

201 W. Main St. Suite 2C Medford, OR 97501 (541) 622-8053

Phlebotomy: Advanced Applicant Information:

| First Name | Middle Initial | Last Name |
|----------------|-------------------|-----------|
| Street Address | | |
| City Zip | | State |
| SSN: | | |

| Have you ever applied to this school before? Circle One | Yes | No | When? | |
|--|-----|----|-------|--|
| | | | | |

| Have you ever attended this school before? Circle One | Yes | No | Did you graduate? | Yes | No |
|--|-----|----|----------------------|-----|----|
| If you did not graduate, what was the reason you left? | | | | | |
| How did you hear about RSP? | | | | | |

| Primary Phone | |
|-----------------|--|
| Number | |
| Secondary Phone | |
| Number | |
| Email Address | |

| | Date of Birth | | | Are you a U.S. Citizen? Circle One | Yes | No |
|--|---------------|--|--|---------------------------------------|-----|----|
|--|---------------|--|--|---------------------------------------|-----|----|

| Have you served in the U.S. military/armed services? Circle One | Yes | No | Honorably Discharged? | Yes | No |
|---|-----|----|--|-----|----|
| Are you currently affiliated with WorkSource Oregon for funding of the program you are applying for? | Yes | No | If yes, please state your caseworker's name: | | |
| Are you currently eligible for or are receiving assistance from TANF, Oregon Trail or other similar programs? (If so, you may qualify for tuition assistance opportunities.) | | No | Would you be interested to learn more about these resources? | Yes | No |
| Are you currently employed in a healthcare facility? | Yes | No | If yes, please state your current job title and facility. | | |

| | | Emerge | ency Conta | ct Information: | |
|--|--------------------------|--------------------|-------------|---|--|
| Name | | | | | |
| Street Ac | ddress | | | | |
| City, Stat | | | | | |
| Phone N | umber | | | | |
| | | | | | |
| Primary Ec | ducation: | | EDUCATION | <u>:</u> | |
| High Sc | chool Gra | duation Year: | High school | name and city: | |
| | ompletior | n Year: | GED Progra | n name and city: | |
| I have completed the following postsecondary education: (Check all that apply) | | | | | |
| Have | e not atte | ended college | | Associate degree | |
| | ne college | | | Bachelor degree | |
| | • | ogram at community | | Master degree | |
| | ate caree ificate/dip | | | Doctorate or professional degree | |
| _ | prenticeshi | | | Other (Describe below) | |
| Employment: | | | | | |
| Are you c | urrently e | mployed? (Choose c | one) | | |
| = | 35+ hours not at this | | | Yes, less than 35 hours/week Retired | |

For RSP classes, students should anticipate 4 days of 4 hour lecture time as well as a minimum of 1 hour of independent learning each night as homework.

Is there any other information you would like to provide that might impact your ability to benefit from the program (i.e., physical limitations, dyslexia, attention deficit disorder, etc.)? All information provided is confidential and only used to benefit each applicant. RSP strives to provide as many resources possible to better serve individual situations. A non-refundable \$45.00 application fee, payable to (Rogue School of Phlebotomy) must accompany your application. An applicant whose check is returned for insufficient funds will be charged an additional fee of (\$5.00). Applications are not processed without payment of the application fee. Application fees can be paid by credit/debit card, check or cash.

Students must comply with RSP Student Code of Conduct Policies including but not limited to Attendance Policy and Behavior Policy applicable during classes and at internship sites.

I certify that all statements on this application and accompanying documents are complete and true. I also understand that if I am admitted and do not enroll before the scheduled start date, I may need to reapply for admission. I understand that submitted materials will not be returned or duplicated.

Signature: _____

Date: _____

Phlebotomy: Advanced applicants must provide the following documents for complete application submission:

- Completed RSP Application for Admission (this document)
- Colored copy of current state issued driver's license or identification cared.
- Proof of High School graduation or equivalency

Rogue School of Phlebotomy prohibits discrimination against its customers, employees, and applicants for employment and student applicants on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Rogue School of Phlebotomy.