College of Nursing & Health Sciences
SOUTHEAST MISSOURI HOSPITAL

AH 102: Phlebotomy Theory and Practice

About the Course The course is an introduction to phlebotomy, including the principles of blood collection and specimen handling, blood collection techniques, and equipment. The course also includes laboratory safety, infection control, professionalism, and the patient's rights. This is a 2 hour college credit course.

When The course is offered the fall of every year. The course begins late October and runs through November. The course meets two nights a week from 1530 to 1800.

Requirements Interested persons must have a high school diploma or GED and should complete an application with a background check. A *minimum of five* students must enroll in the course in order for the class to meet. Students are required to schedule their own clinical hours.

Cost Total fees for the course are $750. This fee includes application, background check, and textbooks. The $100 for the background check must be submitted with the application and the other $650 will be collected upon starting the class.

Contact Person Vannesa Schwendemann, 573-334-6825 ext. 31, vschwendemann@sehealth.org

To Apply Complete the application and return by October 1 to:

Southeast Missouri Hospital College of Nursing and Health Sciences
Attn: Phlebotomy Class
2001 William Street
Cape Girardeau, MO 63703

College of Nursing & Health Sciences
SOUTHEAST MISSOURI HOSPITAL

2001 William Street
Cape Girardeau, MO 63703
Phone: (573) 334-6825
Fax: 573-339-7805

PHLEBOTOMY CLASS REGISTRATION

Registration Deadline: October 1

Full Name | Date

Birth Date | Social Security Number

Address | City | ST | Zip

Phone Number | Alt. Phone Number

Email Address

EMERGENCY CONTACT

Name | Relationship | Phone

Address | City | ST | Zip

Credit Card #	Exp Date
Address	
Signature of Card Holder	

As part of the registration process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for registration as a student. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

_____ ***Date*** _____/_____/_____

Signature of Applicant

Those approved and accepted into class will be contacted for full registration fees.

Send registration form with a check, money order, or credit card information for $100 to:

Southeast Missouri Hospital College of Nursing and Health Sciences
Attn: Phlebotomy Class
2001 William Street
Cape Girardeau, MO 63703.

For Office Use Only

Date Received	**Receipt #**	
Payment ☐ Check #	☐ Money Order #	☐ Credit/Debit Card

Exhibit B

BACKGROUND CHECK ADVANTAGE - Request Form

3/13/2013

Background Check Advantage
P.O. Box 6766, Jefferson City, MO 65102
Phone: 573/893-3700 Fax: 573/893-7669

Southeast Missouri Hospital College of Nursing
2001 William St., Cape Girardeau MO 63703
Phone: 573/334-6825 Fax: 573/339-7805

First Name	Middle Name	Last Name

Alias/Maiden Name(s)	Will Employee's Salary Exceed $75,000?
	☐ No ☐ Yes

Social Security Number	Date of Birth	Race	Gender
			☐ Male ☐ Female

Mailing Address (NO P.O. Boxes)	City	State	Zip

As part of the ☐ employment ☐ volunteer ☑ student ☐ credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for ☐ employment ☐ volunteer ☑ student ☐ credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports.

_____ **DATE:** _____ /_____ /_____

Signature of Applicant

BACKGROUND SEARCHES

☐**OIG** (Medicare/Medicaid Fraud & Abuse) ☐**GSA** (Federal Procurement Fraud) ☐****FCSR** (Must Fax Necessary Documents)
☐**SSN Verification Plus** (Address & Alias Name are included) ☐**Address Verification** ☐**Alias Name Search**

☐**Government Watch List** (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)
☐**Wants & Warrants** (Nationwide - extraditable only) ☐**OFAC** (Specially Designated Nationals and Blocked Persons List)

☐***MO DSS** (Child Abuse/Neglect) - Need Address/No P.O. Boxes ☐**TN Abuse Registry**
☐***MO Mental Health Employee Disqualification Registry** ☐**MO EDL** (Employee Disqualification List)

☐ **FEDERAL COURTS - Criminal State 1:** _____ **2:** _____ **SEX OFFENDER** ☐**Nationwide or** ☐**State 1:** _____

☐ **DRIVING RECORD State** _____ **DL#** _____

☐ **PROFESSIONAL LICENSE** ☐ **National or** ☐ **State** _____
Type: _____ **License Number:** _____

☐**EDUCATION School Name** (include campus): _____
City/State: _____ /_____ **Major:** _____ **Graduation Date:** ____ /_____
Degree Type: _____ **(BSN, B.A., etc.) Name While Attending:** _____
If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

☐**EMPLOYMENT Company:** _____ **City/State:** _____ /_____
Phone: _____ /_____-_____ **Manager:** _____ **Start Date:** ___ /_____ **End Date:** ___ /_____
Title: _____ **Starting Wage:$**_____ **Ending Wage:$**_____
Duties: _____
Reason for Leaving: _____
If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, WV and WY

County 1:_____**State:** _____ **County 2:**_____**State:** _____ **County 3:**_____**State:** _____

STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State

☐ AL*	☐ AK	☐ AZ	☐ AR*	☐ CO	☐ CT*	☐ DE	☐ DC*	☐ FL	☐ GA*
☐ HI	☐ ID**	☐ IN	☐ IA**	☐ KS	☐ KY	☐ LA*	☐ MA	☐ ME	☐ MD
☐ MI	☐ MN	☐ MS*	☐ MT	☐ NE	☐ NV*	☐ NH**	☐ NJ	☐ NM*	☐ NY*
☐ NC	☐ ND	☐ OH	☐ OK	☐ OR*	☐ PA	☐ RI*	☐ SC	☐ SD	☐ TN
☐ TX	☐ UT*	☐ VA*	☐ VT*	☐ WA	☐ WI				

Note: Louisiana, Nevada & Ohio are Felony Only

☐ *Puerto Rico Repository (Felony Only Search & requires Mother's Maiden Name & Address) _____
☐ Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act *(IL Police Full-State Repository Criminal)*
☐ MO-includes MO Sex Offender Search at no additional cost *(MO State Highway Patrol Full-State Repository Criminal)*

***Required Form(s) & **Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669**