

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 2009: **4/20 – 5/22** **7/6 – 8/7** **9/8 – 10/9** **11/2 – 12/4**

(Dates subject to change) (Please circle one)

Application Deadline: 1/31/09 5/1/09 7/2/09 8/28/09

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 |
|--|--|---|
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Attach another sheet if necessary.

Employment Record

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