

**SOUTHWESTERN MICHIGAN COLLEGE
SCHOOL OF NURSING AND HUMAN SERVICES**

PHLEBOTOMY COURSE APPLICATION FORM

The following information is to be completed by student. Please type or print legibly.

PERSONAL HISTORY:

Name:	First	Middle	Last		
Address: Number	Street	City	State	Zip	
Social Security #			Date of Birth		
Home Phone #			Work Phone #		

EMPLOYMENT HISTORY: (List your most recent employment first)

Company Name	Address	Supervisor	Your position	Employment Dates/to-from

LIST REFERENCES:

1. _____
2. _____
3. _____

Do you have any physical conditions that could affect your training Yes No
 If YES, please describe _____

How did you hear about the phlebotomy Course? Phone TV/Radio Friend
 Other _____

 Student Signature

 Date

Please write or type a brief account below of the following:

- Your activities now or since you last attended school.
 - The things you have accomplished that have given you the most satisfaction.
 - What are your perceptions of the duties of a phlebotomist?
 - Why you think you would make a good phlebotomist?
-