



Department of Health Sciences  
 1100 North Avenue  
 Grand Junction, CO 81501

Please download the application, complete it electronically, then email your application to [healthscience@coloradomesa.edu](mailto:healthscience@coloradomesa.edu) with **Phlebotomy** in the subject line. *Please use your CMU email **ONLY** to send in application documents.* Applications submitted from non-CMU emails will not be processed.

Your application will **not** be considered if you have **not** attended an information session prior to submitting the application. Contact Tracy Matthews about information sessions: [tmatthews@coloradomesa.edu](mailto:tmatthews@coloradomesa.edu). To be eligible for the courses, applicants must be at least 18 years of age.

Initial here if you have attended an information session. \_\_\_\_\_

**Contact information (all fields required; incomplete applications will not be considered):**

Full legal name: \_\_\_\_\_  
Last First Middle Initial Maiden Name

Date of birth \_\_\_\_\_ CMU ID No. 700 \_\_\_\_\_

Current mailing address: \_\_\_\_\_  
Street City, State, Zip

Phone: home (\_\_\_\_)\_\_\_\_-\_\_\_\_ cell (\_\_\_\_)\_\_\_\_-\_\_\_\_

CMU email (**ONLY** email used for communications): \_\_\_\_\_@mavs.coloradomesa.edu

**Additional Information:**

**Please attach documentation of at least one Hepatitis B vaccination or positive titer results for Hepatitis B Surface Antibody (PDF format only).** The series consists of two or three immunizations, administered with a month separating the first/second and five months separating the second/third vaccinations in the series. You may also get a blood titer to show immunity to Hep B if you had the vaccination series but cannot locate documentation.

YES	NO	
		I have read the <b>Clinical Affiliate Requirements</b> and agree to its terms.
		I have read the <b>Clinical Placement Policy</b> and agree to its terms.
		I have read the <b>Phlebotomy Essential Functions</b> and agree that I can perform these functions.

I certify that all the information on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the phlebotomy courses. If I am not accepted to the courses, I understand that my application will not be saved for the next semester these courses are offered, and I will need to re-apply for a subsequent semester.

\_\_\_\_\_  
 Applicant Signature (electronic submission via CMU email indicates personal signature)

\_\_\_\_\_  
 Date

Phlebotomy Application

Please check ONE. I am applying for the:

SPRING COURSES

FALL COURSES

Deadline to apply for FALL courses: **March 15**  
 Deadline to apply for SPRING courses: **October 15**

Applications accepted starting in February for the March deadline, and starting in September for the October deadline.