



354 Hogan Rd., Bangor, ME 04401
Phone: (207) 974 -4810 Fax: (207) 974-4811
PHLEBOTOMY APPLICATION

Student Information (Print Clearly)

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

Permanent Mailing Address:

City, State, Zip:

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

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

Social Security No: Date of Birth: (optional)

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

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.

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Applicant's Signature

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EMCC Representative

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Date

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Date

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