

201 W. Main St. Suite 2C Medford, OR 97501

(541) 622-8053

	<u> </u>	Phlebotomy: Introductio	n Appli	cant	Inform	nation:				
First Name			Middle Initial		Last N	ame				
Street Address				,						
City Zip						State				
Have you ever Circle One	appli	ed to this school before?	!		Yes	No	When?			
Which term are you applying for? Fall				Winter Spring			Summer			
Which class are you applying for? AM					9-1pm PM			5-9pm		
Check if available for either AM or PM class time				0						
Have you ever attended this school before? Circle One Yes			Yes	Nc	No Did you ye graduate?			es No		
If you did not g you left?	raduc	ate, what was the reasor	ı							
How did you he	ear ab	pout RSP?								
Primary Phone Number Secondary Pho	ne									
Number Email Address										
Date of Birth	Date of Birth			I _	Are you a U.S. Citizen? Circle One			Yes	No	
Have you served in the U.S. military/armed services? Circle One			ervices?	Yes	s No		Honorably Discharged?		Yes	No
Are you currently affiliated with WorkSource Oregon for funding of the program you are applying for?			Yes	s No	If yes	s, please your worker's				
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.)			Yes	s No	Wou inter learr abo	Id you be ested to n more ut these	÷	Yes	No	

about these resources?

Are you currently employed in a healthcare facility?	Yes	No	If yes, please state your current job title and facility.	
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Emergency Contact Information:							
Name							
Street Address							
City, State, Zip							
Phone Number							
Primary Education:	EDUCATION:						
High School Graduation Year:	High school name and city:						
GED Completion Year:	GED Program name and city:						
I have completed the following postsecondary education: (Check all that apply)							
☐ Have not attended college	Associate degree						
Some college	☐ Bachelor degree						
Certificate program at community	Master degree						
□ college □ Private career school							
certificate/diploma	Doctorate or professional degree						
Apprenticeship training	Other (Describe below)						
<u>Employment:</u>							
Are you currently employed? (Choose of	one)						
Yes, 35+ hours / week No, not at this time	Yes, less than 35 hours/week Retired						
I am pursuing admission for the following reason: (Choose one)							
Career preparation and employment Personal development / Self improvement	Advanced training / Continuing education						

Phlebotomists are responsible for many aspects of patient safety and work in a fast-paced environment wherein much of their shift is spent on their feet. Applicants should be aware of expectations of the job. Shift times vary between facility types. For example, applicants whose goal is to work in a hospital can expect morning shifts (4:00am-12:00pm), evening shifts (11:00am-8:00pm) and/or night shifts (7:00pm-7:00am). An applicant whose goal is to work in a clinic setting can anticipate generally 8:00am-5:00pm shifts.

A job shadow is available upon request

For RSP classes, students should also anticipate 10 weeks 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. Payments can also be made online at www.roguesp.org

I certify that all statements on this application and accompanying documents are complete

and true. I also understand that if I am admitted date, I may need to reapply for admission. I understurned or duplicated.	
Signature:	Date:
<u>Phlebotomy: Introduction</u> applicants must provi application submission. Please hand in or email	•
Completed RSP Application for AdmissioProof high school graduation or GED pro	
anticipated graduation/ completion dat	te if it will fall before internship placement) \Box
 Colored copy of current state issued driv 	ver's license or identification card \square
 1–3 paragraph Admission Essay detailing 	interest in Phlebotomy and career goals \Box
Current Resume (minimum 1 page) □	

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