



### Continuing Education Phlebotomy Application Form

Note: The information entered into this form cannot be saved.

1059 Willamette St  
Eugene, OR 97401

Phone: (541) 463-5252  
Fax: (541) 463-3984

#### Personal Information (Please Print Clearly)

Name:	_____	_____	_____	_____
	Last	First	MI	Maiden
Home Address:	_____			
	_____			
Phone Numbers:				
Home:	_____	Work:	_____	Cell: _____
Email:	_____	Lane Student ID (L#):	_____	

■ **Reading proficiency** requirement:

- Pass the Computerized Reading Comprehension test at Lane's testing office with a score of 76 or higher within five years of application **OR**
- Submit a college transcript showing successful completion of:
  - RD 090 College Reading Skills or WR 115 Introduction to College Writing or higher

■ **Math proficiency** requirement:

- Pass parts A, B and C of the Math testing sequence at Lane's testing office within one year of application with a minimum score of 7 in each part **OR**
- Submit a college transcript showing successful completion of:
  - Math 020 or higher within the last year

I hereby submit transcripts and/or test scores showing that I meet the minimum qualifications for the Phlebotomy training. I understand that I will be notified if it is determined that I do not meet the minimum requirements. I further understand that registration is on a first-accepted/ first-enrolled basis and meeting the minimum qualifications does not guarantee a place in the training courses for any given term.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Submitted**

Send this form along with copies of your test results and/or transcripts (unofficial transcripts are acceptable) to Continuing Education at the address or Fax number listed above.

**FOR ADMINISTRATIVE USE ONLY:**

Date application received: _____	Meets Minimums? _____	Reading _____	Math _____
If meets minimums, permission to register entered _____. If does not meet minimums, applicant notified _____.			

## WAIVER

**It is my understanding that while participating in the Phlebotomy classes I will be performing blood draw procedures on others and will have blood draw procedures performed on me by my classmates. I further understand that there is a certain amount of risk to others and to me in performing these procedures and that Lane Community College does not carry health or medical insurance on me.**

**I do hereby waive any and all rights, demands, claims, cause of action or suit which I have or may have in the future against Lane Community College, its agents, instructors, officers and employees for any injuries or damages which I might sustain while participating in the Phlebotomy Technician Training classes and labs.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date