

## HACC Phlebotomy Technician (PBT) Clinical Program Application Summer 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 Summer 2010 clinical class for (select one) : <input type="checkbox"/> <b>Lebanon Campus</b> <input type="checkbox"/> <b>Gettysburg Campus</b>
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Fall Classes	Fall Final Grades	Spring Classes (Anticipated enrollment)

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

	Yes	No	NA
I have submitted 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 FEBRUARY 1.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

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