

Ossining Extension Center

Arcadian Shopping Center, Route 9

22 Rockledge Avenue Ossining, NY 10562

914-606-7400

www.sunywcc.edu/Ossining



State University of New York
Workforce Development & Community Education

Summer 2019 NON-CREDIT HEALTHCARE APPLICATION

Infection Control for Healthcare Programs

Phlebotomy Training Program

Phlebotomy Practicum

ECG (Electrocardiogram)



INFECTION CONTROL FOR HEALTHCARE PROGRAMS

Prerequisite for students entering Phlebotomy and ECG. Designed for entry-level healthcare professionals and includes key infection control concepts and regulations surrounding infection control practices in New York State.

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Sec. A: 1 Thurs, May 30, 5:30 - 9:30 pm, #5626

Sec. B: 1 Mon, June 3, 5:30 - 9:30 pm, #5627

PHLEBOTOMY TRAINING PROGRAM

Introduces basic concepts of the procedures used for obtaining blood from veins and capillaries. The use of equipment and types of blood tubes will be explained. Prerequisite: Infection Control for Phlebotomy Students.

Additional Required Documentation Checklist:

- □ High School Diploma/GED or College Degree
- **Copy of Infection Control Certificate**

\$630 (+ textbook).

Sec A: 8 M/Th, July 8 – August 1, 3:00 pm - 7:30 pm. #5646

Sec B: 8 Sa/Su, July 13 - August 4, 9:00 am - 1:30 pm. #5647

PHLEBOTOMY PRACTICUM

Under the direction and supervision of a certified phlebotomy instructor, students will receive hands on experience in phlebotomy and will practice venipuncture and capillary sticks in accordance with regulations of the National HealthCareer Association (NHA) on each other. Prerequisite: successful completion of Infection Control for Phlebotomy Students and Phlebotomy Training Program. NOTE: Completion of 30 live sticks required to sit for the NHA Certified Phlebotomist Exam.

Additional Required Documentation Checklist:

- □ High School Diploma/GED or College Degree
- □ Copy of Infection Control Certificate
- **Copy of Phlebotomy Training Certificate**
- **Mandatory Background Check and Drug Test** must be completed before the first day of class.
- Venipuncture Release Form
- Hepatitis Form

\$415

15 Sat, August 10 - November 9, 9:00 am - 1:00 pm, #5648

Completion of Infection Control and Phlebotomy Training receives certificate of completion from Westchester Community College. Completion of Infection Control, Phlebotomy Training, and Phlebotomy Practicum fulfills eligibility requirements for NHA Exam.

ECG (ELECTROCARDIOGRAM)

Introduction to the techniques necessary to perform a twelve-lead electrocardiogram, troubleshoot technical problems, and identify normal and common abnormal rates. Prerequisite: Infection Control for Phlebotomy Students. Upon successful course completion, students are eligible to take the Certified ECG Tech Examination offered by the NHA.

Additional Required Documentation Checklist:

- □ High School Diploma/GED or College Degree
- **Copy of Infection Control Certificate**

\$350 (+ textbook).

Sec. A: 4 Sat., August 3 – August 24, 9:00 am - 3:00pm, #5644 Sec. B: 4 Sun., August 4 – August 25, 9:00 am - 3:00pm, #5645

TEXTBOOKS ARE REQUIRED FOR PHLEBOTOMY TRAINNG AND ECG COURSES

Academic Counseling, Monday 9am-5:00pm., Wednesdays 5:00-7:00pm

Information Sessions - Tues., May 7 OR Thurs., May 9, 5:00-6:00 pm at the Ossining Center; FREE; call 914-606-7400 to reserve your space.



Ossining Extension Center Telephone: 914-606-7400 22 Rockledge Avenue Fax: 914-606-7401 Ossining, New York 10562 E-Mail: Ossining@sunywcc.edu

APPLICATION

Section I. Personal Information

For official use only			
Student ID Number:			
Malpractice Fee: \$17.00	Date/Int		
FSA Fee: \$8.25	Date/Int.		

<u>Name:</u>					
	Last	First		Middle Initial	
Street Address:		Apt:		City:	
<u>State:</u>	Zip Code:	Email:			
Home Phone: () -	Cell Phone	:()	-	
Date of Birth:			Male	Female	
	MM/DD/YYYY				
Are you a U.S. C	Citizen?	🗆 Yes 🗆 No			
Do you have a p	ermanent resident card?	🗆 Yes 🗆 No			
Do you have soc	ial security number?	🗆 Yes 🗆 No			
Authorization to	work or stamped passport?	🗆 Yes 🗆 No			

Section II. Course Selection

Course Number	Course Title	Start Date	Tuition
Fees: \$17 Malpractice Fee (Phleb. Prct.)			
Fees: \$5.00 Registration and \$3.25 FSA			
+ \$8.25 maintain enrollment and \$17 malpractice fee for Phlebotomy Practicum			

Section III. Payment Method (Tuition must be paid in full before course begins.) Refunds

- For requests received at least 2 business days prior to the start of the class: 100% refund. No refunds will be issued after this time.
- All refund requests must be made to the college in writing or emailed to continuinged@sunywcc.edu. If you paid by check, please allow 6-8 weeks for your refund to be processed. Credit card refunds are processed immediately

How did you hear about the program?

- WebsiteMail
- □ Newspaper/Magazine
- Word of Mouth
- Other

Applicant's Signature

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any part of this application may result in the cancellation of my admission of dismissal from the program. I am aware that the fees associated with registration are non-refundable.

Signature of Applicant

Date

Admission is based on the availability of space and qualifications of the applicant. Westchester Community College adheres to the policy that no person on the basis of race, color, creed, national origin, age, gender, sexual orientation or handicap is excluded from, or is subject to, discrimination in any program or activity.



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Venipuncture Release Form

I, (print name) ______ consent to having venipuncture performed on my arms and finger sticks performed on my fingers by other students currently enrolled in the Phlebotomy program at Westchester Community College Ossining Extension Center. This will be under the supervision of the instructor and/or the assistant instructor. I understand these procedures are necessary to enhance the learning process.

I understand and acknowledge that these activities may pose certain dangers and risks. I acknowledge that the instructors have adequately prepared me to perform these procedures. I attest that I do not have any physical or medical conditions that prevent me from participating in the above mentioned procedures. I hereby release and absolve Westchester Community College and its staff from any liability for bodily injury or any other procedures, medical or otherwise, that arise from my participation in the Venipuncture practical experience.

Print Student Name	Student Signature	Date
Print Physician Name	Physician Signature (Official stamp required)	Date
Print Witness Name	Witness Signature	Date

WESTCHESTER COMMUNITY COLLEGE



22 Rockledge Avenue Fax: 914-606-7401

Ossining Extension Center

HEPATITIS B VIRUS INFORMATION SHEET

The U.S. Occupational Safety and Health Administrator (OSHA) issued a new Blood borne Pathogens Standard in December 1991. The rule applies to all employers who have workers that may come in contact with blood or other body fluids during the performance of their job, putting them at risk of contacting highly contagious viral infections. Health Science student, because of the nature of their occupational training, may also be at risk of contacting these same blood borne infections.

Bloodborne pathogens include the Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) which causes AIDS. HBV is a potentially life-threatening virus. The CDC (Centers for Disease Control) estimates there to be approximately 280,000 HBV infections each YEAR IN THE United States, about 8,700 of these includes health care workers.

The observation of Universal Precaution technique and the utilization of protective clothing and equipment may prevent exposure to potentially infectious materials. However, the best defense against Hepatitis B Virus is vaccination. Although it is not a medical requirement, it is strongly recommended that you consider being vaccinated.

If anytime you are exposed to a blood borne pathogen, a report of the incident MUST be filed with the clinical affiliate, curriculum chairperson and the student Health Services Office.

PLEASE COMPLETE:

I understand that due to occupational exposure to blood or other potentially infectious materials, I may be at risk of contacting the HBV infection.

I have been informed of the importance and benefits of the HBV vaccination and it has been strongly recommended that I be vaccinated. Please indicate your status/decision regarding hepatitis B vaccination:

1. Begun/Completed Vaccination Series:

Vaccination Dates: 1) _____ 2) ____ 3) ____

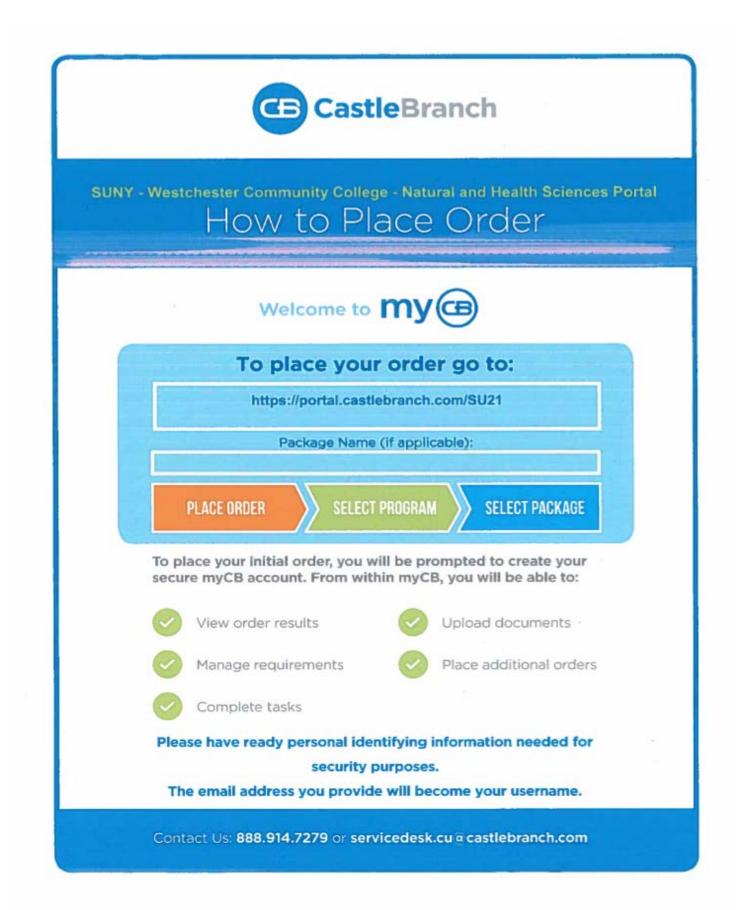
2. My signature indicates that I have decided not to be vaccinated at this time.

Signature

Date

Please return this form to: Westchester Community College Ossining Extension Center 22 Rockledge Avenue Ossining, NY 10562 Telephone: 914-606-7400 FAX: 914-606-7401







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Order Instructions for SUNY - Westchester Community College - Ossining Extension Center - Phlebotomy

1. Go to https://mycb.castlebranch.com/

2. In the upper right hand corner, enter the Package Code that is below.

Package Code SS05: Background Check

About

About CastleBranch

SUNY - Westchester Community College - Ossining Extension Center - Phlebotomy has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

Order Summary

Payment Information

Your payment options 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.

Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us

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





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Package Code SS05dt: Drug Test

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