

Application
Phlebotomy Education Program
Saint Luke's Hospital of Kansas City

Name: _____ SS#: _____

Address: _____

City, State: _____ Zip: _____

Telephone: (____) _____ Cell: (____) _____

E Mail Address: _____

**Please notify program of any changes in contact information prior to admission to avoid delays.*

Are you at least 18 years old: YES NO
 Have you ever been convicted of any misdemeanor or a felony: YES NO
 If yes, what was the crime _____

Class Preference 2010: 1/18 – 2/24 4/19 – 5/26 8/30 – 10/6 11/1 – 12/8

(Dates subject to change) (Please circle one)

Application Deadline: 10/21/09 2/10/10 6/30/10 8/25/10

Education Record: Please include High School and ANY additional training programs previously attended

Name of High School or Program Address City, State Zip	Contact Name(s) (for verification) Telephone #	Dates of Attendance Diploma/Degree/Cert. Earned? Reason for Leaving

Attach another sheet if necessary.

Employment Record

Employer Name Address City, State Zip Phone	Position & Dates of Employment	Reason for Leaving

Activities and Honors

Please list organizations, offices, awards, honors and any other information regarding your leadership, scholarship and teamwork abilities and accomplishments.

Why have you chosen a career in Phlebotomy?

Please include below one handwritten paragraph in response to this question.