

Phlebotomy Technician/ Lab Assistant

Program Application 2012



California Institute
of Medical Science

PLEASE READ ALL PAGES CAREFULLY

8 to 10 students are accepted into the morning 12-week Phlebotomy Technician / Lab Assistant course and 8 - 10 students for the evening course. CAIOMS accepts 5 to 8 students for the 5-week Phlebotomy Technician course. Applicants must be at least 18 years of age to apply. Class selection is on a first come basis after all requirements are satisfied. Classes may be filled before the end of the application deadline if the numbers of qualified applicants completely satisfy the requirements for each program. The application deadline may be extended to fill a class if not enough applicants apply.

To maintain eligibility, applicants must submit a completed application packet by the stated deadline and accept CAIOMS' drug screening and background check policy. Failure to meet deadlines will result in the loss of applicant eligibility. No exceptions will be made.

STEP #1 - Documentation

Only completed application packets will be accepted. A completed application packet includes the following:

1. Current, signed, and dated application. The application can be filled out online and printed or print the application and fill it out.
2. Full tuition or payment plan portion. Cashiers check's and money orders must be made payable to California Institute of Medical Science. Visa, MasterCard, Discover, and American Express are also accepted. **CASH & PERSONAL CHECKS WILL NOT BE ACCEPTED.**

* Tuition fees are refunded if not accepted by CAIOMS into one of the programs.
3. All items from Step #1 must be placed in a sealed manila envelope and placed in the outside mail slot labeled "Applications" or turned in at orientation.

STEP #2 - Transcripts, Immunizations and CPR

1. Official **sealed** High School **Transcripts** or GED. All foreign diplomas and documents must include an official notarized translation in English and be evaluated by a foreign transcript-evaluating agency before submission. Photocopies are not accepted. No exceptions. Candidates must have basic proficiency in reading and writing English. **Transcripts may also be accepted one week before class begins.**
2. **Documentation of Immunizations:**
Please have your Healthcare Provider or Authorized Medical Personnel complete an Immunization Form. You may also submit the results of an antibody titer test. The official immunization documents must be submitted at least one week before beginning a course. If you are applying for the PTLA program and you have not had your Tuberculosis test (PPD –skin/Chest x-ray) (within the last 12 months) or completed the three series Hepatitis B injections (within the last 10 years), please note this in your application. Injection 1 of the three series Hepatitis B immunization shots and the TB test will be provided by CAIOMS at no additional cost. **Note: Completion of the Hepatitis B injection series (Second and Third Injections) will be the applicant's responsibility.**

All documentation must remain valid throughout the duration of the completion date of the program.

- Valid CPR card from the American Heart Association, Healthcare Provider, Basic Life Support course, two (2) year certification. Applicant must present a valid CPR card at the time of submitting an application. Letters of course completion cannot be submitted in lieu of card. No exceptions will be made.

If you do not have a valid CPR card or have never taken CPR before, please note this in your application. Training will be provided by CAIOMS at no additional cost **if applying for the PTLA program.**

"SAMPLE ONLY"



STEP #3 - Background Check & Drug Screening

Along with completing STEP #1, CAIOMS requires that you divulge pertinent information relative to criminal conviction(s). Once accepted, you will also be required to authorize Corporate Screening Services, Inc. to conduct a formal background check. Corporate Screening Services, Inc. may conduct Drug Screening before clinical site placement. Applicants must follow all instructions and meet all deadlines enclosed within the packet. Applicant is responsible for paying all Background Check Screening and Drug Testing fees directly to the designated company. Failure to meet requirements will result in the loss of applicant eligibility or possible dismissal from the program. **No exceptions will be made.**

Upon acceptance applicants will download instructions and are required to pay a nonrefundable fee to Corporate Screening Services, Inc. for the background check and drug screening process. Payment will be made through Corporate Screening Services, Inc.

Mandatory Testing

CANDIDATES SELECTED INTO ANY PROGRAM THAT INCLUDES A CLINICAL EXTERNSHIP ARE REQUIRED TO COMPLETE AND PASS A CRIMINAL BACKGROUND CHECK FROM THE DESIGNATED AGENCY AS A REQUIREMENT FOR ENROLLMENT INTO THE PROGRAM. STUDENTS WILL BE RESPONSIBLE FOR ALL FEES ASSOCIATED WITH THESE PROCEDURES.

CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO ADMISSION INTO THE PROGRAM. ALL CIRCUMSTANCES WILL BE CONSIDERED. RESULTS MAY AFFECT CLINICAL PLACEMENT. FAILURE TO FULLY DISCLOSE IS FALSIFICATION AND GROUNDS FOR IMMEDIATE CANCELLATION OF STUDENT ELIGIBILITY.

Background Check/Screening

- Social Security Number Trace
- County Court Criminal Conviction Search
- National Sexual Offender Database Search
- DHHS/OIC Cumulative Sanction/Excluded Parties List Search
- GAS Excluded Party/Debarment List Search

Drug Testing

Students accepted into CAIOMS, depending on clinical placement might be required to complete and pass drug testing demonstrating the absence of illegal drugs or inappropriate use of legal drugs. CAIOMS is committed to take appropriate action designed to ensure a safe environment for students, employees, members, patients, the community, and to protect financial resources and assets.

Eligibility Standards

All license and registry bodies have eligibility standards for their applicants. These standards address the question of an applicant's conviction of a felony or misdemeanor. If you have questions regarding your eligibility, contact the American Society for Clinical Pathology (ASCP): 800-267-2727, American Medical Technologists: 800-275-1268, and the California Department of Public Health: 916-558-1784.

Physical Requirements

- Stand and/or walk up to 6 1/2 hours throughout an 8-hour shift.
- Lift and move a minimum of 25 pounds
- Operate all laboratory equipment
- Reach forward 18 inches, bend, crouch, or stoop 20 times per hour

Clinical Requirements

Admission into of CAIOMS' programs is contingent upon completing all requirements and passing the mandatory background check and the ability to pass a drug-screening test. Additionally, CAIOMS has a clinical education component that must be completed to meet graduation requirements. Some clinical sites require students to submit to both a criminal background checks and drug screening. Students are responsible for all fees associated with these procedures. Students may be required to travel several hours to clinical sites. **Clinical rotations are typically Monday – Friday; 9:00 a.m. – 5:00 p.m., so you must schedule work and other class times in the evening and/or weekends. Clinical assignments are decided by lottery.**

Student Selection Process

Applicants are required to pay a \$250.00 **nonrefundable** fee to CAIOMS.
PTLA Program - Application: \$25.00; PTLA Program - Textbook: \$60.00
PT Program - Application: \$59.00; PT Program - eTextbook: \$26.00
Lab Supplies: \$165.00

* Application fee is refunded if not accepted into one of the programs.

Classes are selected on a first come bases upon completion of:

Step #1

Student Tuition Recovery Fund Disclosures (STRFD): Nonrefundable

* You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all the following applies to you:

1. You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans.
2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

* You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:

1. You are not a California resident.
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party."

"The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by California residents who were students attending certain schools regulated by the Bureau for Private Postsecondary and Vocational Education.

You may be eligible for STRF if you are a California resident, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other cost.
4. There was a decline in the quality of the course of instruction within 30 days before the school closed or, if the decline began earlier than 30 days prior to closure, the period of decline determined by the Bureau.
5. An inability to collect on a judgment against the institution for a violation of the Act."

* Only applicable if total tuition meets or exceeds state required amount.

Student's Right To Cancel and Refund Policy

1. A student has the right to stop school at any time; and has the right to receive a refund through attendance at the first class session or the seventh calendar day after enrollment, whichever is later. After the end of the cancellation period, you also have the right to stop school at any time; and you have the right to receive a pro rata refund if you have completed 60 percent or less of the scheduled days in the current payment period in your course through the last day of attendance. Refunds will be dispersed within 45 days following written notification of withdrawal and application for refund. If a student has attended 60% or less of a program (In-class/Didactic) then their refund will be prorated by the percentage attended. If a student has attended more than 60% of a program (In- class/Didactic) then the student is not eligible for a refund. If eligible for a refund, refundable portion does not include \$257.00 nonrefundable application / lab / textbook fee, STRF fee, and any deduction for equipment not returned in excellent condition within 1 day after the notice of cancellation is received. STUDENTS MUST CANCEL IN WRITING. You do not have the right to cancel by telephoning the school or by not coming to class.
2. If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.
3. Cancellation may occur when the student provides a written notice of cancellation at the following address: 1901 E. Shields, Suite B-118. Fresno, CA 93726. This must be done by hand delivery.
4. The written notice of cancellation needs to be on a Notice of Cancellation Form, available upon request.
5. If you have satisfactorily completed the program but are unable to complete the externship, you may apply in writing to receive a refund not to exceed \$100 and a certificate of completion for the classroom portion of the course.

Loans

You are responsible for repaying the loan amount plus any interest, less the amount of any refund. If a student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur: (1) The federal or state government or loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan. (2) The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

Notice Concerning Transferability of Credits and Credentials earned at our Institution

The transferability of credits you earn at CAIOMS is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the degree, diploma, or certificate you earn in your program is also at the complete discretion of the institution to which you may seek to transfer. If the credits or degree, diploma, or certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending (CAIOMS) to determine if your credits or degree, diploma or certificate will transfer.

Complaints

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint form which can be obtained on the bureau's website. www.bppe.ca.gov

CAIOMS has never filed for bankruptcy petition, operated as a debtor in possession or had a petition of bankruptcy filed against it under Federal law.

Questions

If you have any questions, contact California Institute of Medical Science at 559-490-3911 option 3 for a representative specifically trained to answer your questions. If after hours, please leave a message and a representative will return your call the next business day. Students or persons who have a problem or complaint are encouraged to first contact the person or persons involved. Enrolled students may request further action by contacting a program manager. If the issue remains unresolved, requests for further action may be submitted to the School President.

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400 Sacramento California, 95833, www.bppe.ca.gov, Toll Free Number: (888) 370-7589, Telephone Number:(916) 431-6959, Fax Number: (916) 263-1897.

Immunization Requirements

For protection and compliance with state regulations, the California Institute of Medical Science requires all students to be properly immunized. Documentation of immunizations must be provided to the admissions office prior to the start of the program or internships as programmatically determined. Students must comply with the minimum health requirements from each individual clinical education center where performing internships which may include additional immunity or vaccination requirements not specifically listed within this catalog. The student will pay the cost of immunizations. Students must show proof of the following immunities and/or vaccinations (immunization documents or evidence of a blood titer), before the clinical component can be attended:

- Varicella immunity
- MMR immunity
- Up-to-date tetanus shots (defined as within the past 10 years)
- Hepatitis B vaccine series (if not complete, proof immunization must be shown for the 1st shot within one month or 1st and 2nd shot within six months)
- Tuberculin test within the past six months*

* In case of the positive TB test result, student must have proof of a negative chest x-ray within 2 years. Student may be expected to comply with additional TB screening requirements as determined by the hospital clinical setting.

Failure to keep these immunization requirements up-to date could impact the student's ability to attend the clinical education center, to complete the program's graduation requirements, or to obtain certification after completion of the program.

Acceptance Procedure

Completed application packets are accepted during specified dates stated in this application only. Application packets must be hand carried to:

California Institute of Medical Science
1901 E. Shields, Suite B-118
Fresno, CA 93726

All applicants must submit the application, appropriate documentation, and pay the application / lab / textbook fee.

Applications that are faxed, electronically mailed, or mailed through the U.S. Postal Service will not be accepted.

Please note the following:

Application Deadline	Day Program 7:20 am - 12:00 pm Evening Program 5:20 pm - 10:00 pm (Depending on class size, CAIOMS may offer both shifts or only one)	Phlebotomy Technician Program 5 Weeks Fridays 5:20 pm - 10:00 pm Saturdays & Sundays 7:20 am - 12:00 pm	Orientation MANDATORY (6:00 pm)
May 14, 2012	May 21, 2012 - August 9, 2012	June 15, 2012 - July 15, 2012	May 8, 2012 or May 10, 2012

Phlebotomy Technician / Lab Assistant Program Schedule (326 Hours)

Morning: 7:20 am - 12:00 pm
 Evening: 5:20 pm - 10:00 pm
 12 Weeks + 120 Clinical Hours

Didactic Weeks M/T/W/TH
 Clinical Weeks M – F

Fresno Campus
 Clinical hours will vary by facility

Phlebotomy Technician Program Schedule (175 Hours)

Fridays: 5:20 pm - 10:00 pm
 Saturdays and Sundays: 7:20 am - 12:00 pm
 5 Weeks + 100 Clinical Hours

Didactic Weeks F/S/SU
 Clinical Weeks M – F

Fresno Campus
 Clinical hours will vary by facility

*Dates and hours are subject to change, Select holidays are observed.

*Didactic / Hands on training is conducted at 1901 East. Shields, B-118, Fresno, CA 93726

PROGRAM ACCREDITATION

Phlebotomist / Lab Assistant Program

California Institute of Medical Science is a private institution that is approved to operate by the Bureau for Private Postsecondary Education.

Lab Assistant

The Medical Lab Assistant module meets the requirements set by American Medical Technologist (AMT) for certification upon passing their national exam.

Phlebotomy Technician

The Phlebotomy Technician module is approved by the California Department of Public Health (CDPH) and the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS).

National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) is a programmatic accrediting body that is recognized by the Council for Higher Education Accreditation (CHEA). In California, NAACLS grants program approval to phlebotomy technician programs.

5600 N. River Rd, Suite 720 Rosemont, IL 60018. Phone: (773) 714-8880. Web-Site: www.naacls.org.

8. Emergency Contact

Name															Relation																													
Home Phone															Work Phone															Cellular Phone														
Address																																												
City										State										Zip Code																								

9. Immunizations

Negative test results for Tuberculosis (PPD –skin/Chest x-ray) (within the last 12 months):

YES NO

Completed the three series Hepatitis B injections (within the last 10 years):

YES NO

10. Valid CPR card from the American Heart Association, Healthcare Provider, Basic Life Support course, two (2) year certification:

YES NO

if not current and enrolled in the PTLA program, injection 1 of the three series Hepatitis B immunization shots and the TB test will be provided by CAIOMS at no additional cost. **Note: Completion of the Hepatitis B injection series (Three Injections) will be the applicant’s responsibility.**

If you do not have a valid CPR card or have never taken CPR before, please note this in your application. If enrolled in the PTLA program, training will be provided by CAIOMS at no additional cost.

(All applicants must complete STEP #1)

5. How did you hear about this program? (Please check all that apply)

Friend		
Advertisement (Radio, Tv, Etc.)		
Job / Career Faire		
Other Educational Facility		
Other (please identify)		

TOTAL DUES: PTLA

- ALL APPLICANTS MUST SUBMITS A \$250.00 **NONREFUNDABLE** APPLICATION / LAB / TEXTBOOK FEE.
- TUITION (\$2,750.00), STRF (\$7.50) **NONREFUNDABLE**, AND APPLICATION / LAB / TEXTBOOK FEE MUST BE PAID UPON **ACCEPTANCE OF ENROLLMENT**
- TOTAL: \$3,007.50**

TOTAL DUES: PT

- ALL APPLICANTS MUST SUBMITS A \$250.00 **NONREFUNDABLE** APPLICATION / LAB / TEXTBOOK FEE.
- TUITION (\$2,350.00), STRF (\$7.50) **NONREFUNDABLE**, AND APPLICATION / LAB / TEXTBOOK FEE MUST BE PAID UPON **ACCEPTANCE OF ENROLLMENT**
- TOTAL: \$2,607.50**

CAIOMS DOES OFFER A PAYMENT PLAN.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me. I understand that if this information or any other information upon which my admission is based is discovered to be inaccurate or incomplete, the institution may rescind my admission. If admitted, I agree to abide by the school's policies including, but not limited to, those contained in the Student Handbook. I acknowledge that all submitted official transcripts will become property of the school and will not be forwarded to another institution or returned to me. This enrollment agreement is legally binding when signed by the student and accepted by the institution.

ALL APPLICANTS MUST SIGN AND DATE APPLICATION:

Signature of Student

Date

Signature of Co-Signer

Date

Signature of Employee

Date

School Performance Fact Sheet

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement.

I/we have read this Agreement, fully understand it, have received a signed and executed copy of it and the School's Catalog with course descriptions, refund policies, student services, placement assistance, equipment, supplies and School Performance Fact Sheet. Do not sign this Agreement until you have read all of the pages of it or if it contains any blank spaces. I understand that all of the pages of this document contain terms to this Agreement.

Prior to signing this enrollment agreement, you must be given a Catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to the completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement.

I certify that I have received the Catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact Sheet, and have signed, initialed and dated the information provided in the School Performance Fact Sheet.

Students initials _____

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agree to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Signature of Student

Date

Signature of Co-Signer

Date

Race / Ethnic / Gender Designation

Information obtained from this survey is used to develop and identify school diversity statistics. Completion of this survey is voluntary and refusal to provide this information will not subject you to rejection of admission to our program.

Instructions: Please check appropriate category.

Race/Ethnic designations as used by the Federal Government do not denote scientific definitions of anthropological origins. For the purposes of this survey, the applicant may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The Race/Ethnic/Gender categories used for this survey are:

- Caucasian (not of Hispanic origin) – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- African American (not of Hispanic origin) – a person having origins in any of the Black racial groups of Africa
- Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin regardless of race
- Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaskan Native – a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment
- Native Hawaiian or Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Gender: Male Female

Received By: _____ Signature _____ Date: _____							
Medical Documentation		Educational Documentation		Application / Lab / Textbook Fee \$250.00	STRF \$7.50	Tuition PTLA:\$3,007.50 PT:\$2,607.50	
Physical Exam	Immunizations	HSD	<input type="checkbox"/>	Cashier's Check #	Verified by:	Part 1 \$1,507.50	Part 2 \$1,500.00
		HST	<input type="checkbox"/>	Credit Card #		Part 1 \$1,432.00	Part 1 \$1,175.00
		GED	<input type="checkbox"/>	M/O #		Part 1 \$1,157.50	Part 2 Monthly
		CT	<input type="checkbox"/>	Verified by:		Verified by:	Verified by:



California Institute
of Medical Science

Fresno Campus
Manchester Center
1901 E. Shields, Suite B-118
Fresno, CA 93726

For more information:
Phone: 559.490.3911
Online: www.caioms.com