

PHLEBOTOMY APPLICATION

Student Information (Print Clearly)

Full Legal Name: _____
(Last) (First) (M.I.) (Birth/Former name)

Permanent Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____
(Please circle preferred method of contact)

E-Mail Address: _____ U.S. Citizen: Yes No

Social Security No: _____

Date of Birth: _____
(optional)

High School Last Attended: _____ Year Graduated: _____
(name-city-state)

G.E.D. Graduate ___ Adult Diploma ___ Year Received ___ College-years completed? ___

Current employer _____

If student, current major or program of study _____

Responsible for payment: ___ Myself ___ Agency/Other _____
(please specify)

Have you ever been removed or excluded from any health care facility due to an allegation that you engaged in a form of neglect or other misconduct? Yes ___ No ___

If yes, please explain for **each** incident the following (attach an additional page if necessary):

Nature of the Incident _____

State and Name of the Facility _____

Age When the Incident Occurred _____

Further Explanation _____

Application Essay

An essay is required of all applicants and is reviewed as an important part of the selection process. Attach a separate sheet of paper describing your career, educational, and/or personal goals. Be sure to include why you want to take this course, any previous healthcare experience, and how you hope to use this training in the immediate future.

Applicant's Signature

EMCC Representative

Date

Date

Eastern Maine Community College is an equal opportunity/affirmative action institution and employer.