Sierra College Nursing and Allied Health Department
Phlebotomy Course Application

Fall Semester Application Acceptance: April 1- April 30 (or last business day prior)
Spring Semester Application Acceptance: October 1- October 31st (or last business day prior)

To be considered for admission to the Sierra College Phlebotomy (CPT-1) preparation class, students must submit **this application AND attend a mandatory orientation on the Rocklin campus to be considered for the random selection process. Application must be legibly printed.**

Name: _____ Sierra College ID Number: _____

Mailing Address: _____

_____

Date of Birth: **(must be 18 to attend class)** _____ Email: _____

Mobile Phone #: _____ Sierra College email: _____

I, _____ (print name) attest that I am able to provide an official transcript showing graduation date from an accredited high school in the U.S.

- **OR**

  Have passed one of the following tests:

  - General Educational Development (GED)
  - High School Equivalency (HiSET)
  - California High School Proficiency Examination (CHSPE)

- **OR**

  - Provide official transcripts showing credit for general education courses completed at an accredited college or university.

- **OR**

  - All non-U.S. transcripts must be evaluated by "Current Members" of the National Association of Credential Evaluation Services (NACES) or "Endorsed Members" of the Association of International Credential Evaluators, Inc. (AICE). Official transcript from the university is required in addition to the evaluation. The evaluation service will send an evaluation of your educational institution and academic courses directly to LFS.

I, _____ (print name) attest that I have a valid social security number (for state licensing purposes).

_____ I have never been expelled from a healthcare program. If you have been expelled or asked to leave a program, please provide the program name, contact person and contact information.

_____

_____

I hereby certify that all statements made on this form are true and complete.

Signature: _____ Date: _____