South Arkansas Health Care Opportunity
South Arkansas Community College
Health Sciences Program Application

Phlebotomy/EKG

Admission to South Arkansas Community College and the above listed Health Science programs is based on the established criteria for each individual program. After all criteria have been met, applications may be picked up to be filled out and returned to the Health Sciences Division. Applications may be picked up in the Health Science Division office.

Instructions for completion of application packet:

1. Please follow all directions carefully. The application will not be complete without all required information. Partial applications will not be accepted.

2. Complete a SouthArk admissions application. Returning SouthArk students are not required to complete a new application. However, if you attended before 1986, a new application must be completed. You can complete the application online at www.southark.edu.

3. All official transcripts from any high school, colleges and universities, technical or trade schools previously attended must be submitted to SouthArk Admissions. If you need to obtain a GED transcript, please submit your request to the AR GED Testing Office, Three Capitol Mall, Room 200, Luther Hardin Building, Little Rock, AR 72201-1083. Copy the transcript release form if you need more than one. You will need to check with your school to see if there is a fee for transcripts. The Health Sciences office will not obtain student transcripts, the student must provide them.

4. Provide proof of immunization to SouthArk Admissions. Two immunizations against measles and rubella (MMR) are required.

5. All first-time entering students and transfer students must submit placement test results from the ACT, SAT, ASSET or COMPASS. Students may take the COMPASS test via the SouthArk Learning Center. The exam takes approximately 1 ½ - 2 hours and costs $8.00. Students should call the Learning Center to schedule a time to take the exam and bring photo identification. The Learning Center phone number is: 870-864-7196.

6. Students will be notified by the Program Director or program faculty if an interview will be scheduled for the Health Science program you are applying to.

7. Each completed application packet will be date stamped when the application is returned to the Health Sciences office.

8. If you need additional information, please contact Lihua Ogden, SAHO Administrative Assistant, at (870) 864-7182.

9. A background check is required for admittance into ALL SouthArk Health Science programs. The cost of the background check is $53 and is paid directly to American Data Bank.
Phlebotomy/EKG Program Application Checklist

______ **Drug Screen**—Take the attached form to Occupational Medicine & Drug Testing Services, 101 Thompson, El Dorado, AR 71730 (870)864-9661

______ **Background Check**—Go to [http://www.southarcc.com](http://www.southarcc.com) and complete a background check. Be sure to check Phlebotomy/EKG Program.

______ **TB Skin Test**—Complete and submit proof

______ **Hepatitis B Vaccine**—Submit proof of immunization or declination form

______ **Application**—Complete and Submit

______ **Varicella Zoster**—Submit proof of immunity or immunization
South Arkansas Community College
Health Sciences Program Application

Check Program for which you are applying.

_____ El Dorado        _____ Warren

Type or Print the following information. Incomplete applications will not be accepted.

Date of Application ____________________  Year of desired program admission ________

Name __________________________________________________________

Name you prefer to be called _________________________________________

Social Security Number ___________________  Student ID Number ______________

Telephone: Home ______________  Business ___________  Alternate ____________

Address:
________________________________________________________________________
___________________________________________________________________________

Email Address: _____________________________________________________________

Emergency Contact Information:

__________________________________________________________________________

Name    Telephone    Relationship to Student

__________________________________________________________________________

Address     City     State     Zip Code

Place of employment ________________________________ Telephone ________________

Family Physician ________________________________ Telephone ________________
Affirmative Action

The following information is optional and used for statistical and affirmative action purposes. It does not affect eligibility for admission.

Date of Birth _____/_____/______  Sex:  Male _____ Female _____

Predominant Ethnic Background (check one)

________ American Indian/Alaskan Native  ________ White/Non Hispanic

________ Asian or Pacific Islander  ________ Black/Non Hispanic

________ Other ______________________  ________ Prefer not to respond
Employment Information:

Include all employment within the past five years beginning with the most recent.

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<th>Employer</th>
<th>City/State</th>
<th>Job Responsibilities</th>
<th>Dates From To</th>
<th>Reason for Leaving</th>
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Criminal Background

Personal: Have you ever been convicted of a felony? _______Yes ________No
Have you ever been convicted of a misdemeanor? _____ Yes ________No

Have you ever been convicted of child maltreatment? _______Yes ________No

**IF ANY ANSWER IS YES, PLEASE ATTACH EXPLANATION**
Educational History

List in chronological order all Colleges, Universities, Vocational, Private, or any other institutions of higher learning previously attended. *Use the transcript release form to request transcripts from any schools listed below.

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<th>Name of Institution</th>
<th>City</th>
<th>State</th>
<th>Dates Attended</th>
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If **currently enrolled** in any of the above institutions, list all courses you are taking at this time. **Final transcripts** will be required prior to enrollment.

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Personal Statement (Autobiography)

In your own handwriting, please explain why you are seeking admission to a Health Science program. Include any information that you feel would assist in your selection to the program. This will help the Program Director and faculty to become better acquainted with you. If additional space is required, please attach additional pages.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is reason for denial of admission to the Health Sciences Program.

Applicant signature ________________________________ Date ________________
CONFIDENTIALITY AGREEMENT

I, _____________________, understand all information regarding the admission, diagnosis, and treatment of a patient is absolutely confidential and should be treated as such. All forms of medical and personal information about our patients should be kept as privileged communications intended only for the knowledge of persons in a need-to-know position.

___________________
Signature

____/____/____
Date
DRUG SCREEN—PHLEBOTOMY PROGRAM APPLICANT

Student Name: ________________________________

Test Site: Occupational Medicine & Drug Testing Services, 101 Thompson, El Dorado, AR, 71730, 870.864.9661

Test Requested: 9 Panel Drug Screen

Cost: $30.00—Student Pays Directly to Occupational Medicine & Drug Testing Services

Send Requests To: South Arkansas Community College
Attn: Ms. Brenda Perritt/Phlebotomy
P.O. Box 7010
El Dorado, AR 71730-7010
or
Phone: 870.875.7275
Fax: 870.864.7140
Email: bperritt@southark.edu
HEPATITIS B VACCINE
Proof of Documentation/Waiver Form

Name of Subject __________________________ Date ________________

I. Complete this section if the subject is a high risk employee. (check one of the following statements.

A. ___ I have received the Hepatitis B vaccine (proof of documentation of this statement should be presented and noted by the witness).

B. ___ I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I release South Arkansas Community College from liability for any results that may occur because of my refusal.

Student Signature: ____________________________________
HBV, TB, and Varicella Testing
Available to SouthArk Students

1. Stephens Community Health Clinic
   TB Skin test $17.00
   Will not bill College
   870-786-9114
   Does not require student to be an established patient and requires no physician order

2. Area Health Education Center (AHEC)
   460 West Oak in El Dorado
   870-862-2489
   Will not bill College
   TB skin test $17.50
   Student not required to be established patient and requires no physician order

3. Bradley County Medical Center
   Warren AR
   HBV vaccinations @ $75 per injection
   Will not bill College
   No physician order required

4. Medical Center of South Arkansas
   700 West Grove El Dorado
   Varicella testing $18.50 (when contract signed)
   Will not bill College
   Requires a physician order

5. Occupational Medicine
   101 Thompson El Dorado
   Will bill College for students with financial aid
   Need to bring form with them to site but no physician order required
   870-864-9661
   HBV vaccine $75 per injection
   Varicella titer $33.00
   IGRA (TB) $85.00