

Application for Admission

| Name: _ | | | | | |
|-----------|-------------|---|-----------------------|--------------|-------------|
| | | (Last) | (First) | | (MI/Maiden) |
| Address | : | (Street) | (City) | | (State/Zip) |
| | | | (City) | | (State/Zip) |
| Cell Pho | n e: | | | | |
| Email ad | ldress: | | | | |
| US Citize | en? Yes | [] No [] If no, are you | a legal US resident? | Yes [] No [|] |
| Are you | at least 1 | 8 years old? Yes [] No [] | | | |
| Are you | able to s | peak, read and understand E | inglish? Yes [] No [] | | |
| Educatio | | | | | |
| Dates | | Name of School | Location | Graduate? | |
| From | То | Name of School | Location | (Y/N) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Do vou l | nave acce | ess to laptop computer? Yes | [] No [] II | nternet? Yes | [] No [] |
| o you. | 1410 4000 | 100 10 10 10 10 10 10 10 10 10 10 10 10 | [] | normorr roo | [] |
| Work Ex | perience: | | | | |
| Dates | | Name of Employer | | Your Role | |
| From/T | 0 | | | | |
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LifeShare Phlebotomy Program Application for Admission

| How did you learn about our program and why did you choose this school? |
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| What are your career goals? |
| Phlebotomy is extremely important process to the Healthcare Profession. You understand that applicants accepted into the program must maintain the highest standards. By submitting this application, you understand that you must adhere to the academic standards as well as our zero tolerance of use of drugs and/or illegal prescription usage and maybe subject to periodic drug screens. LifeShare Phlebotomy students will successfully complete clinical, technical, and professional tasks assigned and will maintain at least a 75% average for chapter and final exams. As part of the course requirements, each student is required to bring in volunteers on whom they can perform capillary and venipuncture procedures. Additionally, students are expected to perform these procedures on each other. |
| Applicant Signature |
| Completed application forms may be sent as a hardcopy to the address below or submitted by email to PhlebotomySchool@lifeshare.org . |

LifeShare Phlebotomy School Attn: Geri Venable 8910 Linwood Avenue Shreveport, LA 71106