

**CERTIFIED PHLEBOTOMY TECHNICIAN TRAINING PROGRAM (CPT)**

Learning Objectives:

1. Healthcare Settings and the Role of the Phlebotomy Technician
2. Legal and Ethical Issues
3. Communication and Patient Diversity
4. Infection Prevention and Control
5. Safety Measures for Care Team Members and Patients
6. Overview of the Human Body
7. The Circulatory system in Depth
8. Preparing for Specimen Collection
9. Collecting Blood Specimen by Venipuncture
10. Collection Blood Specimen by Capillary (Dermal) Puncture
11. Non Blood Specimen
12. First Aid CPR Training
13. Resume Building and Career Development
14. Externship Opportunity

Total Program Hours: 64/ 1.2 Months. This class currently meets Monday – Thursday a week for 6 weeks. Accelerated – 4 weeks (Prior Medical is required for the accelerated program)

Phlebotomy Technicians can work in the following:

* Hospitals
* The military
* In-home health care settings
* Long-term care facilities
* Mobile
* Insurance companies
* Educational programs

We are accepting enrollments so give us a call today! Please see the attached enrollment agreement below.

**All registration has been moved to virtual. The Training Expo is proactive in reducing the risk of COVID-19. Application and payments are done electronically. Orientation will be held the fist day of on-campus class.**

***If you have any questions, please contact our office at 770-471-4819.***

******

**Refund Policy**

The institution ensures that all monies paid by a prospective student, including nonrefundable application fees, are refunded if; the student requests a refund within three(3) business days after signing the contract; OR no contract is signed and prior to classes beginning the student requests a refund within (3) business days after making a payment. The institution ensures that deposits or down payments are credited as tuition payments unless clearly identified on receipt by the institution as application or other fees. If the applicant previously withdrew from the institution, the institution will charge a new non-refundable application of $150 (Microsoft Office Specialist), or $100 (Phlebotomy/Pharmacy Technician), if a student withdraws from the institution, the student is not liable for any unpaid portion of the application fee. Students have the right to cancel the Enrollment Agreement at anytime. Cancellation will occur when given written notice of cancellation to the school. Notice of cancellation may be given by mail, hand delivery or email. The written notice of cancellation need not take any particular form, however expressed, is effective if it states that a student no longer wishes to be bound by the Enrollment Agreement. Students will not be penalized if they fail to cancel their enrollment in writing. If a student stops attending during the first 50% of the instruction, that student is entitled to a prorated refund. If a student cancels or withdraw within three business days of executing the Enrollment Agreement and before the start of classes, all monies paid will be refunded. If a student cancels more than three business days after executing the Enrollment Agreement and after the start of classes the school will only refund monies paid using prorated system. Refunds are determined based on the proration of tuition and percentage of program completed at withdrawal, up until 50% of the program. If a student withdraws after completing 50% of the program, no refund will be refunded.

**Attendance Policy**

Students are allowed three (3) absence per 4-week program, six (6) absences per 10 week program, and (8) eight absences per 15 -20 week program, if the student goes over the allowed absence, he/she must have a doctor’s note excusing that absence. If the student does not have the proper documentation to excuse his/her absence the student will be placed on probation. The student will be terminated from the program if he/she repeats the history of excess absences without a medical excuse.

I certify that the information on this application is true and correct. I understand the misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I intend to abide by the rules and regulation of The Training Expo

 **Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date Institutional Representative Signature

**Office use**

Books: \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice exams: \_\_\_\_/\_\_\_\_/\_\_\_\_

Certiport Vouchers: \_\_\_\_/\_\_\_\_/\_\_\_\_

AMCA Exam: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

NHA Exam\_\_\_\_\_/\_\_\_\_/\_\_\_\_

# STATEMENT OF GENERAL HEALTH

It is the policy of The Training Expo that students seeking enrollment at the institution must submit a statement of general health. This is a requirement of enrollment.

Please complete the following documentation. This statement will become a part of your permanent school record. This statement must be in your file prior to the start of your class.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

(Last Name) (First Name) (Middle Initial)

By signing below the student is acknowledging that they are in general good health.

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

 Student Signature

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

 Date

CONFIDENTIALITY STATEMENT

As a student of The Training Expo, I am aware of my responsibility to maintain the confidentiality of any/all information, which I may come in contact with and/or have access to. I am also aware that I am responsible for the legal penalties, which may be assessed for unauthorized disclosure.

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

 Student Signature Date

**LETTER OF GUARANTEE**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to have all tuition and fees paid in full (zero balance) before I register for my national exams. I also agree to any legal and collections costs and expenses in the event of the default of the Letter of Guarantee for Payment, including, but not limited to, all attorney and legal fees. This agreement in entered into voluntarily by the above-mentioned parties, and it is not to be replaced nor supplemented by any other payment agreement. For additional information on this matter please contact the **Campus Director, at**

**770-471-4819.**

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

 Student Signature Date