

HACC Phlebotomy Technician (PBT) Clinical Program Application Fall 2010

Name (Please Print):	Last	First	MI	HACCID
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I have met the requirements for application and want to be considered for the Fall 2010 clinical class for (select one) : <input type="checkbox"/> Harrisburg Campus <input type="checkbox"/> York Campus

Spring Classes	Spring Final Grades	Summer Classes (Anticipated enrollment)

Email Address:		
Street Address	City/State	Zip Code
Home Phone:	Work/Cell Phone (indicate which):	

	Yes	No	NA
I have submitted (non-HACC) college transcripts to the Admissions Office			
I have met with the phlebotomy advisor and have an educational plan.			
Advisor Name: _____			

If you have answered "No" to any of these questions, you may *not* be ready to apply at this time. If qualified, your application will be presented to the admissions committee.

ALL APPLICANTS WILL BE NOTIFIED OF THE COMMITTEE'S DECISION AFTER June 1.

Signature: _____ **Date:** _____

Please return by May 1 to Amy Lundvall
Select Medical Health Education Pavilion (SMHEP) 114 - Harrisburg campus
One HACC Drive
Harrisburg, PA 17110