

# **BARTON BARTON**

**P H L E B O T O M Y** **M L T**

## Castle Branch Required Documents

MLT Required Documents: [MLT Handbook](#)

1. **Immunization Documentation:**

- a. [Immunization Record](#) (to be completed by student)
- b. Copy of required immunizations (medical file)
  - Tuberculin (TB) skin test within the past 12 months
    - To be renewed annually from tested date.
    - Student must provide documentation yearly
    - TB vaccination titer within 8 years is acceptable
    - Positive test requires chest x-ray result documentation
  - Tetanus/Diphtheria or TDaP
    - If Tetanus is over 2 years old, you may be required to get a TDaP
  - MMR (measles, mumps, rubella)
    - Born after 1957, you must have two MMR or positive titer documentation
    - Dates if you have had the disease
  - Chicken Pox
    - Date of the disease
    - Vaccination date documentation
    - Titer documentation
  - Hepatitis B Vaccination
    - Refusal signature
    - Date and documentation of HBV series
  - Influenza vaccination
    - Required by facility? If yes, upload documentation.
    - Renewed 1 year from submission

2. **CPR Certification** (Front and back of card including signature and name of holder and expiration date) **Accepted Certification can be any of the below**

- a. American Heart Assoc. Healthcare course certificate
- b. American Heart Assoc. Heart Saver course certificate
- c. American Red Cross Professional Basic CPR
- d. Any Nationally recognized Basic CPR course certification
- e. Military Training Network

3. **Health Insurance**

- a. Proof of insurance (must include name of insurance company, name of student, and effective date)
- b. Insurance must be in effect for the entire program duration.

4. [Physical Exam](#) and [Essential Requirements/Functions](#). (Must be completed within the last 6 months and signed by medical professional)

\*\*Must state **NO LIMITATIONS** per Essential Requirements

# **BARTON BARTON**

**P H L E B O T O M Y** **M L T**

Professional License or Certification (Military MLT, Phlebotomy, etc) if applicable.

- a. Documentation from school or program
  - b. Completion student certificate is **NOT** sufficient
  - c. ASCP Route 3 PBT form for Phlebotomy experience
    - i. Letterhead from Supervisor
      1. Number of hours worked/week
      2. Duration of employment as Phlebotomist
      3. Approximate number of sticks
      4. Job description
5. [Handbook](#) Acknowledgement
- a. [Signature page](#)
    - i. I have read the handbook...
    - ii. I have read the Essential Requirements for physical and mental health
    - iii. I have read and understand the Classroom/Lab behavior document
    - iv. I have read and understand the Expectations and Responsibilities
  - b. Renewal annually
6. [Contract for Classroom/Laboratory Behavior](#) for MLT
- a. Signature page
  - b. Contract document
7. [Confidentiality](#) / HIPPA form
8. [Acknowledgement of Legal relationship](#) BCC and MLT
9. [MLT FERPA](#)
- a. Renewed annually
10. [Reference Authorization](#)

Phlebotomy Documents needed for Castle branch:

1. [Immunization Record](#) including copy of shot records
2. TB test – skin test documentation or titer
3. Health Insurance
4. [Phlebotomy Handbook](#)
  - a. acknowledge [Signature page](#)
5. [Code of Conduct](#) Classroom contract
6. [Confidentiality](#)
7. [Acknowledgment of Legal Relationship](#)
8. [FERPA](#)
9. [Reference Authorization](#)