

## **Phlebotomy Requirement Form**

1. I understand that the class is offered in English, and I must be able to speak, read, and understand English.
2. I understand that I must perform a minimum of 30 successful venipunctures and 10 skin punctures.
3. I understand that I must be able to see and feel veins in order to be successful in the course.
4. I agree that I do not suffer from a fear of blood or needles.
5. I understand and willingly agree to allow my classmates to perform venipunctures on me while supervised by my instructor.
6. I agree to not hold Emergency Medical Consultants, its representatives, or fellow classmates responsible for any injury I may sustain.
7. I understand that I must bring in a volunteer on lab day to perform "live" sticks on.
8. I acknowledge that I am not pregnant (If you are pregnant, please notify our office immediately as you will not be able to continue in the course)
9. I do not have any medical conditions that would prevent me from allowing classmates to draw my blood.
10. I understand that attendance is mandatory and that if I miss a class I am expected to notify the office, communicate with my instructor, and catch up on any missed work by the next class.
11. I understand that if I miss more than one class I will be dropped from the program and forfeit my course fees.
12. I understand that studying at home is required.
13. I understand that this course is non-refundable and if I do not complete the program based on my own will, non-payment, attendance, or performance issues I will forfeit my course fees.
14. I understand and acknowledge that if I chose the payment plan option that the first payment is due upon registration, the second payment is due a week before class, and the final payment is due by the second week of class and that is my responsibility to contact the office to pay on time.
15. Should my phone number or email address change during the duration of the program, I understand that it is my responsibility to provide the office with my updated contact information.
15. I understand that during the 3<sup>rd</sup> week of class I will be emailed directions for registering for the National Exam and if I do not register for the exam before the deadline, I will be unable to take the exam with my class and must pay a \$150 sitting fee to take it at a later date.
16. I understand that while EMC may offer suggestions of places to apply, we do not offer job placement, and are not responsible for providing you with a job as a Phlebotomist.

**By signing this document, I agree to the terms and conditions stated above.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date