

Joliet Junior College
PHLEBOTOMY CERTIFICATION CLASSES
SPRING 2012

OPEN REGISTRATION

Students completing the Phlebotomy Tech training course (NA 120) will attain through lecture, demonstration and clinical experience, all the necessary skills for entry-level placement as a phlebotomist. Proficiency will be demonstrated in all routine blood drawing techniques, patient approach, patient identification and professionalism. After successful completion of NA 120 the student will continue in phlebotomy practicum (NA 123). NA 123 provides clinical experience, enhances the classroom component and enables the students to gain confidence in seeking employment as a phlebotomist in hospitals, clinics, laboratories, and/or doctor's offices. A minimum of 100 venipunctures and 120 hours is required in the clinical area. Students will be supervised by a hospital preceptor in the clinical area. As an OPTION, students may elect to take courses in Basic Keyboarding (OFS 101) and Human Relations (MGMT 102). Students would then earn a Certificate of Completion.

This course is offered to high school graduates interested in entering the health care field and working in a health care facility. Students may become certified through the American Society for Clinical Pathology Board of Registry upon completion of the program and passing their examination.

<u>Course Name</u>	<u>Price</u>	<u>Days</u>	<u>Time</u>	<u>Dates</u>
NA 120-500	\$457.00	TR	5:00PM-9:30PM	01/17/12-03/08/12
*NA 123-U1	\$480.50	M-F	TBA	03/18/12-06/01/12
TOTAL:	\$937.50 (prices are approximate)			

***Note: NA 123 (clinical experience) consists of three (3) consecutive 40-hour weeks (total of 120 hours, M-F) at the clinical site. Dates/times are arranged by the instructor. Due to clinical site availability, students may be scheduled into the following semester.**

Compass Exam:

Appropriate placement Scores for:
ENG 099 & ENG 021 or ENG 096

47-74 Writing

66-80 Reading

Registration for the 2012 SPRING class will be OPEN ENROLLMENT. Once enrolled, your package must be completed and returned to our office by the first day of class.

***PHLEBOTOMY CERTIFICATION
EXPENSE LIST***

Description of Expenses	Cost of Expense	<u>Location to Purchase</u>
CPR Class (CPR-100)	\$90.00	Joliet Junior College
Phlebotomy Tech Courses: NA 120 NA 123	Approximately \$457.00 \$480.50	Joliet Junior College Registration/Service Center
Phlebotomy Course Books (2) 1. GARZA Phlebotomy Handbook 8 th edition (with CD) 2. McCall Phlebotomy Exam Review (w/CD) Optional	\$41.60 \$33.25 Approximately	Joliet Junior College Bookstore
Physical Examination and required immunizations or titres	Determined by Health Practitioner	Student's Physician
Urine Drug Screening	\$40.00	Verified Credentials
Illinois State Criminal Background Check	\$16.00	IL State Police (forms in office)
Hepatitis B Vaccination (3 shot series)	\$90.00 approx.	Student's Physician
TB Test - 2 step Mantoux	Fees on slide scale Free	Grundy County Health Department Need appointment (815) 941-3404 Will County Health Department Monday & Friday (815) 740-4420
Uniform top: Varies by clinical site (will be discussed in class)	\$10.25 - \$16.25	Local Stores
Uniform Pants: Varies by clinical site (will be discussed in class) Uniform Shoes or white tennis shoes	\$20.00 \$25.00 - \$40.00	Local Stores

All students are required to be self-insured for medical coverage. Joliet Junior College will not be responsible for illnesses or injury during this course.

Note: Prices subject to change

JOLIET JUNIOR COLLEGE

CPR 100

SPRING 2012 CLASS SCHEDULE

Using American Heart Association Guidelines

All classes will be held on JJC's Main Campus.

Select one of the following:

Course #	Course Name	Day	Date	Time	Room
CPR 100-001	CPR for Healthcare Provider	Thursday	01/12/12	9:00AM-4:00PM	TRB101
CPR 100-002	CPR for Healthcare Provider	Friday	01/13/12	9:00AM-4:00PM	TRB101
CPR 100-003	CPR for Healthcare Provider	Saturday	01/14/12	9:00AM-4:00PM	TRB101
CPR 100-004	CPR for Healthcare Provider	Saturday	01/21/12	9:00AM-4:00PM	TRB101
CPR 100-005	CPR for Healthcare Provider	Saturday	01/28/12	9:00AM-4:00PM	TRB101
CPR 100-006	CPR for Healthcare Provider	Saturday	02/04/12	9:00AM-4:00PM	TRB101
CPR 100-007	CPR for Healthcare Provider	Saturday	02/11/12	9:00AM-4:00PM	TRB101
CPR 100-008	CPR for Healthcare Provider	Saturday	02/18/12	9:00AM-4:00PM	TRB101
CPR 100-009	CPR for Healthcare Provider	Sunday	02/19/12	9:00AM-4:00PM	TRB101
CPR 100-010	CPR for Healthcare Provider	Saturday	02/25/12	9:00AM-4:00PM	TRB101
CPR 100-011	CPR for Healthcare Provider	Saturday	03/10/12	9:00AM-4:00PM	TRB101
CPR 100-012	CPR for Healthcare Provider	Saturday	03/17/12	9:00AM-4:00PM	TRB101

FEE: \$90.00

Select one of the following: Must have a current AHA Card exp by 1-month only

Course #	Course Name	Day	Date	Time	Room
CPR 111-001	CPR Renewal	Wednesday	01/11/12	9:00AM-1:00PM	TRB101

FEE: \$60.00

Preregistration is required. Call (815) 744-2200

For additional information Call (815) 729-9020 ext 2463

Payment must be made prior to attending class.

No refunds 48 hours prior to beginning of the class session

NO REFUNDS IF YOU FAIL TO ATTEND CLASS

Phlebotomy & EKG Students

Procedure for obtaining the urine drug screening:

****myvci.com/jjc** register and pay \$40.00 for the drug screen. They will give you several sites you may obtain the test within 10 days of payment. The results will be mailed to the student and to Joliet Junior College.

****If this test outcome is positive, you will be asked to withdraw from the program with no refund.**

JOLIET JUNIOR COLLEGE
1215 Houbolt Road
Joliet, IL 60431
Department of Health Care Continuing Education

PHYSICAL EXAM

SECTION A: To be filled out by student .

Name _____ SS# _____

Address _____

Street City State ZIP

Phone # _____

Birthdate _____ Age _____

Person to notify in case of emergency:

Name _____

Home Phone _____

Relationship _____

Work Phone _____

Family Physician _____

Phone _____

Address _____

Street _____

City/State/Zip _____

PHLEBOTOMY TECH PROGRAM
 VERIFICATION OF MANDATORY SCREENINGS
 Clinical Rotation (Date): _____

Student: _____	Course: _____
School: _____	Contact Person: _____
Contact Number: _____	Email: _____

Student Health Checklist	Date/Initials																
Drug Screen Results: _____	_____ / _____																
<u>2 Step TB Skin Test</u> 1 st Placed _____ Read _____ Result: _____ (Placed within previous 12 month period) 2 nd Placed _____ Read _____ Result: _____	_____ / _____																
<u>Proof Of Immunity</u> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>Lab Value</u></td> <td style="width: 40%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>Titre for Rubella</td> <td>_____</td> <td>May provide proof of 2 MMRs</td> <td></td> </tr> <tr> <td>Titre for Rubeola</td> <td>_____</td> <td>1st Date _____ 2nd Date _____</td> <td></td> </tr> <tr> <td>Titre for Mumps</td> <td>_____</td> <td></td> <td></td> </tr> </table> <p>(In lieu of the above titres, students may provide proof of 2 MMR vaccines.)</p>		<u>Lab Value</u>			Titre for Rubella	_____	May provide proof of 2 MMRs		Titre for Rubeola	_____	1 st Date _____ 2 nd Date _____		Titre for Mumps	_____			_____ / _____ _____ / _____ _____ / _____
	<u>Lab Value</u>																
Titre for Rubella	_____	May provide proof of 2 MMRs															
Titre for Rubeola	_____	1 st Date _____ 2 nd Date _____															
Titre for Mumps	_____																
Titre for Varicella _____ Titre for Hepatitis B _____ or Sign Declaration _____	_____ / _____ _____ / _____																
Those who are nonimmune to MMR, Varicella or Hepatitis B will be educated regarding the risk/benefit or revaccination and referral will be provided.	_____ / _____																
Those that are nonimmune to Rubella and working in Obstetrics or Pediatrics will not be permitted to work in these areas.	_____ / _____																
Signature Obtained																	
<input type="checkbox"/> Confidentiality Notice <input type="checkbox"/> Corporate Responsibility Statement <input type="checkbox"/> Each Student Must provide a Criminal background check																	
This form must be completed for each student and turned in to the facility liason PRIOR to the first day of clinical rotation. Any student or instructor who has not completed this form to the satisfaction of the facility will be asked to leave the facility until it is finished.																	
School Instructor Signature _____ Date: _____ Employee Health Services _____ Date: _____																	

Is this student acceptable for clinical participation without restrictions? _____

If no, please explain thoroughly the reason and suggested limitation. If student is currently pregnant, give specific release due to pregnancy and specific number of pounds able to lift and other restrictions as appropriate.

Physician signature: _____ / _____
DATE

Physician name printed: _____

Street Address City State Zip Code

Phone # _____

OFFICE USE:

DATE RECEIVED _____

01/2011

FINANCIAL AID

Information

- **Workforce Development Council of Will County**

214 North Ottawa Street

Joliet, IL 60433

(815)727-4444

Government sponsored for those who qualify.

- **Will County Center for Community Concerns**

1 Doris Avenue

Joliet, IL 60433

(815)722-0722

Must be Will County low income resident to qualify.

- ***Grundy County Workforce Services***

1715 N. Division, Suite 104

Morris, IL 60450

(815) 942-0566

Tuition, books and materials for those who qualify.