



## **Application for Phlebotomy Training Program**

### **SELECTION**

NorthShore University Laboratory Services seeks applications from individuals whose life experiences indicate a high degree of personal and professional promise. To this end, admission is selective. Letters of recommendation will attest to the applicant's character and dedication while the interview process will allow for a suitability evaluation. Combining these 2 with the educational requirements will paint a complete picture of the applicant and allow for appropriate selection.

### **APPLICATION**

A completed application must be received 3 weeks prior to the start of class and consists of:

1. Completed application form with a \$15.00 non-refundable application fee (make checks out to NorthShore University HealthSystem Laboratory Education)
2. Copy of High School diploma or GED equivalent
3. Two reference letters, typed on institutional or professional letterheads; these letters can be from supervisors, managers at places of employment or teachers
4. Signed Essential Functions Agreement statement

### **PERSONAL INTERVIEW**

A personal interview is required. An interview will be scheduled when all data listed above have been received.

### **FOREIGN GRADUATES**

Individuals who possess a foreign degree and who wish to apply must satisfy the following criteria.

1. Acceptable visa status *or* employment authorization document (EAD)
2. If high school diploma or GED was earned outside the US, then credential evaluation must be completed by an approved agency. Contact us for details.

### **ACCEPTANCE**

Upon acceptance into the program, the following is required by the student:

1. \$1,200 Tuition fee (includes program fee, textbooks, and other supplemental materials)
2. Proof of Health Insurance
3. Proof of professional liability insurance from [www.hpsa.com](http://www.hpsa.com)
4. Completed drug test

**APPLICATION FOR ADMISSION**

<b>APPLICATION FOR ADMISSION</b>			
Name (Last)		(First)	(Middle)
e-mail address		Social Security Number	
Permanent Legal Address		Telephone Number	
Mailing Address		Telephone Number	
Date of Birth	Gender	Country of Birth	Citizenship/Visa Status
Person to be notified in case of emergency		Relationship	
Address		Telephone Number	
<b>LIST ALL SCHOOLS ATTENDED:</b>			
High School		City	State
Dates Attended	Degree	Major (if applicable)	Graduation Date
College		City	State
Dates Attended	Degree	Major(s)	Graduation Date
College		City	State
Dates Attended	Degree	Major(s)	Graduation Date
<b>LIST ALL EMPLOYMENT DURING THE PAST 5 YEARS (MOST RECENT FIRST)</b>			
Employer		Dates	Position
Employer		Dates	Position
Employer		Dates	Position
Employer		Dates	Position

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**REFERENCES**

Two letters of recommendation must be sent directly to the Program Director at Evanston Hospital using the enclosed forms. List their names and addresses below:

1.

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2.

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**EXTRACURRICULAR ACTIVITIES** (list or include resumé)

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**HONORS RECEIVED IN SCHOOL** (list or include resumé)

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**ETHNIC ORIGIN**

The following information is requested so that NorthShore-Evanston can document compliance with Federal regulations. This information is not used in the selection process. Please indicate the description that best reflects your origin.

- American Indian or Alaskan Native:** a person having origins in any of the original peoples of North America
- Black/Non-Hispanic:** a person having origins in any of the black racial groups of Africa
- Asian or Pacific Islander:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands
- Hispanic:** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture origin, regardless of race
- White/Non-Hispanic:** a person having origins in any of the original peoples of Europe, North Africa, the Middle East or the Indian Subcontinent

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**INTERVIEW**

A personal interview is required. Please list dates ( or weekdays ) and timeframes you will be available.

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I certify that the information submitted in this application is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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Compose a handwritten statement in the space provided below; explain the reason(s) you are choosing phlebotomy as a profession.

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PLEASE RETURN THE APPLICATION TO:

Tyrie Gardner, MS, MT(ASCP)  
NorthShore University HealthSystem - Evanston Hospital  
Department of Pathology & Laboratory Medicine  
2650 Ridge Avenue, Evanston, IL 60201

[tgardner@northshore.org](mailto:tgardner@northshore.org)

**Evanston Hospital**

**Recommendation for Phlebotomy  
Clinical Education**

<b>To the Applicant</b>	
<p>The family Rights and Privacy Act of 1974 provides that certain educational records may be open to students at their request.</p> <p>The Act also provides that, in the case of recommendations, the Institution may request, but not require, the student to waive his/her right to read confidential recommendations. Please indicate whether or not you waive your right to read the confidential recommendation on this form and sign your name.</p>	<p>I ___ do waive my right to read this form.</p> <p>I ___ do <b>not</b> waive my right to read this form.</p> <p>_____</p> <p>Student Signature</p>
<b>To the Person Completing This Recommendation</b>	
<p>NorthShore University HealthSystem, Evanston Hospital Medical Laboratory Science Program has selective admission. Accordingly, the Admissions Committee will be reviewing my records including courses pursued and grades received. The Committee recognizes that those factors alone cannot in themselves predict my personal and professional promise; therefore, I have been asked to present a reference which is directed to my initiative, leadership ability, academic strength, interpersonal skills, and professional goals.</p>	<p>_____</p> <p>Name</p> <p>_____</p> <p>Title and Position</p> <p>_____</p> <p>Institution</p>

Professional capacity in which you have known the student:

\_\_\_\_\_

Period of time you have known the student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommendation**

Please attach a letter of recommendation using official stationary. Your prompt reply is appreciated.

Essential functions represent the non-academic ability of the applicant or student to accomplish the essential requirements of the Phlebotomy Training Program. These standards are based on the essential skills of the phlebotomy student. They must be mastered in order to participate in the educational program.

<b>Vision</b>	The student must be able to identify sizes and shapes and discriminate colors or shades both macroscopically and microscopically.
<b>Communication</b>	The student must be able to communicate fluently in English by written and oral and/or alternate means. This includes the ability to successfully receive and transmit information. The student must also be able to read and follow instructions.
<b>Movement</b>	The student must have the ability to freely maneuver around the assigned laboratory work areas and patient care settings.
<b>Motor Skills</b>	The student must be able to safely and accurately perform diagnostic laboratory procedures. This includes, but is not limited to, lifting, operating instruments, performing manual tests, and performing phlebotomy.
<b>Emotional Stability</b>	The student must be able to accurately perform laboratory duties in a stressful environment. This includes, but is not limited to, identifying and responding to emergency and non-routine situations.

Please sign this page, make a copy for your records, and return it with your application.

I have read and understand the essential functions for the Phlebotomy Program. I can meet these requirements.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date