



**ACADEMY**  
of MEDICAL PROFESSIONS

BRUNSWICK BUSINESS CENTER  
18 Pleasant St, Ste 210, Brunswick, ME 04011

TOLL FREE (866) 516-8274  
TEL (207) 721-0714  
FAX (207) 449-1242

info@AcademyofMedicalProfessions.com  
www.AcademyofMedicalProfessions.com

## PHLEBOTOMY

with CPT National Certification  
(Certified Phlebotomy Technician)

Become Nationally Certified in 10 weeks as a Phlebotomy Technician by professionals in the industry.

Phlebotomy technicians, *also referred to as a phlebotomists*, have an essential role in the clinical laboratory process, as their main job duty is drawing patient's (*or animal*) blood for testing to help in the detection and diagnosis of disease, transfusions, donations and research. They are employed in hospitals, clinics, private practices, diagnostic laboratories and blood banks.

Phlebotomy technicians properly label and store samples, and deliver them to the laboratory or drop-off point. Their job duties include ensuring quality control throughout the process, making sure specimens are not contaminated. They also do data entry and record keeping on the computer, entering patient information and blood testing results. They collect blood primarily by performing venipuncture, and for collection of minute quantities of blood; fingersticks, or for infants through a heel stick.

Factors that affect the salary for this occupation are experience, employer type and location. If certified, a phlebotomist generally earns more and has more opportunities for advancement. The average salary for a phlebotomist depends on the setting, the state in which you live, and experience, but typically ranges from \$24,000 to \$35,000. Our course will provide you the national certification examination through the American Society of Phlebotomy Technicians.

Our instructors are professionals in the industry and can offer you the benefit of their knowledge and experience.

## PHLEBOTOMY COURSE DESCRIPTION

*What would you do?* clinical scenarios let you apply your knowledge to real-life challenges in the workplace.

**Updated venipuncture procedure** keeps you current with CLSI standards.

**Higher-level questions are added to the mock certification exam**, asking you to think critically about the information in each chapter.

**An additional mock certification exam for extra practice** is added to the Evolve companion website - which also includes videos of procedures, interactive exercises, and an audio glossary

**Introduction to Phlebotomy:** Health Care Structure, Safety, Infection Control

**Phlebotomy Basics,** Medical Terminology, Human Anatomy & Physiology, Circulatory, Lymphatic, and Immune Systems

**Specimen Collection:** Venipuncture Equipment, Routine Venipuncture, Dermal Puncture, Venipuncture Complications, Blood Collection in Special Populations, Arterial Blood Collection, Special Collections and Procedures, Special Nonblood Collection Procedures

**Specimen Handling:** Specimen Transport, Handling, and Processing, Point-of-Care Testing

**Professional Issues:** Quality Phlebotomy, Legal Issues in Phlebotomy

### WHAT IS PROVIDED WITH THE TUITION FOR THIS PROGRAM:

- Phlebotomy, 3rd edition, Worktext and procedures Manual, and online access through VitalSource, by Richard Robinson, NASW and Robin Warekois, BS, MT (ASCP)
- Complete Phlebotomy Exam Review by Pamela Primrose with extra text questions for the national boards' exam.
- National Certification registration and fees.
- Resume writing assistance.
- Job placement assistance.
- Externships may be available depending on the student and hospital's availability.

**\*\*\*GI Bill recipients follow different guidelines. If you are a GI Bill student please contact our office for more details\*\*\***

## ENTRANCE REQUIREMENTS

All applicants must be 18 years of age. A high school diploma or GED equivalent is also required for most employment opportunities. No criminal record. Must submit a copy of current, up-to-date immunization records. Students must be aware and agree to participate in “sticking/drawing” each other in class and will sign a consent prior to the first class.

## ATTENDANCE POLICY

Due to the amount of Lab time of this course, the attendance policy set forth by the Academy of Medical Professions is strictly enforced. You must get written approval from the instructor. Any missed classes must be made up before the final exams, and it must be approved by the school and the instructor. If a student misses more than 3 classes, the student will be expelled from the program. Please see the refund policy.

## STANDARDS OF PROGRESS

Students whose academic average drops below 70% will be placed on academic probation. We will work with the student to develop an action plan for success, to include specific goals and target dates. If the student is unsuccessful in meeting the goals and target dates of the action plan for success, the student will be subject to academic dismissal. If a student misses more than 3 live classes and does not make up the class with the instructor at the instructors discretion, the student will be subject to academic dismissal with no refund.

## REFUND POLICY

- You may terminate the Enrollment Agreement or training at any time. If you do so, you must inform **the school, not the instructor in writing**. Termination will become effective upon receipt of the written notice. Refund will be based on notification week corresponding with your course assignments/week associated with start date of the program.
- If you terminate within three days of enrolling, provided you have not commenced training, you will receive a refund of the money paid to the school, minus \$450 for the course books and reference books, unless they are returned unused. **The \$300.00 application fee is nonrefundable.** If no unused books are returned, the total subtracted from the refund will be \$750.00. If all materials are returned, only the application fee will be subtracted.
- If you terminate within the first 3 weeks, you will receive a prorated refund equal to the unused portion of monies received from your last day of attendance, or week corresponding with your course assignment, less the application fee of \$300.00 and the book fee of \$450.00 for course books. **If you terminate any time after week 3, there will be no refund. If you are paying a payment plan, the balance will be effective as of drop date, 30 days to pay in full or sent to collections..**

# **SCHOOL CALENDAR PHLEBOTOMY**

## **Current Locations:**

Brunswick/Topsham (Merrymeeting Adult Education).  
Spruce Mountain RSU 73 Adult Education  
Van Buren Adult Education  
Ellsworth

Location varies from semester to semester with location of the class being posted 2 weeks prior to the start of class.

## **WINTER**

### **TUESDAYS/THURSDAYS**

Beginning February 27, 2018  
5:30-9:00 PM

## **SPRING/SUMMER**

### **TUESDAYS/THURSDAYS**

Beginning June 26, 2018  
5:30-9:00 PM

## **FALL**

### **TUESDAYS/THURSDAYS**

Beginning October 16, 2018  
5:30-9:00 PM

There is a required minimum of 6 students to host at a location, should there not be enough students at the location you are interested in, you will be given the option of changing locations.



**PHLEBOTOMY COURSE ENROLLMENT AGREEMENT**  
(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

E-MAIL: \_\_\_\_\_

LOCATION ATTENDING \_\_\_\_\_ START DATE \_\_\_\_\_

Where Did You Hear About Our Courses? Adult Education Brochure/Website  
If Adult Education brochure or website, which one? Mid-Maine Regional Adult Community Education

**PAYMENT METHOD**

\*\*\*\*Please make checks payable to the Academy of Medical Professions\*\*\*\*  
\$300.00 non-refundable enrollment fee is **already included** in the price

**Please initial**

\_\_\_\_\_ I have provided a copy of my current immunizations.

\_\_\_\_\_ I understand that I will be required to participate in performing common phlebotomy practices in this class which requires a number of needle sticks on myself, others in the program and/or volunteers.

\_\_\_\_\_ I understand that I will **NOT** be required to participate in an externship but will provide consent to the instructor and school should I desire to obtain one and that it is not guaranteed.

\_\_\_\_\_ I understand that there may be a dress code in this field, which may include but not limited to hair color, tattoos and/or piercings.

**SINGLE PAYMENT**  
**\$2,400**

**CIRCLE ONE**  
Phlebotomy, all inclusive program

**\$2,400 Voucher Payment**, Phlebotomy, all inclusive program  
VOUCHER PAYMENTS I.E. GOODWILL, DEPT OF LABOR, VA, MYCAA, ETC.

**Name of Organization paying and contact information:**

\_\_\_\_\_  
\_\_\_\_\_



**PHLEBOTOMY COURSE ENROLLMENT AGREEMENT Page 2**

**PAYMENT PLANS (Finance Fees Included)**

**CIRCLE ONE**

- \$2,600**                      **\$500 Down, \$75 weekly until paid in full**
- \$2,700**                      **\$500 Down, \$400 monthly until paid in full.**
- \$2,600**                      **\$500 Down, \$500 monthly until paid in full.**

**CONTRACT AGREEMENT**

I, \_\_\_\_\_ hereby agree to the above mentioned terms of the program. I agree to the payment plan chosen above and I have read and understand the REFUND POLICY for his course and agree to its terms. I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(THIS INFORMATION IS ONLY NEEDED IF USING PAYMENT PLAN)**

SS# \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

**PAYMENTS MADE BY CREDIT CARDS**

CREDIT CARD # \_\_\_\_\_

EXPIRATION: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ TYPE OF CARD: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

ADDRESS WHERE CARD IS SENT IF DIFFERENT FROM REGISTRATION FORM:  
\_\_\_\_\_

**(Check One)**

**DEPOSIT** Amount \$ \_\_\_\_\_ Date to take out deposit: \_\_\_\_\_

**(OR)**

Payment in **FULL** \$ \_\_\_\_\_ Date to take out the full payment: \_\_\_\_\_

**PAYMENT PLANS:**

**(OR)**

**WEEKLY** Amount \$ \_\_\_\_\_ Date to begin payments: \_\_\_\_\_

**MONTHLY** Amount \$: \_\_\_\_\_ Date to begin payments: \_\_\_\_\_