants.

“the use of intoxicants in violation of WNCC policy and State law; the use of illegal drugs as defined by State and Federal law; or the used of controlled substance without a legal prescription is prohibited”.



If a student's pre-clinical test is positive for any illegal or controlled substance without a legal prescription, or adulterants, as outlined below, he/she will not be permitted to commence, participate in or complete the clinical experience. Participation in and completion of clinical assignments are required for health program courses. A student who tests positive for any illegal substance, controlled substance without a legal prescription, or alcohol in excess of the legal limit will not be permitted to commence or remain in clinical courses.

To ensure excellence in quality and accuracy, a laboratory is selected and designated by WNCC, Division of Workforce Development to perform the drug and alcohol testing. This laboratory is currently MEDTOX. The cost of all drug screenings and collection fees is the responsibility of the student.

A special group rate is contracted between MEDTOX, Western Pathology Consultants Inc. (WPCI), Morrill County Community Hospital (MCCH) and WNCC. For the mandatory pre-clinical screening, the student goes to WPCI or MCCH to have the test performed. A urine sample is collected at the designated laboratory, and the specimen is tested. If the sample yields a positive result, that same sample is retested by the same laboratory using a different methodology, and then the remainder of the sample is frozen and retained for twelve months. If a positive test result is confirmed in this manner, the positive result is sent by the laboratory to an impartial third party medical review officer to determine whether or not he/she has a legal prescription for the drug or some other legitimate reason for testing positive. The medical review officer then faxes a dispositive report to the PBT & MLA Program Director within about three days. If the final result is positive, the program director will contact the student and request that he/she withdraw from the program. Repeat testing is not permitted unless the medical review officer has reason to believe the results or the process was compromised through no fault of the student.

#### ***Optional Second Opinion Procedure for Pre-Placement Testing***

In order to provide students with the opportunity to receive a "second opinion" after receiving a positive test result during the testing process, students may, at their own expense, request a second opinion from a different laboratory. This process must be requested by the student through the medical review officer when he/she makes the initial contact notifying the student of a positive test result. The medical review officer makes the request on behalf of the student to the laboratory performing the initial test. The student must inform the medical review officer which laboratory will be rendering the second opinion, and is responsible for all associated costs. The student will have 72 hours from the medical review officer's initial contact to provide all necessary information, execute all required documents, and make all arrangements for payment in order to obtain the second opinion. The second opinion results will be forwarded directly by the laboratory to the medical review officer, who will then prepare and forward a report to the program director for action. Second opinion results will be reported based on analysis of the initial sample.

A student's failure to otherwise cooperate with the medical review officer in order to obtain a second opinion will result in WNCC's adoption of the original test result. In the case of the laboratory's or medical review officer's failure to render a second opinion through no fault of the student, WNCC will permit the student, upon showing satisfactory proof of such failure, to order a third opinion from the laboratory of his/her choice using the original sample retained by the original laboratory. Students who

fail to request and receive a second opinion may not subsequently contest a positive test result as a basis for grade appeal, program removal appeal, or readmission to the program.

### ***Random Testing***

- 1) Clinical sites: When the clinical instructor or the affiliate institution/agency has a reasonable suspicion that a student is under the influence of a drug and/or alcohol, a blood test, urine test, “Breathalyzer” ,or other appropriate diagnostic test will be conducted on-site immediately at the student’s own expense. In this case, a second opinion option for positive test results for the student may not be available. By participating in the clinical experience at such a site, the student agrees to accept the site’s laboratory results without recourse to a second opinion. Refusal to cooperate in the collection procedure, refusal to take the test or a positive test result will render the student ineligible to continue the clinical experience.
- 2) Classroom/laboratory: If the student is on WNCC premises and an instructor has a reasonable suspicion that the student is under the influence of a drug and or alcohol, the student will be directed immediately to the designated laboratory, at his/her own expense, for appropriate diagnostic testing.

“Reasonable suspicion” or other reason to order a student to take a drug and alcohol test (outside of the mandatory pre-clinical test) shall be documented by the instructor or clinical affiliate’s representative and provided to the Program Director for review within 3 days of the student’s test. “Reasonable suspicion” is defined as a belief that a student is using, or has used, drugs or alcohol in violation of our policies based on specific objective facts that can be clearly described, and reasonable inferences may be made from those facts. Such facts and reasonable inferences include, but are not limited to:

A student whose pre-clinical test is inexcusably positive for any screened substance, will not be able to commence, participate in or complete that clinical experience and will be asked to voluntarily withdraw from the clinical experience.

1. Physical symptoms or manifestations of being under the influence of a drug or alcohol while at school or at the clinical site;
2. The direct observation of drug or alcohol use while at school or at the clinical site;
3. A report of drug or alcohol use while at school or at the clinical site provided by reliable and credible sources; or
4. Evidence that a student is involved in the use, possession, sale, solicitation or transfer of drugs while at school or at the clinical site.

### ***Consequences of Drug and Alcohol Abuse***

A student whose pre-clinical test is inexcusably positive for any screened substance, will not be able to commence, participate in or complete that clinical experience and will be asked to voluntarily withdraw from the clinical experience. Any student who violates the substance abuse policy will be subject to discipline up and including removal from the program.

A student participating in a clinical experience who is ordered to take a diagnostic test, and subsequently refuses or fails to take such test, or whose test results are inexcusably positive, will be asked to voluntarily withdraw from the clinical experience. Should the student refuse, he/she will be

immediately removed from the clinical experience. Any student who violates the substance abuse policy will be subject to discipline up and including removal from the program.

## **7. Confidentiality**

Only those persons authorized to receive results from the laboratory will be allowed to discuss the results. Faculty and Program Officials within the Division of Workforce Development will be notified of the results on a limited need-to-know basis. No test results will appear in a student's file. Information of this kind will be kept in a group file secured in one location within the Division of Workforce Development.

*Each student is responsible for presenting to his/her program director evidence of non-infectivity to tuberculosis while enrolled in the PBT & MLA program. Methods in which this may be accomplished vary with each student.*

## **8. Guidelines for Infection Control and Safety**

### ***Immunizations and TB Skin Tests***

State of Nebraska law requires the protection of students at high risk for exposure to vaccine preventable diseases. Students enrolled in PBT & MLA programs are subject to the WNCC *Immunization Policy and TB Skin Test Policy* according to the program requirements.

### **TB Skin Test Policy**

*Each student is responsible for presenting to his/her program director evidence of non-infectivity to tuberculosis while enrolled in the PBT & MLA program. Methods in which this may be accomplished vary with each student.*

### **CURRENT TUBERCULIN SKIN TEST (TST)**

No more than 365 days since *administration* of a TST. *For a two step TST*, the 365 day time interval *starts the day the second test is administered.*

### **ONE STEP TST**

The Centers for Disease Control and Prevention recommends: Administer the test, read results 48-72 hours later.

### **TWO STEP TST**

The Centers for Disease Control and Prevention recommends: Administer step 1. Read results 48-72 hours later. *Minimum 7 days after administration of the first step*, administer step 2. Read results 48-72 hours later. A two step TST consists of two single TSTs performed within 365 days. Regardless of the time interval between the two steps, the two step TST expires 365 days *after administration of the second step.*

### **CURRENT CHEST X-RAY (CXR)**

Take within the past 24 months *as follow up to a documented positive TST.* Must present documentation of a negative CXR results indicating no active pulmonary disease is present.\*

<b>When</b>	<b>What is required 1 year = 365 days</b>	<b>How</b>	<b>Exception</b>
UPON ENROLLMENT	Provide evidence of negative TST within the last year	If no TST within the last year, a two step TST is required. With documentation of two or more consecutive annual, negative one step TST, a one step TST is required.	Documented <i>history of positive</i> TST. SEE BELOW.
WHILE ENROLLED	Provide evidence of negative TST within the last year	Requires a current TST on file with program while enrolled	Documented <i>history of positive</i> TST. SEE BELOW.
NEW POSITIVE TST results	Written documentation by qualified healthcare professional indicating no active pulmonary disease is present	Referral to healthcare provider for evaluation, chest x-ray and/or treatment recommendations. Student must provide advisor/instructor 1) written results of TST 2) written documentation of negative (no active pulmonary disease) CXR. 3) completed <i>Tuberculosis Symptom Screening Questionnaire</i> annually.	None
Documented <i>HISTORY of POSITIVE</i> TST	Written documentation by qualified healthcare professional indicating no active pulmonary disease is present	Requires: 1) CXR taken within the past 24 months as follow up to previous positive TST 2) written documentation by healthcare professional indicating no active pulmonary disease is present 3) completed <i>Tuberculosis Symptom Screening Questionnaire</i> annually. <i>Exempt</i> from further TST. If symptoms suggestive of TB develop, an immediate referral to a healthcare provided required.*	A student with documentation of having successfully completed the recommended course of preventive treatment for TB will complete a <i>Tuberculosis Symptom Screening Questionnaire</i> in lieu of a TST or chest x-ray. * SEE BELOW
Documented <i>HISTORY of POSITIVE</i> TST WITH documentation of successfully completing the recommended course of <i>preventive treatment</i>	Must complete the <i>Tuberculosis Symptoms Screening Questionnaire</i> annually.	Requires: 1) written documentation of successfully completing the recommended course of preventive treatment (minimum 6 months) 2) completed <i>Tuberculosis Symptom Screening Questionnaire</i> annually. <i>Exempt</i> from further TST and CXR. If symptoms suggestive of TB develop an immediate referral to a healthcare provided required.*	None
Documented <i>HISTORY of ACTIVE TB</i> WITH documentation of successfully completing the recommended course of <i>therapeutic treatment</i>	Must complete the <i>Tuberculosis Symptoms Screening Questionnaire</i> annually.	Requires: 1) written documentation of successfully completing the recommended course of therapeutic treatment (minimum 6 months) 2) completed <i>Tuberculosis Symptom Screening Questionnaire</i> annually. <i>Exempt</i> from further TST and CXR. If symptoms suggestive of TB develop an immediate referral to a healthcare provided required.*	None

## Vaccination Policy

Each student is responsible for presenting to his/her program director \*health records that show specific dates of the disease based on medical diagnosis or specific dates when the vaccine was administered. Health records may be in the form of original vaccination records (or copies of the original records) or the required information may be provided by the original treating physician on an official letterhead, prescription form or the like with signature of the original treating physician. 'School records' or family testimonials are not acceptable evidence of non-infectivity to tuberculosis while enrolled in the PBT & MLA program. Methods in which this may be accomplished vary with each student.

Vaccine	Required Dosage 4 weeks = 1 month	Alternative
Hepatitis A	2 doses (minimum 6 months apart)	Written <i>documentation*</i> of 2 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity.
Hepatitis B	3 doses #1 #2 - <i>minimum</i> 4 weeks after #1 #3 - <i>minimum</i> 8 weeks after #2 (#3 must be separated from #1 by at least 16 weeks)	Written <i>documentation*</i> of 3 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity.
Measles, Mumps, Rubella (MMR)	2 doses (minimum 4 weeks apart)	Written <i>documentation*</i> of 2 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity.
Chicken Pox (Varicella)	2 doses (minimum 4 weeks apart)	Written <i>documentation*</i> of 2 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity.
Tetanus/Diphtheria/Pertussis (Tdap)	1 dose (within last 10 years)	Written, <i>documented*</i> receipt of one dose of vaccine within last 10 years

***The MMR and varicella vaccines should not be given BEFORE the TB skin test as these vaccines may cause inaccurate test results. If MMR and varicella are given BEFORE the TB skin test, a minimum of 4 weeks must separate the vaccine from the skin test. MMR and varicella vaccines can be given at the same time, on the same day, or after the TB skin test has been evaluated without interfering with the TB skin test result. The hepatitis A, hepatitis B, tetanus and rabies vaccines can be given any time and do not interfere with TB skin test results. Consult with your healthcare provider to coordinate services.***

## EXEMPTIONS to Vaccination Policy

- 1) **\*\*Medical Exemption** - Requires a signed statement from a licensed physician (MD or DO) that the student has a medical condition that does not permit him/her to be immunized. If the medical condition is temporary, the student will be expected to comply with this immunization policy when the exemption

expires. Such an exemption request will be reviewed by the Director of Allied Health. Documentation will be kept on file in the individual program office.

- 2) **\*\*Religious exemption** - Requires a full explanation of the religious belief. Such an exemption request will be reviewed by a committee chaired by the Director of Allied Health. Documentation will be kept on file in the individual program office.

**\*\* A student claiming a medical or religious exemption *may not* be able to complete clinical portions of the PBT & MLA program required for graduation. A consultation with the program director PRIOR to enrolling into the program is required of any student claiming a medical or religious exemption.**

## Pregnancy

A student who is pregnant or who may become pregnant while enrolled in the PBT or MLA program must notify his/her program director. Instructors will attempt to accommodate the student with alternate clinical assignments whenever possible. Areas of special concern are infectious/communicable diseases, noxious fumes such as nitrous oxide, radiation and antineoplastic agents.

## Radiation

The student may be required to enter areas where access is restricted due to the storage, transfer or use of radiation sources. Prior to extended work in these areas, students will be given appropriate instruction in precautions and protective devices and in the problems which may be encountered in these areas. Students who have potential exposure to radiation shall be provided with appropriate monitoring devices and periodic exposure reports.

## Standard Precautions

The concept of standard precautions must be followed in all clinical and laboratory settings when there is a potential for exposure to bloodborne pathogens. In order to reduce the potential for transmission of communicable diseases, every student will treat all body fluids, with or without visible blood (excluding sweat) as potentially infectious regardless of the perceived health status of the source individual. Appropriate personal protective equipment, such as gloves, mask, eye protection, and protective gowns must be worn when there is potential for exposure to bloodborne pathogens. *Failure to*

**The program director may dismiss a student from the program at any time if unsafe behavior is observed.**



*follow standard precautions is considered an act of misconduct.*

## **Regulated Medical Waste Management**

The regulated medical waste generated in clinical/laboratory/classroom settings must be handled and disposed of according to Regulated Medical Waste Management Program. All sharps, contaminated or not, must be disposed of in rigid containers appropriately labeled and designed for this purpose. Non-sharp medical waste must be collected in appropriately labeled bags or receptacles for proper disposal. Students will receive appropriate instruction in handling and disposal of medical waste.

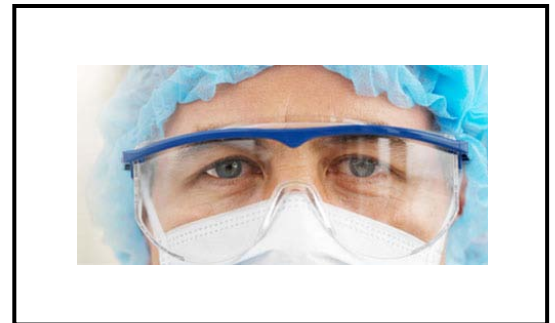
## **Chemical Agents**

Working with chemicals requires extra precautions. Students will receive appropriate instruction in handling chemical agents.

## **Injury / Accident / Exposure Incidents**

Any injury or accident no matter how insignificant it may seem, must be reported to the supervising instructor immediately. Any abnormal or unusual direct exposure of a student to the blood or body fluid of a patient or clinical/laboratory partner must be reported to the clinical instructor/supervisor. This includes incidences at school sponsored functions/educational rotations off-campus. The following reports must be made:

- a. *Written Statement – Incident Report* (see appendix) following every injury or accident or exposure) Complete and return to program director;
- b. *Report of Exposure to Bloodborne Pathogens* (see appendix) following exposures to body fluids via needle sticks; splashes in eyes, nose, mouth) Complete and return to program director.



## **Laboratory Safety Policy**

It is the responsibility of the student to prepare for each lecture and laboratory session. Laboratory exercises must be read prior to attending the laboratory period to provide the student with the basic understanding of what will be expected of him/her during the laboratory session. Each student is responsible for his/her own work and for the cleaning up of their work station.

Blood, urine, and other biological specimens possibly containing pathogenic organisms will be collected and used in the Program, therefore, the following safety policy must be observed:

### **A. Safety Precautions must be followed while in the student laboratory:**

1. No eating or drinking is allowed while performing lab procedures.
2. Fluid resistant lab coats must be worn while performing lab procedures.
3. Disposable gloves must be worn when handling biological specimens.
4. Lab coats/gloves are not to be worn outside of the student laboratory.
5. Eyes must be protected with safety glasses or face shields when splashing is anticipated.
6. All chemical spills must be cleaned up immediately using the spill-kit.

7. All body fluid spills must be decontaminated immediately using a 10% bleach solution.
8. Any accidents (broken glassware, body fluid splashes, puncture wounds, etc) must be reported to the instructor immediately and follow-up action initiated as directed (see Blood borne Pathogen Exposure Policy).

**The program director may dismiss a student from the program at any time if unsafe behavior is observed.** In the event that a student is exposed to blood or body fluids while participating in student labs on campus or training at affiliated clinical sites, the policy outlined below will be followed.

**B. Blood borne Pathogen Exposure Policy**

1. Immediately report exposure to instructor.
2. Thoroughly clean area with copious amounts of water and antibacterial soap. In case of splashes to the eyes, flush with water for 10-15 minutes using an eyewash.
3. Report to the nearest emergency room/occupational health department for first aid and baseline testing. **Note: The student is responsible for any and all treatment expenses, baseline testing, and damage or loss associated with such injury that is not covered under the college's accident policy.**
4. Complete necessary report(s) Incident Report & Report of exposure to Blood Born Pathogen within 24 hours of the incident.

**Return to Educational Activities Following Illness or Injury**

Based on the nature of the illness or injury, the program may require medical clearance before the student may participate in clinical, laboratory or classroom activities.

## Section IV: Program Requirements and Policies

### 1. Attendance Policy

WNCC expects students to attend every meeting of the classes in which they are enrolled. Class attendance is essential to academic success. The college's attendance policy is as follows: *"When the number of fifty (50) minute periods of absences equals the number of credit hours of the course, the instructor notifies the student and Student Services in writing. Authorized absences due to direct involvement in college-sponsored activities are excluded. After one more absence, the student is dropped from the course. The instructor informs the student and Student Services of this action in writing. Absences incurred during the forty-eight hours immediately preceding or following an official college holiday is treated as a double absence."* Instructors may use the above stated policy or one that is more lenient. It is the responsibility of the instructor to inform students of any attendance policy, which will be implemented. **It is the student's responsibility to understand and follow the instructor's attendance policy.**

### Phlebotomy Technician & Medical Laboratory Assistant Program Attendance Policy:

Regular and punctual attendance is required at all lecture, laboratory sessions and clinical practicum rotations. Absences must be explained to the instructor and or clinical instructor. The student must notify the clinical site and the instructor of all absences or tardiness as far in advance as possible or at least within the first hour they are scheduled by telephone or personal visit. Absences or tardiness from clinical practicum for reasons other than health or emergencies will not be tolerated, and the student may be subject to withdrawal from the program if more than two absences are recorded. ***Two (2) or more absences, for whatever reasons may be cause to withdraw a student from the course.*** A student who is fifteen (15) minutes late is considered TARDY. *Three (3) tardiness constitute one absence.* It is the student's responsibility to keep track of his/her attendance record and for all assignments, materials, examinations, etc. missed. All absences, regardless of excuse, must be made up by the student. The student must coordinate the make-up day with the instructor and the clinical site. *Important announcements are made at the beginning of class and may not be repeated.*

Students are expected to attend class, laboratory sessions in a clean and neatly dressed to present a professional appearance. Students in the clinical component of the program are required to attend class and clinical practicum rotation in a ROYAL BLUE SCRUB TOP and PANTS.

*If you are not sure an item of clothing is appropriate, do not wear it. Affiliate clinical laboratory policies may contain additional restrictions. These must be followed by the student. Do not hesitate to contact the Program Director for any help or assistance.*



## 2. Dress Code

It is important to understand that you are preparing yourself for a professional career. In order to show a professional image there is a DRESS CODE for PBT and MLA program. Students are expected to attend class, laboratory sessions in a clean and neatly dressed to present a professional appearance. Students in the clinical component of the program are required to attend class and clinical practicum rotation in a ROYAL BLUE SCRUB TOP and PANTS. Students not conforming to the dress code while at class, laboratory session and or clinical practicum may be sent home at the instructor's and or clinical instructor's discretion and will be required to make up the time. Repeat violations will result in the student being placed on probation. While each clinical affiliate has their own dress code, there are some fundamentals that are common to most institutions. The following information is a guide for appropriate dress in a clinical laboratory:

- A laboratory coat is to be worn at all times. Some clinical laboratories may supply your lab coat. The lab coat is to be clean and pressed with NO FRAYED or TORN material.
- The lab coat should be worn over a uniform.
- No perfume or after-shave cologne should be used.
- Hair should be clean, and well groomed. Long hair must be pinned-up or tied back off the face.
- Beards and moustaches should be neat and well kept.
- Shoes must cover the whole foot. No open-toe or open-heel shoes are to be worn. High heels, sandals, or extremely high platform shoes are not allowed. Socks or stockings are to be worn at all times.
- Jewelry should be limited to wedding rings and a wrist watch. A conservative necklace that is kept close to the skin (not dangling) and conservative earlobe earrings (no more than one pair) that do not extend more than ½ inch below the earlobe are acceptable.
- Extremes in hem-lines, pant length, makeup, nails/nail polish and jewelry are to be avoided. Nails should be short and clean. Press-on nails are prohibited because of safety. No jeans, shorts, T-shirts, and clothes which are dirty, frayed, stained, or torn are permitted.

WNCC student ID badge is to be worn while on class and on clinical practicum. If you are not sure an item of clothing is appropriate, do not wear it. Affiliate clinical laboratory

policies may contain additional restrictions. These must be followed by the student. Do not hesitate to contact the Program Director for any help or assistance.

### 3. Additional Requirements

- Each student must set up a WNCC email account. If you do not have Internet access at home, computers for student use are located on every WNCC campus. Instructor(s) will communicate on a regular basis through email and students are expected to communicate with the Instructor(s) on a weekly concerning student's progress in all courses and clinical practicum.
- *Basic computer skills will be needed to successfully complete the course.* BlackBoard 9.1 , an online course delivery system, will be used for lectures, discussion, homework submission, taking exams and quizzes, and for enhanced course activities. Computer microphone and or phone access is needed to successfully participate in on-line lectures and power point presentation.

### 4. Student Service Work Policy

Students are not to be substituted for regular staff. After demonstrating proficiency, students, with qualified supervision, may be permitted to perform procedures. Service work by students in clinical settings outside regular academic hours must be noncompulsory.

### 5. Professional Ethics and Confidentiality

Students must remember at all times that the information in a clinical laboratory is confidential. This means that all lab results are to be directed **only** to physicians, nurses, and other health professionals for diagnosis and treatment. Students shall not tell patients, parents, friends, relatives, or non-laboratory hospital employees the results of tests or the nature of any illness. This information is given only by the physician to the patient.

It is expected that laboratory professionals may encounter very ill or possibly contagious patients in routine practice. As a Phlebotomy student, you should expect occasions when you will be working with these patients or their specimens as part of your clinical experience. It would be considered unprofessional and unethical to refuse to respectfully and properly treat these patients and their specimens. Failure to comply with the above is cause for **immediate dismissal** from the program.

### 6. Academic Integrity

WNCC expects students to conduct themselves as responsible, law-abiding citizens. Misconduct as a result of cheating, plagiarism, misuse of identification cards, or furnishing false information to the college may result in disciplinary action in accordance with the sanctions of the "Judicial Code and Appeals." Acts of cheating and plagiarism may result in sanctions ranging from a student receiving a failing grade on an assignment or for a course up to and including expulsion from the college. Any form of academic dishonesty represents a grave breach of personal integrity and of the rules governing

Western Nebraska Community College's community of learners. Students with questions about Western Nebraska Community College's policy affirming academic integrity should clarify their understanding by talking to college administrators and/or faculty members and they should consult the Student Handbook, which contains specific definitions of offenses that constitute cheating, plagiarism, and academic dishonesty. Students are expected to know and understand the college's policies relating to academic integrity and are held accountable for doing so.

## **A. HONESTY POLICY**

**Honesty** is expected of all health professions students. Academic institutions, health care facilities, and the public expect that persons educated and employed in health care possess a moral and ethical code based on honesty.

Health professions students who are dishonest during their educational program and who manage to obtain passing grades may not be capable of passing national certification exams or practicing competently. Academic dishonesty seriously lowers the standard of professional practice, harms the integrity of the academic institution and its community, and impairs the quality of the health care system.

**Academic dishonesty** refers to forms of lying and/or cheating on academic assignments. Examples of academic dishonesty include but are not limited to:

1. Exchanging information with another student during an exam
2. Bringing notes to use during an exam not authorized by the instructor
3. Acquiring, without permission, tests or other academic material belonging to an instructor
4. Copying another student's homework or laboratory exercises
5. Using false excuses for an absence from class

**Plagiarism** is receiving credit for work which is not your own. This includes copying another student's work or copying information from a book or article. Any information that is copied from another source must be cited appropriately in the assignment. Deliberate acts of plagiarism are considered serious offenses within the college community.

**Clinical practice dishonesty** occurs when a student does not exercise good judgment in the clinical setting. Examples of clinical practice dishonesty include but are not limited to:

1. Falsifying lab documents and/or attendance records
2. Not performing tests according to procedure
3. Not reporting mistakes/errors to clinical instructors
4. Using false excuses for an absence from clinical

Student disciplinary procedures, as outlined in the college catalog, will be followed if an act of dishonesty is discovered. Disciplinary sanctions that may be imposed range from warnings to expulsion from the Program and or the College permanently.

## 7. Physical Risk Statement

Students with a temporary physical problem / limitation (i.e., broken bones, back injuries, recent surgery, etc.) may be admitted to, or choose to continue in the PBT & MLA Program. If a student chooses to stay in the Program, he/she understands and agrees that excessive absenteeism or inability to perform necessary duties related to the learning objectives and health care delivery can result in the necessity to discontinue the Program. It is the student's responsibility to obtain, and provide to the instructor, written permission to take part in all course functions from a physician during the period any physical problem / limitation is present. The College is not responsible for any exacerbation of this problem which occurs as a result of the student's continued participation in the Program.

Interactions with clients in the health care system carry inherent risks to both the client and caregiver, including, but not limited to, communicable diseases. In this document, as well as in the curriculum, students will be given information regarding known risks for various diseases and provided skills to implement precautions appropriate to these risks. All students are expected to provide appropriate care to all clients assigned to them in any health care setting as a learning experience. These assignments may include clients with medical diagnoses of tuberculosis, hepatitis, AIDS, or other infectious diseases. (See Appendix)

Furthermore, the student understands that participation in this Program exposes the student to certain risks of illness, injury or infectious contact. The College will not be held responsible for any illness or injury, or infectious contact which occurs during the participation in the Program. The student's signature on the *Statement of Understanding* page is an acknowledgment of this policy.

## 8. Insurance

It is the responsibility of students to provide their own health and accident insurance, as well as insurance on personal items in student housing if so desired. The college does not carry such insurance. Although the college does not endorse any particular company, the college attempts to offer the option of student health insurance each semester. Application forms and a statement of coverage and costs are available in the Student Services Office. Liability insurance for each PBT & MLA student is mandatory and is purchased through WNCC Student Services Office. There is a clause which provides coverage for accidental needle stick exposures.

## 9. Inclement Weather

Decision about closing and late starts will not be taken lightly and the decision will be made after consultation with the President's Cabinet and President. Ultimately, the safety of staff and students is our first priority. A concerted effort will be made to inform staff and media by 6 a.m., and no later than 6:30 a.m.



In the event that WNCC closes early, we will make every attempt to inform faculty and staff by early afternoon in order to allow time to make arrangements with faculty, staff and student for classes, events or programs.

WNCC will notify students and employees of a closure in the following ways:

- Radio: KNEB, KAAQ, KSID, or any Hometown Family Radio Station
- TV: KDUH
- On our website: [www.wncc.edu](http://www.wncc.edu)
- Through our emergency notification system by e-mail and calling your emergency contact information.

## 10. Academic Probation & Suspension

The purpose of academic probation is to warn students of their unsatisfactory academic progress. A student is placed on academic probation when progress toward educational objectives is considered inadequate. A student's WNCC Grade Point Average (GPA) is used to evaluate a student's progress.

Students are considered to be making satisfactory progress if they have a WNCC GPA of 2.0 or higher.

***It is the responsibility of the student in PBT or MLA program to maintain at least minimum academic achievement and exhibit appropriate professional conduct.***



Students who have attempted or have accumulated nine or more credits and whose GPA falls below 2.0 will be placed on academic probation for the following semester. They will be recommended to visit with the college's counseling department staff to seek assistance.

The college reserves the right to limit the course load of any student experiencing academic difficulty and to recommend changes in the curriculum assigned.

Students on academic probation who achieve a GPA above 2.0 for the subsequent semester, but whose cumulative GPA is still below 2.0, will be placed on extended probation. Extended probation will remain in effect for those students until their cumulative GPA is 2.0 or higher as long as they continue to make satisfactory academic progress.

Students who have been on academic probation or extended academic probation will automatically be placed on academic suspension if their term GPA falls below 2.0. A student who is suspended may not register for at least one regular semester (summer term not counted) immediately following the suspension.

This means that a student placed on suspension after the fall semester will not be able to enroll again until the next fall

semester. Likewise, a student placed on suspension after spring semester will not be able to enroll until the following spring. The suspended student has the opportunity of petitioning the Vice President of Student Services for special consideration within five school days after receipt of the suspension letter. Response will be given within five school days after receipt of the appeal.

After a non-enrolled period of at least one semester, students on academic suspension who desire to return must complete the "Academic Reinstatement Approval" form and submit it to the Vice President of Student Services no later than five school days before the start of a semester.

### **Continuance in PBT & MLA Programs**

It is the responsibility of the student in PBT & MLA program to maintain at least minimum academic achievement and exhibit appropriate professional conduct. A student may be given an unsatisfactory progress notification, and/or may be removed from a course and/or program for reasons of academic failure, unsatisfactory clinical performance, and/or professional misconduct, as otherwise described in this handbook. Progression in the PBT & MLA program will occur only if all program-required courses are passed with a grade of "C" or better. **It is the student's responsibility to meet with the instructor/faculty advisor regarding academic/clinical concerns.**

### **Unsatisfactory Progress**

Faculty and/or the program director will counsel students with respect to deficiencies as they occur, if they would endanger continuation in their program. Records of such counseling are held in the student's file and the student receives a copy of the *Unsatisfactory Progress Notification* form. (See appendix)

### **Removal from a Clinical Rotation**

WNCC reserves the right to remove a student from a clinical rotation at any time. An affiliate institution/agency may request the immediate removal of a student from an assigned area if deemed necessary by agency personnel. The Allied Health Director of the Division of Workforce Development and the PBT & MLA program director must be notified immediately following either action.

### **Classroom Behavior**

Instructors have the responsibility to set and maintain standards of classroom behavior appropriate to the discipline and method of teaching. Students may not engage in any activity which the instructor deems disruptive or counterproductive to the goals of the class. Instructors have the right to remove offending students from class. Repetition of the offense may result in removal from the course and program.

### **Professional Misconduct**

A faculty member may immediately remove a student from the clinical assignment either by request of the clinical facility or when, in his/her own judgment, it is prudent and reasonable to do so. When removing a student from a clinical assignment, the faculty member will inform the student of the reason for the action and of any conditions applicable to the situation. A written report of this action will be filed in the office of the program director or Allied Health Director within 72 hours. As appropriate, discipline may also be initiated pursuant WNCC policies. The written report shall be signed by the complainant, and shall, to the extent reasonably possible, specify the date, time, place, person or persons involved. The circumstances of the alleged prohibited conduct, including the name or names of persons who may have witnessed the alleged prohibited conduct shall also be documented in

writing. Removal from a clinical assignment continues until the offending condition is corrected (such as lack of preparation for the assignment or improper dress or grooming),

### **Student Withdrawal from a Program**

A student who withdraws from the PBT and or MLA program while in good academic standing must submit a written letter to the program director formally withdrawing from the program. The program director must submit a copy of the student's letter to the Allied Health Director. In order to be reinstated, a student must follow the reinstatement process.

### **Student Removal from PBT & MLA Program**

A student may be removed from the PBT & MLA programs for reasons of academic failure, unsatisfactory clinical performance, or professional misconduct or for not meeting key deadlines or benchmarks as established by each program. Removal from a program is initiated in writing by the program director and communicated to the appropriate department chair using the *Recommendation for Removal from PBT & MLA Program* form. (see appendix) The program director will in turn notify the Allied Health Director. The Allied Health Director will notify the student in writing with respect to his/her program status. In order to be considered for reinstatement, a student must follow the reinstatement process.

### **Student Reinstatement**

Once withdrawn or removed from a PBT & MLA program, a student who wishes to be reinstated must submit a written request for reinstatement to the program director. The letter must state the basis of the request and substantiate the request with proper documentation. Letters requesting reinstatement to the program must be received by the program director no later than one calendar year from the date of the letter of program removal.

## **11. Grievance Policy and Procedure**

WNCC recognizes the importance of maintaining an environment that preserves the academic freedom and civil rights of its faculty, staff, and students. Each student has the right to file a grievance on any abridgment of her/his rights by any staff/faculty member in accordance with the abridgments outlined in Clause 1 below.

A student who questions abridgment of her/his rights should make an appointment with the Dean of Student Services to discuss the issue.

### **SECTION A – Procedures**

A student who questions abridgment of her/his rights should make an appointment with the Dean of Student Services to discuss the issue. Such a meeting must be initiated by the student within three (3) weeks after the alleged abridgment has occurred. Clause 1 – Abridgments

1. Discrimination - Treatment by a faculty/staff member directed toward a student because of her/his race, color, religion, ethnic origin, gender, age, disability, marital status, or veteran status.
2. Violations of WNCC Board of Governors policies.

3. Unjust Treatment - Evidence of a pattern of negative behavior including but not limited to: verbal abuse in class or elsewhere on campus or non-fulfillment of an obligation to teach class.

## **SECTION B - Investigation and Determination**

The Dean of Student Services shall investigate the complaint/grievance and may:

1. Recommend or require that the student first discuss the matter with the staff/faculty member whom she/he feels has abridged those rights and her/his supervisor,
2. Visit with appropriate staff/faculty member(s) to gather information, and/or
3. Attempt to mediate a discussion between the student and the staff/faculty member to clarify the matter and suggest alternatives if needed.

The Dean of Student Services shall then determine if the situation warrants:

1. Dismissal of the grievance,
2. Referral to the Assistant to the President for Human Resources in the event of an alleged civil rights or WNCC Board of Governors policy violation or violation of the law,
3. Referral to the Dean of Instruction (or designee) in the event of alleged unjust treatment by a faculty member, or
4. Referral to the appropriate supervisor in the event of alleged unjust treatment by a staff member as described in the Western Nebraska Community College Judicial Codes and Appeals – Article VII – Student Rights Grievances.

## **12. Evaluation and Grading Policy**

### **Academic Evaluation (Written Measurements)**

Scores from Quizzes, Workbooks, Assignments, Discussions and Major Examinations (Midterm/Final Examinations).

- Chapter Tests (Quizzes) will be given over previously covered lecture material and the accompanying workbook exercises. A minimum number of four (4) written examinations will be given.
- Points will be awarded for completion of assignments listed in the Course Assignment Folder of BlackBoard.
- Points will be awarded for completion of class discussions in the Course Discussion Forum of BlackBoard.
- Two (2) major examinations (Midterm/Final examination) will be given over lecture material to comprehensively assess student's knowledge of concepts, principles, techniques and procedures. These examinations will be given on-line through BlackBoard. Students are expected to exhibit the highest level of ethical and honest behavior.

### **Technical Evaluation (Laboratory & Competency Examinations Measurements)**

Scores from Laboratory Practical and Competency Examinations

- Points are awarded for successful laboratory practical examinations.
- Points are awarded for proper response to study questions required for each laboratory exercises.
- Points are awarded for the laboratory competency examinations.

## Clinical Practicum Evaluation (Clinical Rotation & Comprehensive Review Measurements)

- The Phlebotomy or Medical Laboratory Assistant Clinical Practicum grade is worth 70% of the course grade determined by the following:
  - Successful completion of clinical objectives & submission of Clinical Practicum Handbook
  - Weekly communication with instructor during the clinical practicum via BlackBoard
  - Written evaluations prepared by the clinical instructors
  - Completion and documentation of a minimum 120 clinical hours for Phlebotomy Technician and 200 clinical hours for Medical Laboratory Assistant and must achieve a minimum rating of at least “average” in all areas on the final clinical evaluation.
  - Completion and documentation of a minimum:
    - 120 successful venipunctures
    - 10 Timed Draws
    - 10 Blood Cultures
    - 25 Skin Punctures
    - 8 Hours Orientation in a full-service laboratory (including specimen processing)
- The Comprehensive Review on Phlebotomy and Medical Laboratory Assistant grade is worth 30% of the course grade determined by the following:
  - A written examination will be given over previously covered review units and case study discussions to comprehensively assess student’s knowledge of concepts, principles, techniques and procedures.
  - A comprehensive midterm and final exam will be given in class.
  - Points will be awarded on the Final Paper and Poster Presentation

The final semester grade will be composite based on total points achieved vs. total points possible; however, the instructor reserves the right to modify individual grades based on circumstances that may evolve during the course.

### Grading Scale

Grade	GPA	Grade	GPA
A+	4.0	C+	2.33
A	4.0	C	2.0
A-	3.67	C-	1.67
B+	3.33	D+	1.33
B	3.0	D	1.0
B-	2.67	D-	0.67
		F	0

### **13. Grade Appeals**

Every student has the right to appeal the final grade in a course in accordance with the stipulations outlined below. The student must initiate such an appeal no later than three weeks after the day grades are postmarked. A student who questions a course grade must:

1. Discuss the matter with his/her instructor. Clerical errors are usually handled in this manner, with the instructor signing the correction of official records. If the student believes the problem is not resolved, the student shall then:
2. Visit with the appropriate division chair to discuss the issue. If the concern still remains unresolved, the student may:
3. Elect to file a written Grade Appeal at the Dean of Educational Service's Office for referral to the peer Review Committee.

A formal Grade Appeal may not be filed until steps 1 and 2 above have been completed. A formal Grade Appeal may be filed if:

1. There is a dispute over the numerical calculation of the grade; or
2. The grade assigned appears arbitrary and not indicative of the student's performance.
3. Student's who question an instructor's personal treatment of the student may discuss the matter with the Vice President of Student Services as described in the Western Nebraska Community College Judicial Codes and Appeals – Article VII – Student Rights Grievances.

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## **Interview for Hospital or Physicians Clinic Clinical Rotation**

Qualified student interviews for ALHL-2040: Phlebotomy & Medical Laboratory Assistant Clinical Practicum and Comprehensive Review occur at the end of fall semester prior to entering the spring semester and clinical rotation. Laboratory professionals from clinical affiliates are brought in to interview qualified applicants. A standardized interview form with the same questions is used for all students. Student will be rated by the interviewers on a scale of 1 to 5. The PBT & MLA Program Director will schedule the interview dates after before the end of fall semester and prior to clinical rotation. Students should submit a resume and dress as if interviewing for a job.

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# Acceptance into Clinical

## Affiliates (Hospital & Physicians Clinic)

Students will receive an e-mail and letter if acceptance or rejection through the mail after the interview based on the selection criteria. A maximum of six (6) students will be accepted per program. Selection criteria are as follows:

1. Completed PBT & MLA Internship Application and Checklist
2. WNCC Degree Audit Form
3. Interview Scores
4. Minimum grade point average (GPA) for pre-clinical or qualification courses of "C" (2.0)

Students who are selected for the clinical rotation of the PBT & MLA Program must be available for early morning and daytime clinical rotation Monday thru Thursday, a Friday class with the Program Director and or instructor. The schedule for the entire semester is given out the first day of clinical rotation.

### Responsibilities-College:

1. The college will have a formal agreement with the clinical affiliates.
2. The Program Director will assign each student to one of the sites, formally affiliated with the College based on selection criteria.
3. The Program Director will provide the sites with necessary documents for student evaluation for each student along with training expectations.
4. The Program Director is responsible to provide assurance that the activities assigned to students in the clinical setting are educational.
5. Provide written proof of immunization records.
6. Provide documentation of Drug Screen Results
7. The Program Director is responsible for the final evaluation of the student.

### Responsibilities- Clinical Affiliate

1. Under the direction of the Laboratory Director/Laboratory Manager/Section Supervisor, each affiliate offers 200 hours of supervised clinical training in a CLIA regulated, accredited laboratory where the student has access to a



Students who are selected for the clinical rotation of the PBT & MLA Program must be available for early morning and daytime clinical rotation Monday thru Thursday, a Friday afternoon class with the Program Director and or instructor.

variety of phlebotomy and medical laboratory assisting experiences that include but not inclusive to:

- a. Emergency Room
  - b. In-Patient
  - c. Nursing Home
  - d. Out-Patient Draw Station
  - e. Specimen Processing
2. Will oversee the student at all times.
  3. Offer an abbreviated Hospital and Department Orientation
  4. Will supervise the training of students according to hospital policies and procedures.
  5. Will complete an task evaluation on each student.
  6. Will communicate all concerns to the Program Director within 24 hours of occurrence.

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## Clinical Affiliates



### **Box Butte General Hospital**

Laboratory Department  
2101 Box Butte Avenue, Alliance, NE, 69301  
Telephone: 308-761-34-07 Fax: 308-762-5481  
Laboratory Manager: Gail Burke, BS, MT(ASCP)  
Email: gburk@bbgh.org  
Laboratory Accreditation: JCAHO & CLIA



### **Morrill County Community Hospital**

Clinical Laboratory Department  
1313 S Street, Bridgeport, NE 69336  
Tel: 308-262-1328 Fax: 308-262-1210  
Laboratory Admin Director: Rex Famitangco, MS, MLS(ASCP)<sup>CM</sup> QLC, MT(AMT)  
Email: education@morrillcountyhospital.org  
Laboratory Accreditation: COLA & CLIA



### **Regional West Medical Center**

Laboratory Services  
4021 Avenue B, Scottsbluff, Nebraska 69361  
Tel: 308-630-2477 Fax: 308-632-4745  
Laboratory Director: Craig Krentz, BS, MT(ASCP)  
Email: krentzca@rwmc.net  
Laboratory Accreditation: CAP, AABB, JCAHO, FDA, & CLIA

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## Clinical Rotation Orientation

A PBT & MLA student who qualifies to continue to the clinical course of the Program will attend a mandatory orientation meeting after acceptance into clinical rotation to fill out forms and meet requirements of the clinical affiliates.

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## Hospital Observation

Students are required to complete a 8 hour hospital observation prior to clinical practicum. Observing a phlebotomist and or medical laboratory assistant at work in a real time setting is not only a requirement for the class, but it is also a requirement for applying for clinical. Students observe procedures under the one-on-one supervision of a clinical instructor at one of the clinical affiliates.

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## Program Completion

After successful completion of both pre-clinical and clinical component of the Program, the student will attend a Program Closing Ceremony in his or her honor. He or she will receive a Certificate of Completion in Phlebotomy Technician and Medical Laboratory Assistant Program. Student(s) with outstanding performance in academic, and in clinical practicum; and outstanding clinical instructor(s) will be recognized in the closing ceremony.

### **Program Closing Ceremony Awards:**

#### **The Academic Excellence Award in PBT & MLA**

Awarded to PBT & MLA student(s) for demonstrated outstanding academic achievement in the PBT & MLA Program.

#### **The Clinical Recognition Award in PBT & MLA**

Awarded to PBT & MLA student(s) who exhibits outstanding professional qualities and for achieving highest scores from clinical affiliates in clinical rotations.

#### **The PBT & MLA Program Director Award**

Awarded to PBT & MLA student(s) who has demonstrated the highest degree of professional qualities and values and who stands out above the rest. This student(s) always makes it to class, who participates in discussions and who is always willing to put forth extra effort when called upon.

#### **The PBT & MLA Survivor Award**

Awarded to PBT & MLA student(s) who struggled in the program or another but managed to hang in there.

#### **Clinical Affiliate Appreciation Award**

Awarded to Approved Clinical Affiliate(s) for outstanding support in the PBT & MLA Program.

#### **Clinical Instructor Recognition Award**

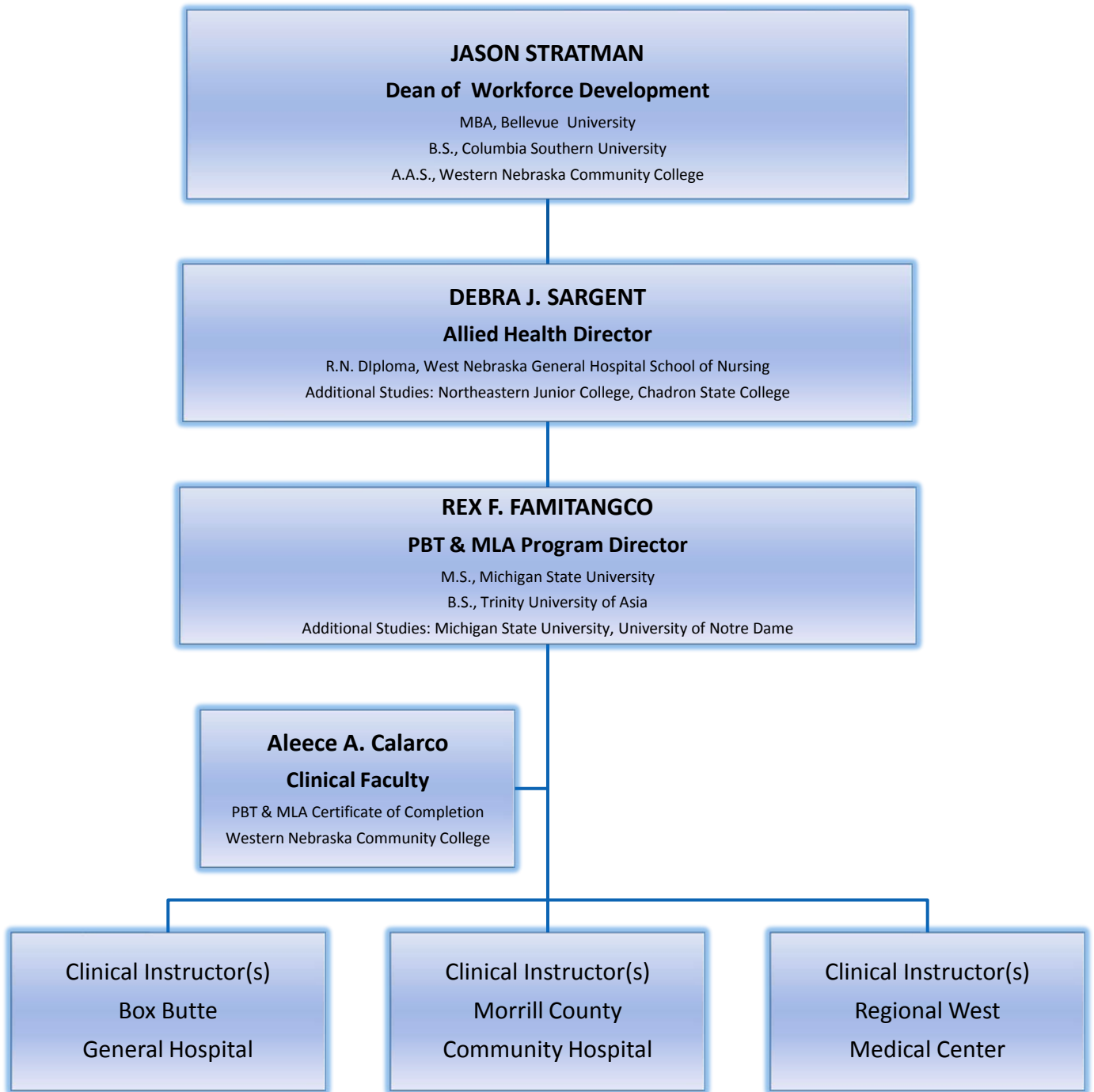
Awarded to Approved Clinical Instructor(s) who has made a significant contribution to a PBT & MLA student and as voted by the students.

# National Certification Examination

Students can register for the national phlebotomy certification examination at the beginning of the spring semester. After Program completion, students may sit for the examination. The estimated cost of the certification examination is \$125.00. **All associated fees for the certification examination will be the responsibility of the student.** National certification in Phlebotomy and or Medical Laboratory Assistant allows individuals to practice phlebotomy and medical laboratory assistant anywhere in the nation.

<b>Certifying Agency (Professional Organization)</b>	<b>Certification Examination</b>	<b>Contact Information</b>
<b>American Society for Clinical Pathology Board of Certifications (ASCP-BOC)</b>	Phlebotomy Technician, PBT(ASCP)	33 W. Monroe Street, Ste. 1600 Chicago, IL 60603 Tel: 800-267-2727 Fax: 312-541-4998 www.ascp.org
<b>American Medical Technologist (AMT)</b>	Registered Phlebotomy Technician, RPT(AMT) Certified Medical Laboratory Assistant, CMLA(AMT)	10700 West Higgins Road, Ste. 150 Rosemont, IL 60018 Tel: 800-275-1268 Fax: 847-823-0458 www.amt1.com
<b>National Phlebotomy Association (NPA)</b>	Certified Phlebotomy Technologist, CPT(NPA)	1901 Brightseat Road Landover, MD 20785 Tel: 301-386-4200 Fax: 301-386-4203 www.nationalphlebotomy.org
<b>National Healthcareer Association (NHA)</b>	Certified Phlebotomy Technician, CPT(NHA)	7 Ridgedale Avenue, Ste 203 Cedar Knolls, NJ 07927 Tel: 800-499-9092 Fax: 973-644-4797 www.nha2000.com
<b>National Center for Competency Testing (NCCT/MMCI)</b>	National Certified Phlebotomy Technician, NCPT(NCCT)	7007 College Blvd, Ste. 705 Overland Park, KS 66211 Tel: 800-875-4404 Fax: 913-498-1243 www.ncctinc.com
<b>American Certification Agency (ACA)</b>	Certified Phlebotomy Technician, CPT(ACA)	P.O. Box 58 Osceola, IN 46561 Tel: 574-277-4538 Fax: 574-277-4624 www.acacert.com

# Program Officials



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## For More Information

**Deb Sargent, RN**

Workforce Development Specialist  
Division of Workforce Development  
Western Nebraska Community College  
2620 College Park, Scottsbluff, NE 69361-1815  
Email: sargentd@wncc.net  
Tel: 308-635-6705

**Rex Famitangco, MS, MLS(ASCP)<sup>CM</sup> QLC, MT(AMT)**

Program Director & Instructor  
Phlebotomy Technician & Medical Laboratory Assistant Program  
Division of Workforce Development  
Western Nebraska Community College  
2620 College Park, Scottsbluff, NE 69361-1815  
Email: famitang@wncc.net  
Cell: 402-650-7590

# General Information





Following an exposure to bloodborne pathogens incident, please notify the Program Director by phone and by sending this completed form to:

Rex F. Famitangco  
PBT & MLA Program Director  
2620 College Park, Scottsbluff, NE 69361-1815  
Email: famitang@wncc.net  
Cell: 402-650-7590 Fax:308-635-6704

EXPOSED INDIVIDUAL:		
Name:		Sex:
DOB:	Phone No:	Cell No:
Address:		
City:	State:	Zip:
Check one:		
<input type="radio"/> WNCC Employee; please indicate division/department		
<input type="radio"/> WNCC Student; please indicate program of study		
<input type="radio"/> WNCC Campus Visitor		

SOURCE INDIVIDUAL:		
Name:		Sex:
DOB:	Phone No:	Cell No:
Address:		
City:	State:	Zip:

INCIDENT DETAILS:		
Date of Incident:	Time of Incident:	Time incident Reported:
Name & Title of person Initially notified:		
Location where incident took place:		

**INCIDENT DETAILS:**

Did the accident/exposure result in any of the following? (check all that apply)

- Percutaneous exposure (break in skin that caused bleeding)
- Mucous membrane contact (eyes, nose, mouth)
- Abraded Skin, chapped skin, dermatitis
- Other, please explain:

Did the incident involve exposure to potentially infectious materials (blood, saliva, body fluids, contaminated solutions)?

- Yes
- No
- Describe:

**EXPOSED INDIVIDUAL'S STATEMENT:**

Describe precisely how the incident occurred:

Describe what was done immediately after the incident:

Describe how this incident could have been prevented:

**Full Name & Signature of Person Making Report:**

**Date:**

**Full Name & Signature of Supervisor and or Witness:**

**Date:**



Following an INCIDENT, please notify the Program Director by phone and by sending this completed form to:

Rex F. Famitangco  
PBT & MLA Program Director  
2620 College Park, Scottsbluff, NE 69361-1815  
Email: famitang@wncc.net  
Cell: 402-650-7590 Fax:308-635-6704

INCIDENT DETAIL		
Incident Report Number:	Date:	
Person Writing Statement:		
Address:		
Contact Numbers:		
<input type="checkbox"/> Victim of Incident	<input type="checkbox"/> Witness of Incident	<input type="checkbox"/> Involvement in Incident

STATEMENT REGARDING INCIDENT:

Full Name & Signature of Person Making Report:	Date:
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Full Name & Signature of Supervisor and or Witness:	Date:
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**Student Name:**

**Date:**

**Program:**

**Student ID Number:**

**REASON FOR REMOVAL:**

a. ACADEMIC FAILURE  
Nature of Problem:

b. UNSATISFACTORY CLINICAL PERFORMANCE  
Nature of Problem:

c. PROFESSIONAL MISCONDUCT  
Nature of Problem:

d. VOLUNTARY PROGRAM WITHDRAWAL  
Nature of Problem:

I have read and discussed the above with the Program director. I have been informed of the appeals process.

**Signature of Student:**

**Date:**

**Program Director Name & Signature:**

**Date:**



I understand I have the right to review my personal education file for accuracy and completeness. I, hereby request access to my personal education file for review.

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**Print Student Full Name:**

**Date:**

**Student Signature:**

**Student ID Number:**



<b>Student Name:</b>		<b>Student ID:</b>
<b>Course:</b>	<b>Semester/Year:</b>	<b>Instructor:</b>

This Notice of Unsatisfactory Progress is issued for the following reasons:

- \_\_\_\_\_ 1. Academic failure: a grade less than the required passing grade
- \_\_\_\_\_ 2. Unsatisfactory clinical performance: failure to meet minimal clinical competencies
- \_\_\_\_\_ 3. Professional misconduct: failure to adhere to stated objectives as outlined and defined by individual program policies and course syllabi.

We are concerned that the deficiencies indicated above endanger your standing in the program and may prevent you from continuing. Please indicate below how you intend to resolve these problems.

I have read and discussed the above with the appropriate faculty member. I understand these deficiencies must be corrected to remain in the program. These corrective measures are indicated above.

<b>Student Printed Name &amp; Signature:</b>	<b>Date:</b>
<b>Instructor Printed Name &amp; Signature:</b>	<b>Date:</b>

**FORMS TO BE SIGNED  
AND RETURNED TO THE  
PROGRAM DIRECTOR**

*WNCC Phlebotomy Technician and Medical Laboratory Assistant Program have a Selective Admission Process. This process is non-discriminatory on the basis of race, color, national origin, gender, age, qualified disability, marital status, veteran's status, or sexual orientation in admission to the program*

### A. Personal Information

Last Name	First Name	Middle Name	Date of Birth	
Address			City	State
Home Phone	Work or Cell Phone	Email Address		

### B. Person to Notify during school or clinical practicum hours in case of emergency

Name:
Relationship:
Address:
Contact's Telephone:

### C. Educational History

*Provide information concerning high school, college, university, vocational or other trade schools attended (All official transcripts must be submitted along with this application form).*

#### High School

Name of School:	
City & State:	Completion Date:
Major:	Diploma/Degree:

#### Vocational or Trade School

Name of School:	
City & State:	Completion Date:
Major:	Diploma/Degree:

#### College or University

Name of School:	
City & State:	Completion Date:
Major:	Diploma/Degree:

If presently enrolled at any other college/university, what courses are you enrolled in?

--

List other non-traditional educational experiences (travel, military services, on the job training, etc.) that you think may be relevant in helping the program director evaluate your application.

--

List any previous health professional training or proof of current certifications from an accredited institution (eg. CPR, BNA, EMT, LPN-C, LR, MR)

--

### D. Employment History

List your professional and/or business experience below:

Name of Employer:	Phone:
Address of Employer:	
Dates of Employment:	Position:
Job Responsibilities:	

Name of Employer:	Phone:
Address of Employer:	
Dates of Employment:	Position:
Job Responsibilities:	

## E. Career Goals

Explain why you are interested in this program.

What personal attributes or skills do you bring to this program?

What obstacles do you have in completing this program?

Describe how you plan to overcome these obstacles. Include assistance that you would like to request of WNCC.

**F. Attach Documentation:**

- High School Diploma or GED or College Transcripts
- eCompass Assessment Scores or copy of ACT or SAT
- Copy of Driver’s License (Proof of Age)
- Signed Copy of Student Handbook Agreement
- Signed Copy of Confidentiality Statement
- Signed Copy of Consent for Drug Screening

I, \_\_\_\_\_, am indicating that the information I have included on my application is true. I understand misrepresentation or omission of information on this application, including my signature, may result in the loss of eligibility for admission into the program for which I am applying.

Applicant’s Signature:	Date:
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Term:  Fall  Spring  Summer

Year:

Name:

Sex:

Permanent Address:

Home Phone:

Cell Phone:

Email:

Emergency Contact:

Emergency Phone:

Relationship:

Course Instructor: Rex Famitangco, MS, MLS(ASCP)<sup>CM</sup> QLC, MT(AMT)

Course Instructor Contact Number: 402-650-7590

Course Instructor Email: famitang@wncc.net



I have read the student policy regarding health insurance and acknowledge that health insurance coverage is solely my responsibility as a student of the Phlebotomy Technician or Medical Laboratory Assistant program the Western Nebraska Community College. I have provided proof of health insurance coverage to the program faculty. I further understand that should this verification be fraudulent or should I allow my coverage to lapse, I am solely responsible for all expenses incurred for all accidents or illnesses which may occur as a result of exposure to the clinical or laboratory environment.

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**Print Student Full Name:**

**Date:**

**Student Signature:**

**Student ID Number:**



STUDENT INFORMATION:		
Name:		Student ID:
DOB:	Phone No:	Cell No:
Address:		
City:	State:	Zip:

As a student enrolled at the Western Nebraska Community College, I give permission for WNCC to release the following information from my student records:

- Immunization records
- Health insurance card
- CPR card
- Drug Screen Results
- Other (please specify) \_\_\_\_\_

This information can be released to:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State and Zip \_\_\_\_\_

This information is requested for the purpose(s) of:

- Recruitment
- Employment
- Clinical affiliation requirements
- Other (please specify) \_\_\_\_\_

I hereby grant permission to WNCC, PBT & MLA Program to release the above information if doing so is deemed necessary by the College. I also give permission to release information regarding my professional qualities, academic achievement, and clinical performance to the PBT & MLA Program Director when responding to requests for employment consideration. This release does not include any information submitted by me or at my direction relating to medical records or reasonable accommodations under the Americans with Disabilities Act. This authorization is valid for two (2) years and may be revoked at any time. Revocation of this authorization must be made in writing to the PBT & MLA Program Director. WNCC is not liable for release made prior to revocation.

**Print Student Full Name:**

**Date:**

**Student Signature:**

**Student ID Number:**

During the course of clinical or laboratory components of the Phlebotomy Technician and Medical Laboratory Assistant programs at the Western Nebraska Community College, students may come into contact with diseases, medicines, treatments, and equipment which are potentially hazardous to the students health, or to the health of an unborn fetus, in the case of pregnant students.

Examples of potential hazards to which exposure may occur include, but are not limited to bacterial diseases (staphylococcal, streptococcal); mycotic diseases (Coccidioidomycosis); tuberculosis; viral diseases (AIDS, Hepatitis); radioactive materials and radiation; and rabies (Veterinary Technology Program). It is possible that exposure to other hazards may occur, as well. Although reasonable efforts are made to avoid and minimize these risks, the exact probability of exposure to these potential hazards is not known.

The student may be required to enter areas where access is restricted due to the storage, transfer or use of radiation sources. Prior to extended work in these areas, students will be given appropriate instruction in precautions, protective devices, and educated about problems which may be encountered in these areas. Students shall comply with requirements of the WNCC licenses and registrations which may apply in these restricted areas.

Students will be given instruction in infection control procedures, and other techniques for minimizing the risks of exposure to potential hazards. Once this instruction is provided, students will be expected to care for infected clients. Exceptions to this requirement are outlined in the PBT & MLA program handbook. Refusal to carry out assignments with infected clients would be contrary to both the educational and professional objectives of the clinical programs.

Because of potential health risks to both parent and unborn child, WNCC strongly recommends female students give serious consideration to the avoidance of pregnancy during the clinical education portion of the program. It is strongly recommended that pregnancy be disclosed as soon as possible by notifying the program director or director of allied health. Instructors will attempt to accommodate the student with alternate clinical assignments whenever possible. Areas of special concern are infectious/communicable diseases, noxious fumes such as nitrous oxide, radiation and antineoplastic agents.

There is also a higher risk of danger to students who have compromised immune systems. Immunosuppression occurs when the bodys ability to fight infections and other diseases is impaired due to inhibition of the body's normal immune responses. Typical conditions which result in immunosuppression include HIV infection/AIDS, chemotherapy, steroid therapy, and anti-rejection drug therapy for organ transplantation. Students who suffer immunosuppression may consider withdrawing from the clinical program for so long as the immunosuppressive condition continues.

Each student enrolling in the clinical program must read this disclosure and waiver before instruction begins. Further, as a part of the consideration for the clinical programs and instruction provided, each

student must give up any and all claims for injuries which may arise from the potential hazards and risks described above. Each student shall complete and turn in to the program director the *Waiver of Liability*.

I have received and read the above statement *Disclosure of Exposure to Potential Health Risks*. By participating in the clinical or laboratory program, I waive any and all claims and causes of action, present and future, against Western Nebraska Community College and their respective officers, agents and employees arising out of my participation in clinical or laboratory program and resulting injury, physical or mental illnesses, disability, or death.

I acknowledge that this waiver is made freely, voluntarily and under no compulsion.

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**Print Student Full Name:**

**Date:**

**Student Signature:**

**Student ID Number:**

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*\*Students under age of 18*

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**Print Parent or Guardian Full Name:**

**Date:**

**Parent or Guardian Signature:**



**General Information:**

During this course you will be participating in laboratory activities in which learning by students requires the use of human subjects as part of the training. As a part of these learning activities you will be asked to perform specific skills as well as be the subject of specific skills practiced by students. These learning activities will be conducted under the supervision of the course instructor.

**Benefits:**

The activities listed have been selected because they are skills essential to the learning process and the faculty believe that realistic practice is essential for optimum learning.

**Bloodborne Pathogen Exposure:**

It is important that you be aware that blood and other body fluids have been implicated in the transmission of certain pathogens, particularly Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), the virus responsible for Acquired Immune Deficiency Syndrome (AIDS). In order to minimize risk of exposure to bloodborne pathogens, the student must agree to follow Standard Precautions guidelines as well as comply with regulations outlined in the OSHA Bloodborne Pathogen Standard.

**Risks/Discomforts:**

Participation may create some anxiety or embarrassment for you. Some procedures may create minor physical or psychological discomfort. Specific risks are listed below.

**Your Rights:**

You have the right to withhold consent and to withdraw consent after it has been given. You may ask questions and expect explanation of any point that is unclear.

<b>Learning Activity</b>	<b>Specific Benefit</b>	<b>Risks/Discomfort</b>
Venipuncture using both evacuated tube system (ETS) and syringe system	Student gains experience needed prior to performing procedures on actual patients	Possibility of hematoma or bruising; slight, temporary pain with procedure; slight risk of temporary nerve inflammation
Skin puncture of the finger tip	Same as above	Slight, temporary pain upon puncture; minimal possibility of infection (provided area is kept clean)
<b>Optional Learning Activity</b>	<b>Specific Benefit</b>	<b>Risks/Discomfort</b>
Skin puncture of the forearm for Bleeding Time Test (BTT)	Same as other activities listed above	Same skin puncture activity listed above; plus possibility of a small scar at incision site

I have read the above Human Subjects Document. I acknowledge my understanding of the risks and benefits described. My questions have been answered. I agree to participate as a subject in the learning activities listed above.

\_\_\_\_\_  
Signature of student  
(or parent or guardian if student is under 18 years of age)

\_\_\_\_\_  
Date

Printed Name and Address \_\_\_\_\_  
\_\_\_\_\_



As a student of the Phlebotomy Technician & Medical Laboratory Assistant Program of Western Nebraska Community College with access to health information, a student is expected to maintain the privacy and confidentiality of patient and/or student health information, as well as personal information such as age, address, telephone, marital status, etc. The federal Health Insurance Portability and Accountability Act (HIPAA) mandate requirements designed to enhance patient privacy.

The violation of these rules could result in significant civil and criminal penalties for the student and WNCC, particularly if an improper disclosure of information is done knowingly and for personal gain. The student will receive training regarding these rules. In general, however, disclosure of health information to anyone other than the patient typically requires the patient's express written authorization except in the following situations: (1) to employees who need the information for their job, or to a supervisor, (2) to medical providers for treatment purposes, or (3) to an insurance company to obtain payment for services.

As part of your responsibilities, you are expected to comply with HIPAA and all procedures developed for its implementation. Violation of these rules may result in discipline up to, and including, termination for a first offense. If you have questions, please discuss it with your instructor or the designated privacy officer.

Please acknowledge receipt of this letter by signing below.

**Print Student Full Name:**

**Date:**

**Student Signature:**

**Student ID Number:**



The undersigned understands that all medical information acquired as a result of their participating in work and/or health care activities at Facility is confidential and that the undersigned is prohibited from disclosing that information to any person or persons not involved in the care or treatment of the patients, in the instruction of Students, or in the performance of administrative responsibilities at Facility. The undersigned agrees to protect the confidentiality of patient information as required by law at all times both during and following his or her relationship with Facility. Conversations between physicians, nurses, and other health care professionals in connection with or in the presence of a patient receiving care or between the undersigned and a patient are also protected and may not be discussed. The undersigned recognizes that other sources of medical information include medical records, emergency room department, and ambulance records, child abuse reporting forms, elderly abuse reporting forms, laboratory requests and results, and x-ray requests and results. The undersigned understands that a breach of this confidentiality by him or her may result in an action for damages against him or her as well as against Facility. Facility may terminate the undersigned's relationship with Facility based upon a single breach of confidentiality by him or her.

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**Print Student Full Name:**

**Date:**

**Student Signature:**

**Student ID Number:**



I, \_\_\_\_\_, recognize that the use and abuse of alcohol, drugs or substances can create an unsafe clinical working environment for myself and others. I have been informed that as a condition of my participation in Western Nebraska Community College Phlebotomy Technician or Medical Laboratory Assistant Program, I agree to provide a blood, urine and / or breath sample to the drug testing laboratory designated by Western Nebraska Community College, PBT & MLA Program. I agree that MedTox and Western Pathology Consultants Inc., a drug testing facility, is authorized by me to provide the results of this test to WNCC. I agree to indemnify and hold MedTox and WPCI harmless from and against any and all liabilities or judgments arising out of any claim related to (1) compliance with federal and state law, or (2) WNCC's interpretation, use (including PBT & MLA program selection/termination decisions) and confidentiality of the test results, except where MedTox and or WPCI is found to have acted negligently with respect to such matters.

I understand that if I fail to cooperate with a testing procedure, or in the case of a positive test result, I may not be allowed to participate in the PBT & MLA program at WNCC or I may be terminated from a the program.

I understand that if a test is positive for a controlled substance, I must be able to produce a prescription for that drug. The drug must be prescribed for me and the prescription must be from the medical doctor licensed to practice in the United States.

**Print Student Full Name:**

**Date:**

**Student Signature:**

**Student ID Number:**





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As required by my program of study, I \_\_\_\_\_ hereby state, represent, and agree to the following:

1. **Physical Examination:** I agree to obtain a physical examination within one year prior to entering into the Training Experience at a facility and to provide proof of the following:
  - a. Drug screen: Negative results to a 5-panel drug screen.
  - b. Tuberculosis: Proof of non-infectivity with pulmonary tuberculosis by completing either:
    - (1) Two-step TB skin test (TST) for students with no history of positive TST or who have not been tested in the last 365 days.
    - (2) One-step TST test for students with proof of a negative TST within the past 365 days.
    - (3) Negative chest x-ray for students with proof of past positive TST.
  - c. Measles (rubeola): documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
  - d. Mumps: documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
  - e. Rubella: documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
  - f. Chicken pox (varicella): documented receipt of two doses, or documented history of the disease, or serological evidence of immunity, or born in the year 1956 or earlier, or statement of religious or medical refusal.
  - g. Hepatitis B: documented receipt of three doses, or serological evidence of immunity, or statement of religious or medical refusal.
  - h. Tetanus and diphtheria: documented inoculation within ten (10) years
  - i. Communicable diseases: Certification from a licensed physician that I am free of any casually transmitted communicable disease in a contagious state.
  
2. **Background check:** I agree to obtain, at my own cost a criminal background check to include, minimally an outstanding warrants search, statewide criminal search, fingerprinting (required by law in Nebraska, Colorado, South Dakota or Wyoming), a Department of Motor Vehicle Records search, and civil and criminal public filings for the State of Nebraska (hereinafter collectively referred to as the "Background Information"). I agree to provide the Facility with the Background Information for the Facility's review prior to my acceptance by the Facility.
  
3. **Policies, procedures, regulations:** I agree to conform to all applicable Facility policies, procedures, and regulations, and such other requirements and restrictions as may be mutually specified and agreed upon the Facility Designated Representative and School.

4. **Personal support:** I understand and agree that I am responsible for my own support, maintenance and living quarters while participating in the clinical experience and that I am responsible for my own transportation to and from the facility.
5. **Medical care:** I understand and agree that I am responsible for my own medical care needs. I understand that Facility will provide access to emergency medical services should the need arise while I am participating in the Training Experience. However, I understand and agree that I am fully responsible for all costs related to general medical or emergency care, and that Facility shall assume no cost or financial liability for providing such care.
6. **Training:** I acknowledge that I have received training in blood and body fluid standard precautions consistent with the guidelines published by the U.S. Centers for Disease Control and Prevention. Documentation of such training shall be provided prior to beginning my Internship Program.
7. **Academic credit:** I acknowledge that I will receive academic credit for the Training Experience provided at Facility and that I will not be considered an employee of Facility or School, nor shall I receive compensation from either the Facility or School. I further acknowledge that I am neither eligible for nor entitled to workers' compensation benefits under Facility's or School's coverage based upon my participation in Program. I further acknowledge that I will not be provided any benefit plans, health insurance coverage, or medical care based upon my participation in this Program.
8. **Right to participate:** I understand that Facility may suspend my right to participate in the Training Experience, if, in its sole judgment and discretion, my conduct or attitude threatens the health, safety or welfare of any patients, invitees, or employees at Facility or the confidentiality of any information relating to such persons, either as individuals or collectively. I further understand that this action shall be taken by facility only on a temporary basis until after consultation with School. The consultation shall include an attempt to resolve the suspension, but the final decision regarding my continued participation in the Program at Facility is vested in Facility.
9. **Discrimination:** I agree to comply with discrimination regulations and shall not discriminate against any person because of race, color, religion, sex, marital status, sexual orientation, national origin, age, physical handicap, or medical condition as provided by law.
10. **Suspension of use:** I further understand that Facility has the right to suspend use of their facilities in connection with this Training Experience should their facilities be partially damaged or destroyed and such damage is sufficient to render the facilities untenable or unusable for their purpose while not entirely or substantially destroyed.
11. **Confidentiality:** I recognize that medical records, patient care information, personnel information, reports to regulatory agencies, conversations between or among any healthcare professionals are considered privileged and should be treated with utmost confidentiality. I further understand that if it is determined that a break in confidentiality has occurred as result of my action, I can be held liable for damages that result from such a breach.

I have read the foregoing information and I understand and agree to the terms therein. I recognize that as consideration for agreeing to said terms Facility will permit me to participate in the Training Experience at Facility.

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**Print Student Full Name:**

**Date:**

**Student Signature:**

**Student ID Number:**



***After thoroughly reading and familiarizing yourself with the Phlebotomy Technician & Medical Laboratory Assistant Student Handbook policies and procedures read and initial each of the following statements.***

Student Initials	Statements
	I have read and understand the information provided in this handbook and understand the policies and procedures stated within. I understand that if I cannot support and abide by these policies and procedures, it may be in my best interest to seek another program in which to develop my technical skills.
	I have had an opportunity to ask questions about this material and have had those questions answered to my satisfaction.
	I have read the Essential functions of a PBT & MLA Student and understand that if I have difficulty in any of these areas, I may not be successful in passing the Program.
	I have been informed of the amount of clinical time required to complete the requirements of ALHL-2040 and ALHL-xxxx to successfully complete the PBT or MLA Program.
	I have read the "Safety & Blood borne Pathogen Policy and Applications" in this Student Handbook. I have been informed that biological specimens and blood products utilized in student lab and clinical rotations may possess the potential of transmitting infectious diseases such as hepatitis and acquired immunodeficiency syndrome (AIDS). I understand that even though diagnostic products are tested for HIV antibodies and Hepatitis B surface antigen (HBsAg), that no known test can offer 100% assurance that products derived from human blood will not transmit disease. I understand that I will be taught the proper way to handle patient specimens and reagents prepared from biological materials (Standard / Universal Precautions) to decrease the risk of exposure and I agree to abide by them.
	I understand that the college does not provide healthcare insurance. I have been advised to carry medical insurance and acknowledge that my health and accident insurance and/or expenses are my responsibility.
	I understand that I must submit proof of all immunizations required by PBT & MLA Program.
	I understand that a failure to follow any of these policies may result in my dismissal from the PBT & MLA Program.
	I agree that while enrolled in the Phlebotomy program I will treat my studies, labs, and clinical practicum as an employee would treat job responsibilities, recognizing that my instructor assumes the role of my supervisor. I will attempt to learn not only the technical skills required of a phlebotomist, but will also strive to develop professional behaviors and attitudes.

**Student (Signature):**  
**Student (Print Name):**  
**Date:**



To be completed by PBT & MLA Student

Student Name:		
Student ID Number:	Age:	Date of Birth:
Address:		
Home Phone:	Cell Phone:	Email:
In Case of Emergency Notify:		
Name:	Name:	Physician:
Relationship:	Relationship:	Telephone:
Home or Cell Phone No:	Home or Cell Phone No:	Hospital/Clinic:

**Do you have, or have you ever had, the following:**

Yes	No	Unsure		Yes	No	Unsure	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rheumatic fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Varicose Veins
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heart murmur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stomach/Liver/Intestinal trouble
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gall Bladder/Gall Stone trouble
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent/Severe headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Jaundice or Hepatitis
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Reaction to serum drugs/medicine/latex
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eye Trouble/Corrective lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Broken bones
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Color blindness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tumor, growth, cyst, cancer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ear, Nose, Throat trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rupture or hernia
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hearing loss or hearing aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent or painful urination
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Kidney stones or blood in urine
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sugar or albumin in urine
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hay Fever/Sinusitis/Colds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diabetes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Animal allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VD/Syphilis/Gonorrhea
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Head injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Recent gain or loss of weight
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skin disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Arthritis/Rheumatism/Bursitis
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thyroid trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bone, joint or other deformity
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tuberculosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Recurrent back pain
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Coughed up blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Brace or back support
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tricker locked knee
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Foot trouble
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain or pressure in chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Any disease of glands
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chronic cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depression or excessive worry
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Palpitation or pounding heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loss of memory or amnesia
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heart trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nervous or mental disorder
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High or low blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chickenpox
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neuritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Paralysis (include infantile)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Epilepsy or seizures				

**Explain YES answers as necessary:**

**Current Medications:**

*In an emergency, I authorize the WNCC personnel in charge to use their discretion regarding the Colleges emergency procedures.*

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**Print Student Full Name:**

**Date:**

**Student Signature:**

**Student ID Number:**

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*\*Students under age of 18*

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**Print Parent or Guardian Full Name:**

**Date:**

**Parent or Guardian Signature:**



Student Name:		
Student ID Number:	Age:	Date of Birth:
Address:		

(To be completed by the examining provider)

BP:	Pulse:	Resp:	Temp:
Height:		Weight:	
General Appearance:			
Review of Systems:			
Ears:			
Eyes: Conjunctiva:	Lens(Cataracts?):	Color Blindness:	
Nose and Sinuses:			
Mouth and Throat:			
Neck: Thyroid:	Nodes:	Carotids:	Veins:
Heart:	Heart Murmur:	Valvular Defect: Does the student need to be pre-medicated for dental work?	
Lungs:			
Abdomen:			
Extremities:			
Skin: Redness:	Vesicles:	Hyper-pigmentation:	Latex Allergy:
Neurologic: Cranial Nerves:		Motor Strength:	
Sensory: Touch	Pinprick:	Vibration:	Proprioception:
Reflexes:	Romberg:	Gait:	

Does this individual require any special accommodations? If yes, please explain.

Any limitations to the students full participation in a health program? If yes, please explain.

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**Examining Provider (Print Full Name):**

**Date:**

**Examining Provider Signature:**

**Telephone No:**

**Examining Provider Address:**

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