COLORADO MESA UNIVERSITY

Phlebotomy Application

Please check which semester you are applying for:

- ◯ **FALL COURSES:** Applications are accepted from **April 15 to May 1** for the following Fall courses
- ◯ **SPRING COURSES:** Applications are accepted from **November 1 to November 15** for the following Spring courses

Important Notes:

- Applications are accepted from CMU student email addresses **only**.
- Applicants must be **18 years or older** to apply.
- Attendance at an **Information Session** is required before submitting your application.
- For **Information Session** dates and times, please visit the CMU Phlebotomy Course website.
- If you have questions about the information sessions, contact tmatthews@coloradomesa.edu.
- Incomplete applications will not be accepted.

Please follow these steps to apply:

1. Download and complete the application electronically.
2. Email your completed application to healthscience@coloradomesa.edu with "Phlebotomy" in the subject line.
3. Attach documentation (pdf only) of at least one Hepatitis B vaccination OR positive titer results for Hepatitis B Surface Antibody when submitting your application.

Date of Information Session Attended:

Full legal name:

Last *First* *Middle* *Maiden Name*

Date of birth: CMU Student ID# 700

Current mailing address:

Street *City, State, Zip*

Phone: home (_____) _____-_____ cell (____) _____-_____

CMU email: _____@mavs.coloradomesa.edu

Please visit CMU Phlebotomy Course website to access the Information Packet and confirm the following statements

YES	NO	
		I have read the ***Clinical Affiliate Requirements*** and agree to its terms.
		I have read the ***Clinical Placement Policy*** and agree to its terms.
		I have read the ***Phlebotomy Essential Functions*** and agree that I can perform these functions.
		I need to enroll in both phlebotomy courses for national certification.

I confirm that all the information provided is accurate and complete. I understand that any concealment of facts or false statements may lead to my dismissal from the phlebotomy courses. If I am not accepted into the courses, I acknowledge that my application will not be retained for the next semester, and I will need to reapply.

_____

Applicant Signature (electronic submission via CMU email indicates personal signature) *Date*