Dear Prospective Student,

The Phlebotomy Technician Course is designed for people who plan to work for a clinical laboratory, public health department, clinic, or hospital. The course combines 30 hours of online instruction, 15 hours of face to face instruction and 100 hours of supervised clinical experience through a CLIA regulated accredited laboratory. The Phlebotomy Technician Course prepares students to take the Certified Phlebotomy Exam through ASCP. The course includes a month long online lecture, three face-to-face Saturday labs at MSU, and a practicum experience in either Bozeman or Ennis. This application cover letter highlights only some aspects of the course. Please see the full course description online for complete details and price.

If you strongly prefer to complete your practicum in either Bozeman or Ennis or you require certain practicum dates, we suggest you register and pay as early as possible after you are accepted.

Please fill out the attached course application and return it to our office by Thursday, March 23, 2018. Applications postmarked after this date will not be considered.

The application timeline is as follows: (Please note: All correspondence will be conducted via email. Contact our office if you do not have an email address to arrange for alternative correspondence.)

Thurs., March 23 Applications Due
Tues., April 3 Interview Time Notification E-mails Sent
Sat., April 7 Phone Interviews with instructor
Tues., April 10 Student Acceptance E-mails Sent
Wed., April 11 & Thurs., April 12 Registration (call in) – students register for a practicum date

(Please note: The full non-refundable payment is due at the time of registration. Registration for practicum dates will be on a first come, first serve basis. Students who have not registered and paid by Friday, April 13 may be required to give up their spot in the course.)

Course Content Questions: Contact instructor, Sara Handl, at sara.handl@montana.edu

Course Application and Registration Questions: Contact MSU Continuing, Professional and Lifelong Learning, 406-994-6550, toll free 1-866-540-5660, or ContinuingEd@montana.edu

Thank you for your interest!

Sincerely,
Nicole Soll
Program Manager
MSU Continuing, Professional and Lifelong Learning
Phlebotomy Technician Course Application

INSTRUCTIONS:

1. Fully complete this application. An incomplete application will not be evaluated.
2. Applications must be postmarked no later than Thursday, March 23, 2018

PERSONAL DATA: (type or print clearly in blue or black ink)

Name: ___________________________________ Date: ________________________________
(Last, First, Middle)

Address: ___________________________________________________________________________
(Street, City, State, Zip)

Home Phone Number: _______________________ Work Phone Number: _______________________

E-mail: ___________________________ Date of Birth: ________________________________

(Include an email address where you can be reached for application correspondence. Application
Correspondence will be done via email only. Please contact our office if you do not have an email
address.)

EDUCATION: List high school and higher education institutions you have attended, beginning with the
most recent.

School: ___________________________________________________________________________

Address: ___________________________________________________________________________
(Street, City, State, Zip)

Degree/Diploma Obtained: __________________________________________________________

School: ___________________________________________________________________________

Address: ___________________________________________________________________________
(Street, City, State, Zip)

Degree/Diploma Obtained: __________________________________________________________

School: ___________________________________________________________________________

Address: ___________________________________________________________________________
(Street, City, State, Zip)

Degree/Diploma Obtained: __________________________________________________________
EMPLOYMENT HISTORY:
List positions of employment beginning with the most recent:

Employer Name:______________________________________________________________________
Address:______________________________________________________________________________
(Street, City, State, Zip)
JobTitle/Duties:_______________________________________________________________________
Supervisor: _______________________________ Supervisor’s Phone #: (____)_____________________
Dates Employed: from Mo. ____/Year ___ to Mo. ____/Year: ___ Average # of Hours worked/week:____
If you are no longer working for this employer, please provide the reason for leaving (required for
application review).

Employer Name:______________________________________________________________________
Address:______________________________________________________________________________
(Street, City, State, Zip)
JobTitle/Duties:_______________________________________________________________________
Supervisor: _______________________________ Supervisor’s Phone #: (____)_____________________
Dates Employed: from Mo. ____/Year ___ to Mo. ____/Year: ___ Average # of Hours worked/week:____
If you are no longer working for this employer, please provide the reason for leaving (required for
application review).

Employer Name:______________________________________________________________________
Address:______________________________________________________________________________
(Street, City, State, Zip)
JobTitle/Duties:_______________________________________________________________________
Supervisor: _______________________________ Supervisor’s Phone #: (____)_____________________
Dates Employed: from Mo. ____/Year ___ to Mo. ____/Year: ___ Average # of Hours worked/week:____
If you are no longer working for this employer, please provide the reason for leaving (required for
application review).
PERSONAL REFERENCES:
List three personal references, which are not related to you. **At least one references needs to be from a former or current supervisor that you listed above.**

1. Name:________________________  Title/Relationship to you:_________________
   Phone Number:__________________  e-mail address:__________________________

2. Name:________________________  Title/Relationship to you:_________________
   Phone Number:__________________  e-mail address:__________________________

3. Name:________________________  Title/Relationship to you:_________________
   Phone Number:__________________  e-mail address:__________________________

PERSONAL STATEMENT:
Briefly explain why you are taking this course and your long term goals as they pertain to health care.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

I certify to the best of my knowledge the information provided in this application is accurate and complete. I understand that if this information or any other information, upon which my admission is based, is discovered to be inaccurate or incomplete, MSU Extended University may rescind my acceptance into the course.

______________________________   ______________________________
Signature       Date

Return to:

MSU Continuing, Professional and Lifelong Learning
Phlebotomy Course
128 Barnard Hall - P. O. Box 173860
Bozeman, MT 59717-3860
**Return With Your Application**

Phone interviews will be held on:

**Saturday, April 7**
Every Fifteen Minutes
Between 8 a.m. – 5 p.m.

Please indicate the best phone number to contact you at. Please indicate the best times of day to contact you. Include an email address where you can be reached for **confirmation**. Confirmations will be done via email only. If you do not have an email address, please contact our office.

Phone Number to contact me at: _________________________________________________

**Best times to contact me**
Ex. 9:00 a.m., 9:15 a.m. etc.

1. __________________________

2. __________________________

Name ____________________________________________________________ Please Print Clearly

Email Address __________________________________________________________ Please Print Clearly

Telephone Number __________________________________________________________ Please Print Clearly

*We will try to accommodate your first request; however, due to the high number of applications, we may need to assign you a different interview time.*