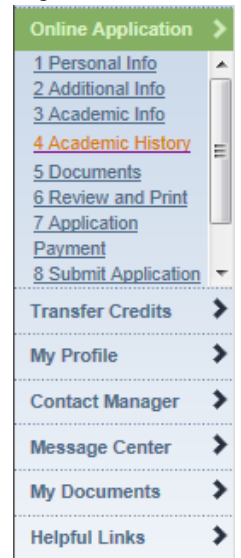## 2016 Phlebotomy Program Application

Attn: KPSAHS Applicants

You can now apply online to the KPSAHS Phlebotomy Basic & Advanced course! This is an easy way for you to provide all of the information we need about you, your program(s) of interest, documents required for admission, and even a link to pay the application fee online. **Please review the attached 4 page application instructions below before completing the online application process.**

To get started:
- Visit https://www.mykpsahs.com/Applicant/ApplyOnline_Login.aspx.
- If it is your first visit, click on the **Create Account** button on the far right of the screen.
    - o Select **Richmond** as the campus of interest.
    - o Enter your **First and Last Name and Email Address.**
    - o You will be given your user name (write it down for future reference) and asked to create/enter your password and a PIN (any four digit number you will easily remember).
    - o You will be taken to the first step of the application process.
- If you have already started an application, simply login again using your username and password previously created, and you will be taken to the step in the application process where you left off.
- In Step 1: Enter all required personal information. Note that you can also opt-in to receive text message communications from KPSAHS – a great way to receive important updates from us. (Standard messaging rates may apply.) Click 'Save and Continue' after each step.
- In Step 2: Enter additional information as required.
- In Step 3: **For Degree:** select **Certificate of Completion**, **Program: Phlebotomy** ,and **Start Date**: **Choose a Course Date**.
- In Step 4: Skip this Step
- In Step 5: Skip this Step.
- In Step 6: You will be able to review your completed application and make any edits. Once you are satisfied with the information you have entered, you may print a copy for your records before you Click 'Submit'.
- In Step 7: You will be required to pay the **$65 Application Fee**.
- In Step 8: Submit your application.

Online Application >
1 Personal Info
2 Additional Info
3 Academic Info
4 Academic History
5 Documents
6 Review and Print
7 Application Payment
8 Submit Application

Transfer Credits >
My Profile >
Contact Manager >
Message Center >
My Documents >
Helpful Links >

Applications will not be considered until the application fee and all required supporting documentation has been received by the KPSAHS Admissions Office.

Please contact Admissions at (510) 231-5123 with any questions.

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SCHOOL *of* ALLIED HEALTH SCIENCES

2016 Phlebotomy Program Application

Instructions

Application Procedure - Application Procedure is outlined below. Please refer to the Phlebotomy Program page located on KPSAHS.org for more detail. All applicants must be at least 18 years of age to apply.

1. **Application Packet** – Applicants are responsible to collect all documents required to submit an Application Packet. A completed application packet must include the following:

    - Submitted online application on or before the application deadline date.

    - **Students must provide <u>one</u> of the following items:**

        1. **Official, sealed high school transcripts confirming student has been awarded a high school diploma; or**

        2. **Official General Educational Development (GED) score report issued and mailed to KPSAHS confirming student has passed the GED; or**

        3. **Official, sealed college transcripts verifying successful completion of 12 semester or 18 quarter credits from a regionally-accredited institution. If applicable.**

Note: All foreign diplomas and documents must include an official notarized translation in English and be evaluated by a foreign transcript evaluation agency prior to submission. *Photocopies are not accepted.*

    - Immunization and Physical Exam documentation (**Physical Examination must be within the past 9 months prior to program start date**). This includes the attached Immunization form and applicant also needs to provide a second form of documentation

    - Valid American Heart Association *Basic Life Support for Health Care Providers* card (CPR). The CPR card must be valid through the completion of the program. KPSAHS will not accept any other type of CPR certification. **No Copies of cards will be accepted. Must submit original card.**

    - **$65.00** non-refundable handling fee for each application. Cash will not be accepted.

2. **Submission of Transcripts** – Mail your Official Transcripts to:

    > **Kaiser Permanente School of Allied Health Sciences**
    > **Attn: Admissions Department- Phlebotomy Program**
    > **938 Marina Way South**
    > **Richmond, CA 94804**

    All applications must be submitted online; no mailed applications will be accepted. However, official transcripts and/or GED score reports in support of the application must be mailed.

3. **Submission of Supporting Documents –** Please bring the following documents to Admissions on the day of your scheduled assessment exam.

    1. Immunization Form and copies of all current immunizations.
    2. Proof of Physical Examination.
    3. Valid CPR Card.

4. **Assessment Exam** –All applicants are required to take and achieve a passing score on the Wonderlic Scholastic Level Exam. **Refer to Exam Dates on page 3**.

    - Assessment exams are administered at the KPSAHS Richmond campus during the application period and must be completed by the specified deadline.

    - Use the following link to register for the assessment exam.
      http://events.SignUp4.com/kpsahsPAER

    - *It is the applicant's responsibility to schedule and meet the testing requirement. KPSAHS will not contact applicants regarding this exam*.

5. **Application Evaluations -** KPSAHS evaluates the submitted Application Packet to ensure all program requirements have been met. Applicants that meet the requirements will be contacted by phone and scheduled for an interview. **KPSAHS does not obligate itself to interview all applicants.**

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2016 Phlebotomy Program Application

*Program Dates

Quarter	Application Deadline	Phlebotomy Program Orientation*	Phlebotomy Program Course Dates
Winter 2016	November 5, 2015	December 10, 2015	January 4 – March 18, 2016
Spring 2016	February 4, 2016	March 10, 2016	April 4 - June 17, 2016
Summer 2016	April 28, 2016	June 16, 2016	July 5 – September 16, 2016
Fall 2016	July 28, 2016	September 8, 2016	October 3 – December 16, 2016

* Orientations are held at the Richmond Campus. Attendance is <u>mandatory</u> for course enrollment. Absence will result in removal from the program. Dates and hours are subject to change. All major Holidays are observed.

Assessment Exam Dates

Quarter	Day	Time	Location
Winter	August 21, 2015 September 8, 2015 September 24, 2015 October 6, 2015 October 27, 2015	10am- 12noon	Computer Lab
Spring	November 12, 2015 December 10, 2015 January 8, 2016 January 12, 2016 January 22, 2016	10am- 12noon	Computer Lab
Summer	February 9, 2016 February 25, 2016 March 8, 2016 March 24, 2016 April 12, 2016 April 22, 2016	10am- 12noon	Computer Lab
Fall	April 28, 2016 May 10, 2016 May 26, 2016 June 14, 2016 July 14, 2016 July 21, 2016	10am- 12noon	Computer Lab

*Refer to item#4 for instructions on scheduling your assessment exam date.

*Note Tuition and Fees subject to change. Refer to the Catalog for the most up to date information.

2016 Phlebotomy Program Application

IMMUNIZATION FORM

This form must be completed by authorized medical personnel and included in the application packet.
You <u>must</u> attach a second form of official immunization documentation displaying immunization dates and results.

Name (Last Name, First Name, Initial)		Date of Birth	
Phone Number		Additional Contact Number	
Physician Name / Medical Facility		Physician / Medical Facility Address & Phone number	

Student Health Screening Information						
Attach Official Immunization Documentation - Dates & Results must be shown						
MMR **Measles/Mumps/Rubella**	Titer Results:	Date:	**or**	Vaccine #1	Vaccine #2
Rubeola (Measles	Titer Results:	Date:	**or**	Vaccine #1	Vaccine #2
Mumps	Titer Results:	Date:	**or**	Vaccine #1	Vaccine #2
Rubella	Titer Results:	Date:	**or**	Vaccine #1	Vaccine #2
Varicella (Chicken Pox)	Titer Results:	Date:	**or**	Vaccine #1	Vaccine #2
TB Skin Test (PPD) (Requires two & must be within last 12 months)	PPD 1 Date:	Results:	**and**	PPD 2 Date:	Results:
Chest X-Ray (Required if PPD +)	Results:	Date:	**KPSAHS Verification** Date: _____ Initials:_____		
tDAP within 10 years **(Tetanus/Diphtheria)**	Vaccine Date:				
Hepatitis B Within 10 years. Series must be started before applying to program. If over 10 years, supply titre results	Series Dates #1	Declination			
	#2				
	#3				
	Titer Results:	Date:			

This form must be completed in detail and signed by authorized personnel. Return this form with all other application documents to KPSAHS at the time of submission.

Authorized Signature: _____ **Date**: _____

Valid with Medical Facility Stamp: