

Program Application:

The Community Hospital Phlebotomy Training Program is dedicated to principle of equal opportunity in every aspect of the program, including but not limited to application, applicant review, selection process, classroom, laboratory, and clinical training, evaluation and potential employment placement. Community Hospital is committed to providing a fair and equitable school/learning environment without regard to race, color, national origin, religion, age, sex, sexual orientation, gender identity, pregnancy, marital status, genetic information, military or veteran status, handicap or disability (within the ability to perform essential functions of the position). A person's status as defined by these criteria is protected by law and discrimination based upon or related to any of these criteria is strictly prohibited. In compliance with all Federal and State laws that are applicable to the admission/selection/participation relationship, Community Hospital prohibits retaliation the in the form of adverse assessment/treatment in any form because of a student's exercise of legally protected rights and activities. This includes but is not limited to the filing of a charge or complaint of discrimination, a complaint to the school disclosing unlawful discrimination in the classroom or laboratory, and participation in a discrimination investigation or proceeding.

Application Process:

1. Applicants must be 18 years of age, or older.
2. Complete every item of the application.
3. Submit a brief (1 page) personal narrative describing your interest in the Phlebotomy Program.
4. Request electronic or paper high school transcript(s) or college or technical school transcripts to be sent directly to:

Nicole Griffin MLS (ASCP)^{CM} SM^{CM}
Program Director
Community Hospital Central Laboratory
901 MacArthur Blvd.
Munster, IN 46321
Or electronically to njgriffin@powershealth.org
219-703-2412

NOTE: The Phlebotomy Training Program does not have student visa program capability this year.

NOTE: Application cannot be considered until all transcripts have been received.

Minimum overall GPA 2.50

Based on initial assessment the Program may:

5. Contact you to schedule an interview.
 - a. Request: Criminal background check
 - b. Drug screen
 - c. Immunization and Medical History



Community Hospital
Phlebotomy Training Program

Date _____

Applicant Name _____
Last First Middle Other/Maiden

Current Address _____
Street Apt.

City State Zip

Telephone (Cell) (Home) (Work)

Email address _____ Alternate Email _____

Permanent Address _____
Street Apt.

City State Zip

Education

Name of High School _____

College or Technical School _____

Any previous certifications, e.g. certified nurse assistant _____

Employment

Company	Address	Dates	Position	Reason for leaving

Emergency Contact Information

Name	Telephone	Relationship



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References

Name	Address	Telephone	Email	Relationship
Personal				
Academic				
Employment				

Attestation:

Read the following carefully before signing:

I hereby certify that all entries on this form and attachments are true and complete and I agree and understand any falsification of information herein, regardless of time of discovery, may be cause for dismissal from the program. I understand that all information on this application is subject to verification.

I understand that my acceptance into the program is contingent upon satisfactory completion of a drug screen. If selected, I may be required to complete a medical examination including proof required immunizations and drug screen.

If selected, I will be required to comply with Community Hospital established policies, rules and regulations pertaining to the Standards of Behavior and conduct of employees and the care of patients.

In accordance with state and federal laws, I will be reference checked for a criminal history. History of felony conviction may disqualify me from the program within Community Hospital.

I have read the foregoing conditions and I agree and comply with the terms and conditions therein. In addition, I authorize investigation of all statements contained in my application.

I hereby authorize former employers and educational institutions, licensing boards and authorities, their officers, agents or employees to furnish any information concerning my previous employment record, job performance, education, and character, and hereby release them from liability for reason thereof.



Community Hospital
Phlebotomy Training Program

Signature _____ Date _____

Printed Name _____