



Phlebotomy Ink Training and Staffing Agency LLC

Get the training you need to succeed



Instructions for Applying for Enrollment

Have you applied for the scholarship? _____

(You are NOT required to apply for the scholarship)

If you have not applied for the scholarship, please submit a contact form at www.phlebotomyink.com with your name and email address on the form to receive the scholarship application by email. If approved for the scholarship, you will receive an Approval Letter by email with instructions for registration.

Registrations are by appointment ONLY, call or email the office to make an appointment. **NO WALK-IN REGISTRATIONS WILL BE ACCEPTED**

All documents listed below must be submitted at the time of Registration:

_____ Application (p 1-4) _____ High School Diploma, GED, or Unofficial College Transcript
_____ Approval Letter _____ 1st part or Full Tuition Fee _____ Photo Identification

(Payment in the form of Cash, Check, Cashier's Check or Money Order ONLY)

IF YOUR CHECK IS RETURN, YOU WILL BE CHARGED A \$50 RETURN FEE

Application for Enrollment

Course you are enrolling in phlebotomy Today's Date _____

(Part 1)

Applicant information

Student's FULL Legal name: _____

(First) (Middle) (Last)

Home Address: _____ City: _____ State: _____ Zip: _____

Gender: _____ Race: _____ Birthdate: _____ Social Security: _____

Driver license# & state: _____ Active phone# :(_____) - _____

Alternate phone# :(_____) - _____ Email: _____

_____ Check if your mailing address is the **SAME** as your Home address

Mailing Address: _____ City: _____ State: _____ Zip: _____

Emergency contact 1: _____ Relationship: _____

Phone# :(_____) - _____ Emergency contact 2: _____

Relationship: _____ Phone# :(_____) - _____

(Part 2)

A. Education

High school Attended _____

Street Address _____

City _____ State _____ Zip _____

Date Attended _____ G.E.D. _____ Date _____

B. College or University

Name _____ Date _____ Degree _____

Name _____ Date _____ Degree _____

Name _____ Date _____ Degree _____

(Part 3)

A. Work Experience

Please List any prior experience related to the course that you are enrolling in.

1. Facility _____

Address _____ City, State, Zip _____

Position _____ Start/End Date _____

Supervisor _____ Telephone _____

2. Facility _____

Address _____ City, State, Zip _____

Position _____ Start/End Date _____

Supervisor _____ Telephone _____

(Part 4)

Tell me more about yourself

List any Medical Alerts or Allergies _____

Is English your first language? _____ Do you speak other languages? _____

Which other languages? _____

Are you a US Citizen? _____

If not, what is your Citizenship? _____

As a student of Phlebotomy Ink I agree to abide by the rules that Phlebotomy Ink has set. In addition I understand that Phlebotomy Ink is a Training facility and is **NOT** responsible for providing me with employment or **GUARANTEE** me employment.

_____ Initial here stating that you understand the statement above

I _____ hereby state that **ALL** of the information above that
(Print name)

I _____ provided is true.
(Signature and today's date)

Reviewed by _____
Executive Director/Owner

Please print all 4 pages of this application and bring it along with the other documents listed on page 1 with you for registration.

Phlebotomy Ink Training and Staffing Agency LLC
1512 Center point Pkwy Suite 201
Birmingham, AL 35215
Phone-205-582-9075 Fax-205-582-9079
www.phlebotomyink.com phlebotomyink@gmail.com