



Harborview School of Phlebotomy, LLC
141 captain Thomas Blvd.
West Haven, CT 06516
(475) 238-6678 Fax (475) 238-7950

Certified Phlebotomy Technician Program Registration Form
****Any application sections left blank WILL DELAY program enrollment****

REQUIRED Information: Please print in ink

First Name _____ Last Name _____

Name Previously Used _____ Check one: Male Female

Social Security # _____ Date of Birth _____

Address _____

City _____ State _____ Zip code _____

Email Address _____

Home Phone _____ Alternate/Cell Phone _____

Language Spoken _____ Secondary Language _____ yes _____no

Do you have a learning disability? _____ Yes _____ No If yes, what type? _____

Hearing Impaired? Yes No Any Services Needed _____

Visually Impaired? Yes No Any Services Needed _____

How did you hear about our program? Friend/Relative Past Graduate website/online

Ad/Newspaper Community agency /Case worker

Please list name/organization/source where you learned about our program: _____

EMERGENCY CONTACT #: Name _____ Relationship _____

Emergency Telephone: _____ Alternate Emergency Number _____



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DEMOGRAPHIC INFORMATION

Education: (Check all that apply) GED High School Diploma Vocational Training Associate Degree
 Bachelor Degree

If you do NOT have a GED/High School Diploma List: Last Grade completed _____

High School Attended _____

Other Certification programs/Post-HS Programs _____ year/certificate was received _____

If yes, indicate the type and number of license/certificate: _____

MILITARY HISTORY

Military Branch: Army Navy Air Force Military Marines Coast Guard

Service Active Duty Reserves Veterans

Wounded Warrior (Circle one, if applies) 9/11 to present Wounded Caregiver of wounded warrior

Immediate family member

WORK HISTORY:

Employment: Are you currently employed? _____ Yes _____ No

If yes where? _____

City Where employed: _____ Start Date: _____ Full-time Part-time

call/Varies/Seasonal

Have you ever worked as a Nursing assistant/Home health Aid before? _____ Yes _____ No

If yes where did you work? _____ What year?

JOB SEARCH (Information after Graduation)

Where are you interested in working? Hospital Lab

What shifts are you available to work? Mornings/Days Afternoon/Evenings Nights

Weekends

What type of transportation do you have? Car Bus/Bus/line accessible Relative /friend Bike/walk



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ESSAY:

In the space provided below, tell us why you want to join our program and begin a new career. (in 2-3 sentences)



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**** ANYONE CONVICTED OF A FELONY OR A CRIME CONSTITUTING A MISDEMEANOR ON THE FIRST OFFENCE AND A FELONY ON A SUBSEQUENT OFFENCE MAY HAVE A DIFFICULT TIME FINDING EMPLOYMENT IN A POSITION THAT PROVIDES DIRECT CARE TO ELDERLY ADULTS ****

CRIMINAL RECORD

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No Date of Charge _____

If yes. Please list the charges and explain,

Has a health-related licensing, certificate or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you? _____ yes _____ No Date of charge: _____

I hereby acknowledge that my statements above are true and correct. I understand that false or inaccurate information will be basis for termination from the phlebotomy program. I understand the Harborview School of Phlebotomy, LLC attendance and refund policy. If I indicated that I have been convicted of a disqualifying crime, I will not be eligible for employment as a caregiver in my state and not permitted to attend the Phlebotomy Technician Course. I authorize the Harborview School of Phlebotomy, LLC to release this application information and my complete program student file to my potential employers and other organizations that may offer scholarships for promising program candidates. My complete Harborview School of Phlebotomy, LLC, Phlebotomy Technician file, including grades, attendance records and all other course materials may be released to my funding source third party provider, caseworker or potential employer, if requested

Enrollee/Student Signature _____ Date _____