PHLEBOTOMY PROGRAM CHECKLIST

- Fall
- Spring
- Summer

DixieID: __________________________ Date Submitted: __________________________

Last Name: __________________________ First: __________________________

Phone: (_____) __________________________ E-mail: __________________________

Students will be placed on a waiting list for the next available opening.

ALL OF THE FOLLOWING MUST BE SUBMITTED WITH THIS CHECKLIST!

Incomplete checklists will not be accepted.

☐ DIXIE STATE UNIVERSITY ADMISSION PROCESS – COMPLETED
Currently a student in good standing OR have completed the admission process.

☐ BACKGROUND SCREENING – RESULTS ENCLOSED (Allow 7-14 days)
You must print off the summary (1st page) http://www.myvci.com/dixie
Phlebotomy code: KMKTH-66746

☐ DRUG SCREEN (9-panel PLUS Urine Alcohol) – RESULTS SENT DIRECTLY TO DEPARTMENT
DSU Health and Wellness Center, DAT Express – River Road, OR Intermountain Workmed – South of Costco

☐ CPR CERTIFICATION – COPY OF CARD ATTACHED
BLS with AED only! MUST include AED training.
DSU holds classes. Contact EMS Secretary to enroll: 435.879.4951

☐ 2 MMR (Measles, Mumps, Rubella) immunizations or blood test showing immunity

☐ TDaP IMMUNIZATION after age 10. MUST include Pertussis. Adult TD or childhood DPT does not meet requirement.

☐ HEPATITIS B SERIES with REACTIVE BLOOD TEST
Must complete series of 3 immunizations before program starts. Allow 4 weeks between. Reactive blood test also required.

☐ CHICKEN POX (Varicella) 2 IMMUNIZATIONS or titer showing immunity.
Doctor’s note and/or proof of having chicken pox is no longer acceptable.

☐ 2-STEP TUBERCULOSIS TEST – Proof of two separate TB skin tests (PPD/TST) within 12 months of each other (both with negative result), Negative QuantiFERON (blood test), Negative chest X-ray, or verification of prior treatment for TB.

☐ INFLUENZA VACCINE (Current, annual vaccine required during Flu Season)
Students are required to practice venipuncture procedures on each other as part of the laboratory experience.
There is a lab fee to be paid with tuition.

☐ I am willing to participate in Venipuncture practice with my classmates.

☐ I have attached all of the requirements with this checklist.

__________________________________________  __________________________
Signature  Date

Please mail or hand deliver to:
Dixie State University
ATTN: Phlebotomy Program
225 South 700 East, St George, UT 84770

Thank you for your interest in the Phlebotomy Program at Dixie State University!