

Veinology Phlebotomy Training Program

Student Registration Form

Personal Information

Full Name: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone Number: _____

Program Selection (Select one or more)

☐ Full Phlebotomy Training Program | ☐ Recertification/Refresher Course

☐ Corporate Training for Employers | ☐ Internship Placement Program

☐ Traveling Trainer Program

Payment Information

Total Program Cost: \$_____

Payment Method: ☐ Credit/Debit Card ☐ Cash ☐ Payment Plan

Deposit Paid: \$_____ Remaining Balance: \$_____

Program Policies & Acknowledgments

- Attendance Policy: Students must attend all scheduled classes and hands-on training sessions.

Absences must be communicated in advance.

- Refund Policy: Deposits are non-refundable. Refunds on full payments may be granted if requested within 7 days of registration and before training begins.

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- Certification & Training Agreement: I understand that Veinology provides hands-on training and certification preparation but does not guarantee job placement.
- Liability Waiver: I acknowledge that phlebotomy training involves hands-on procedures, including venipuncture on classmates and/or practice arms. I accept full responsibility for participation.

Student Consent & Signature

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Office Use Only

Enrollment Approved By: _____ Date: _____

Payment Received: ☐ Yes ☐ No Amount: \$_____