



# Rockingham

COMMUNITY COLLEGE

## PHLEBOTOMY

MLA 3022

### REGISTRATION CHECKLIST

- STEP 1:** Complete the RCC application available on the [college website](#).
- STEP 2:** [Schedule an appointment](#) to talk with an admissions counselor to discuss the Phlebotomy program requirements and registration process.
- STEP 3:** Send your official high school or GED transcript to the Admissions Office. Official transcripts can be emailed to [transcripts@rockinghamcc.edu](mailto:transcripts@rockinghamcc.edu).
- STEP 4:** After your appointment with RCC Admissions, you will receive the Phlebotomy Registration Form by email. Submit the form and required documentation. Upon submission of this form, students will be enrolled in the HRD pre-requisite course.
- All items are required in order to register for the course:*
- Official high school or GED transcript on file with the Admissions Office
  - Copy of government-issued photo ID (i.e., driver's license, passport)
  - Order Confirmation (payment receipt) for [CastleBranch](#) background check and drug screen request.
    - RCC's package code is **OC79** (see attached for directions).
    - The background check and drug screen are \$114.
    - Save the Order Confirmation page PDF and upload to the Registration Form.
- STEP 5:** Submit the \$206 registration payment to the Business Office.
- STEP 6:** Attend the required Phlebotomy Orientation session.
- STEP 7:** Complete the HRD course. After successful completion, students will be automatically enrolled in MLA-3022 Phlebotomy.

### CONTACT INFORMATION

RCC Admissions Office  
(336) 342-4261 x2333

## COURSE DESCRIPTION

The Phlebotomy program provides theory and clinical experiences needed for the proper collection of blood and other specimens used for diagnostic testing. Emphasis is placed on ethics, legalities, medical terminology, safety and universal precautions, health care delivery systems, patient relations, anatomy and physiology, and specimen collection. Upon completion, students should be able to safely perform procedures necessary for specimen collections on patients in various health care settings and may be eligible for national certification as phlebotomy technicians with the American Society for Clinical Pathology (ASCP) and National HealthCareer Association (NHA).

## HRD PRE-REQUISITE COURSE

The HRD Career Readiness Phlebotomy course is required to be completed *prior* to enrollment in the Phlebotomy course. Upon submission of the Phlebotomy Registration Form, students will be enrolled in the HRD class. After successful completion of HRD, students will be enrolled in MLA 3022 Phlebotomy.

## COST & ADDITIONAL FEES

*Pre-payment for class and background check is required*

Registration Cost ( <i>includes CPR card and insurance</i> )	\$206
Background Check, Drug Screen	\$114
Additional Fees	
• Textbook (available in the RCC Bookstore)	\$100
• Certification Exam	\$120
Additional Items	
<i>(do not purchase until after the first day of the class and instructor has discussed the details)</i>	
• Uniforms	approx. \$38

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<b>Total Cost Estimate</b>	<b>approx. \$578*</b>
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*\*Required immunizations may be additional cost*

## IMMUNIZATION REQUIREMENTS

Immunizations are required prior to attending any clinical activity. Completed Immunization Record (*sample form attached*) **MUST** be uploaded to CastleBranch by the first week of class.

- Proof of negative TB skin test within 12 months
- Hepatitis B Titer or series of 3
- Varicella Titer or series of 2
- MMR series of 2 or positive Titers for Measles, Mumps, and Rubella
- Current Flu Vaccine
- Current Td booster
- Current COVID 19 vaccine or vaccine series

## PHYSICAL REQUIREMENTS

Students must be able to stand for up to 12 hours, stoop, bend, balance themselves and the patient, and lift up to 50 lbs. The student must be able to fluently speak and understand the English language, have adequate hand/eye coordination to complete skills, and sensation in fingertips to assess tactile changes in pulse, etc.

If at any time the student refuses or is unable to perform these physical activities when asked by the instructor, he/she will be dismissed from the program. Phlebotomist duties are physically demanding and require routine performance of these activities.

## PHLEBOTOMY PROGRAM DRESS CODE

- Fingernails must be no longer than ¼ inch. No artificial nails or fingernail polish.
- No jewelry other than a wedding band.
- No visible body piercings.
- Natural hair color only.
- No cologne or perfume.
- Light make-up.
- No visible tattoos or body art.
- White clean scrubs must be worn to class and clinical site (free of animal hair and/or dirt).
- White clean scrub jacket and non-slip leather nursing shoes must be worn to clinical sites and class.

## CASTLEBRANCH CRIMINAL BACKGROUND CHECK AND DRUG SCREENS

Students will be required to obtain a criminal background check and drug screen for clinical sites. This is a requirement for clinical participation, not a college requirement. Please see instructions below for steps in the process. The student should be aware findings, such as, but not limited to drug abuse, child/elder abuse, or theft may result in the facility refusing permission to allow you to enter the clinical site. **The clinical facility reserves the right to decide if students with criminal histories will be permitted in the facility. Students who are denied clinical rotation by the facility will not be eligible to continue in the program. CastleBranch is the only agency background check accepted for the Phlebotomy program.** The clinical site reviews the criminal background check. Each clinical site has the final determination if a student will be allowed at their site. Sites may vary in their requirements to participate in their facility. Please consult with the HR representative if you have questions.

*Note: Conviction of certain crimes may prevent students from gaining employment.*

## CASTLEBRANCH ORDER INSTRUCTIONS

1. Go to <https://mycb.castlebranch.com>
2. In the upper right hand corner, enter the RCC package code (see four-digit code below).  
Rockingham Community College Phlebotomy code: **OC79**
3. Follow prompts to order your background check and drug screen.
4. Your payment methods include Visa, MasterCard, Discover, debit, electronic check and money orders.  
Note: use of electronic check or money order will delay order processing until payment is received.
5. Once order is submitted, print your order confirmation page to submit with your Phlebotomy registration packet.
6. Follow the directions for the next steps. *CastleBranch background check, drug screen, and immunization records must be completed in CastleBranch within the first week of class.*

For additional assistance, please contact the CastleBranch Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.

<b>IMMUNIZATION RECORD</b>		(Please print in black ink) To be completed and signed by physician or clinic. A complete immunization record from a physician or clinic may be attached to this form.		
Last Name		First Name	Middle Name	Personal ID# (PID)
			Date of Birth (mo./day/year)	*Social Security #

<b>SECTION A REQUIRED IMMUNIZATIONS</b>				
	mo./day/year	mo./day/year	mo./day/year	mo./day/year
• DTP or Td	(#1)	(#2)	(#3)	(#4)
• Td booster				
• Polio				
• MMR (after first birthday)				
• MR (after first birthday)				
• Measles (after first birthday)			**Disease Date	****Titer Date & Result
• Mumps			*** (Disease Date NOT Accepted)	****Titer Date & Result
• Rubella			*** (Disease Date NOT Accepted)	****Titer Date & Result

**SECTION B RECOMMENDED IMMUNIZATIONS**

The following immunizations are recommended for all students and may be required by certain colleges or departments (for example, health sciences). Please consult your college or department materials for specific requirements.

<b>Meningococcal</b>	Received the meningococcal vaccine? No <input type="checkbox"/> Yes <input type="checkbox"/>		
If Yes, please indicate date(s) vaccine was received (mo./day/year)			
	mo./day/year	mo./day/year	mo./day/year
• Hepatitis B series only			****Titer Date & Result
OR			
• Hepatitis A/B combination series			
• Varicella (chicken pox) series of two doses or immunity by positive blood titer			Disease Date ****Titer Date & Result
• Tuberculin (PPD) Test (within 12 months)	Date read mm induration		
Chest x-ray, if positive PPD	Date Results		
Treatment if applicable	Date		

<b>SECTION C OPTIONAL IMMUNIZATIONS</b>				
	mo./day/year	mo./day/year	mo./day/year	
• Haemophilus influenzae type b				
• Pneumococcal				
• Hepatitis A series only				
• Other				

Signature or Clinic Stamp REQUIRED:

Signature of Physician/Physician Assistant/Nurse Practitioner

Date

Print Name of Physician/Physician Assistant/Nurse Practitioner

Area Code/Phone Number

Office Address City State Zip Code

- \* Provision of Social Security number is voluntary, is requested solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.
- \*\* Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age. History of physician-diagnosed measles disease is acceptable, but must have signed statement from physician.
- \*\*\* Only laboratory proof of immunity to rubella or mumps is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.
- \*\*\*\* Attach Lab report

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