



Phlebotomy Technician Program Application - FORM A

All required documentation must be hand delivered or delivered via email *no later than 4:30pm on or before the due date shown below*. Late or incomplete applications will not be considered for admission during the current application cycle.

<i>Please select the semester you are applying for below:</i>		
<input type="checkbox"/> Fall [REDACTED]	<input type="checkbox"/> Spring – due 1 st Thursday of November	<input type="checkbox"/> Summer – due 1 st Thursday of March

<i>Please select your first choice (required) and second choice (optional) campus below:</i>		
<input type="checkbox"/> Yuma Main Campus	<input type="checkbox"/> San Luis Learning Center	<input type="checkbox"/> Parker

Personal Information			
NAME:	<i>Last:</i>	<i>First:</i>	<i>Middle:</i>
FORMER NAME(S):			
STUDENT ID #:		SOCIAL SECURITY #:	
PERSONAL EMAIL:			
AWC EMAIL:			
ADDRESS:		CITY:	ZIP:
PHONE:	<i>Cell:</i>	<i>Home:</i>	<i>Work:</i>
<i>Have you ever been convicted of a felony?</i>			
Yes <input type="checkbox"/> (If yes, please explain) No <input type="checkbox"/>			

The following information is for institutional research purposes only, **not for admission**. Please place a ✓ mark in the appropriate box.

Male Female Date of Birth: _____

Ethnic Group: Hispanic White, Non-Hispanic
 Asian or Pacific Islander Black, Non-Hispanic
 American Indian/Native Alaskan Other: _____ (Please specify)



Phlebotomy Technician Program Application - FORM B

Student must complete all of the sections below					Staff Verification (Staff Use Only)	
Name:		ID#:				
Phlebotomy Technician Information Session Date Attended:					□	
Reading Placement Test Score					□	
Course	Grade	Sem/Year	Currently Enrolled			
<i>Pre-Requisites</i>						
AHE 101			Yes <input type="checkbox"/>	No <input type="checkbox"/>	□	
<i>Co-Requisites</i>						
AHE 119 or BIO 160			Yes <input type="checkbox"/>	No <input type="checkbox"/>	□	
Health & Safety Requirements						
Level 1 Fingerprint Clearance Card	Date Card Issued		Expiration Date			□
CPR/BLS Card						□

IF you have any questions or need guidance please email us at alliedhealth@azwestern.edu.