

Career Goals

Explain why you are interested in the **Phlebotomy Program**:

Explain some person attributes and skills you have:

Explain personal obstacles that may hinder you from completing this program:

Program required Documentation:

- Proof of Age
- Assessment Score or School Diploma
- Student Document of Understanding
- High School Diploma, GED or Equivalent
- Health Forms
- Immunizations

Have you ever been on probation, suspended, or dismissed for academic or disciplinary reasons? Yes No If yes, please explain _____

Have you ever pleaded guilty or been convicted of a felony or misdemeanor (Other than routine vehicle parking or moving vehicle)? Yes No

If yes please explain _____

Have you ever been charged with a felony and the pleaded guilty to a lesser crime?

Yes No If yes, please explain _____

Today's Date: _____ Program Start Date: _____

Fees Payment

- If making payment by check or money order, a receipt will be issued immediately upon processing, if payment is made by credit card, a receipt will be issued upon approval of the charge.
- UHCS reserves the right to reschedule or cancel any course that does not meet the minimum enrollment requirements. If a course is cancelled or rescheduled, all fees paid for said course are subject to reimbursement or transference upon presentation of receipt.
- The Columbus City School District does not discriminate in any form with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.

Applicant Signature

Date

For Office Use Only

Staff: _____ Date: MM/DD/YYYY Amount Received: _____

Student ID#: _____

Payment Method: Check PMO Credit Card Other: _____

TEAS V: R _____ M _____ E _____

Reference #: _____