DIXIE STATE UNIVERSITY
PHLEBOTOMY PROGRAM
CHECKLIST

☑ Fall
☑ Spring
☐ Summer

Student ID: __________________________ Date Submitted: __________________________

Last Name __________________________ First __________________________

Phone: (______) ______________________ E-mail: __________________________

Students will be placed on a waiting list for the next available opening.
ALL OF THE FOLLOWING MUST BE SUBMITTED WITH THIS CHECKLIST!
Incomplete checklists will not be accepted.

☐ DIXIE STATE UNIVERSITY ADMISSION PROCESS – COMPLETED
   Currently a student in good standing OR have completed the admission process.

☐ BACKGROUND SCREENING – RESULTS ENCLOSED (Allow 7 days)
   You must print off the summary (1st page) http://scholar.verifiedcredentials.com/?organization=dixie
   Phlebotomy code of: KMKTH-66746

☐ 5 PANEL DRUG SCREEN – RESULTS SENT DIRECT TO DEPARTMENT
   Dat Express – River Road, OR IHC Workmed – South of Costco will do these locally for $30

☐ CPR CERTIFICATION – COPY OF CARD ATTACHED
   Health Care Provider Level only! MUST include AED training. DSU holds classes.
   Contact Arvilla McInnes to enroll: 435.879.4951 or Taylor Building, room 251

☐ VERIFICATION OF 2 MMR (Measles, Mumps, Rubella) immunizations or Titer showing immunity

☐ TDaP IMMUNIZATION MUST include Pertussis. Adult TD or childhood DPT does not meet requirement.
   Waiver required if tetanus shot has been received in the last 2 years.

☐ HEPATITIS B SERIES (3) Must complete series of 3 before program starts. Allow 4 weeks between.

☐ CHICKEN POX IMMUNIZATION or letter verifying you had Chicken Pox or titer showing immunity.

☐ 2-STEP TUBERCULOSIS TEST – Proof of 2-Step Negative Skin test, Negative BAMT (blood test), Negative chest X-ray,
   or verification of prior treatment for TB. A 2-step TB skin test is defined as a TB test result completed and then a second
   TB test completed at least two weeks later.

☐ INFLUENZA VACCINE (Required during Flu Season)

Students are required to practice venipuncture procedures on each other as part of the laboratory experience.
   There is a lab fee to be paid with tuition.

☐ I am willing to participate in Venipuncture practice with my classmates.

☐ I have attached all of the requirements with this checklist.

_________________________________________                          ________________________
Signature                                                                 Date

Please mail or hand deliver to:
Dixie State University – Phlebotomy Program
ATTN: Chris Gifford
225 South 700 East, St George, UT  84770
Contact Info: cgifford@dixie.edu or 435-652-7690

Thank you for your interest in the Phlebotomy Program at Dixie State University!