



TENNESSEE DRUG & ALCOHOL, INC.  
207 GILL ST. ALCOA, TN 37701  
PH: (865)980-0600 FX: (865) 379-8770

## PHLEBOTOMY TRAINING CONTRACT & APPLICATION

**PLEASE READ CAREFULLY: This contract must be read IN FULL and signed by you, the student, in order to enroll in the Phlebotomy Training Course. By signing, you are entering into a contract with Tennessee Drug & Alcohol, Inc. (TDAC). You agree to comply with all terms and conditions set forth in this document, a legally binding contract.**

### **I. SCOPE & MANNER OF SERVICES:**

**A.** TDAC will provide you, the student, with instruction, training and guidance in proper techniques to prepare you for employment in the field of Phlebotomy. TDAC's staff will provide you with a minimum of ten hours of training over the two-day course. Upon completion of all coursework, you will be administered a written exam. After completion of the written exam, all students will be required to perform a live blood-draw with their student partners. Upon successful completion of both the written exam and the live blood-draw, TDAC will issue a Standard Certificate of Training: Phlebotomy.

**Please note:** This is not a National Board Certification. The state of Tennessee does not require licensure or board certification for employment in the field of Phlebotomy.

**B.** TDAC's training course uses "the buddy system" where each student is partnered with another student. You will be expected to perform a live blood-draw on your partner. You are also expected to allow your partner to perform a live blood-draw on you. **There are no exceptions.** If you are unable or unwilling to allow you partner to draw your blood, please do not apply for this course.

**C.** On Day One of the training, you will receive printed materials (textbook, study guide, pre-test, etc.). The textbook and study guide are yours, and it is your responsibility to maintain your materials. If you need replacement copies, there will be a \$90 fee to replace the textbook, and a \$5 per form reprinting fee to replace any other lost or damaged forms.

**D.** You will also receive a supply packet containing materials to be used for practice draws with our prosthetic devices. These packets contain potentially hazardous materials: **DO NOT OPEN YOUR SUPPLY PACKETS** until directed to do so by the trainer.

**E.** Outside coursework is mandatory for completion of this training. All students are required to complete a minimum of one hundred (100) live blood-draws. These draws must be documented on the tracking sheet provided with your printed materials packet. You, the student, are expected to return your completed tracking sheet to TDAC. An Advanced Training Certificate will be issued upon receipt and verification of your completed tracking sheet.

**F.** TDAC does not have formal job-placement services. We do occasionally hear from area hospitals and clinics that are looking for phlebotomists, and we will pass this information along to students. Also, we are unable to provide information regarding pay rates or local

employment demand for phlebotomists. Please contact your State Employment Office for this information.

**II. TERMS & CONDITIONS:**

The following terms and conditions are designed to ensure that class enrollment is completed in a timely and orderly manner, and to help our administrators complete all necessary forms regarding your certification.

**A.** All potential students must provide the following documentation along with this completed application to be considered for enrollment:

**1.** A negative COVID test result produced within 10 days prior to the class, **OR** a completed COVID vaccine series at least 3 weeks prior to the class. **NO EXCEPTIONS.**

**2.** A copy of a state-issued or government-issued photo ID, showing your date of birth, full legal name, and address.

**3.** A copy of your high school diploma, GED, or college transcripts.

**B.** All course fees must be paid in advance to reserve a seat in the class. Fees are due upon approval of your application. Fees are non-refundable, however, exceptions may be made for emergencies. Any and all exceptions are made at the discretion of TDAC staff.

**C. All students and staff are required to wear a face covering properly during class times.** Any violation of this policy will result in the forfeiture of your seat in the class and immediate dismissal without refund. Additionally, any student who violates this policy will be banned permanently from any and all future training programs through TDAC.

**D.** TDAC reserves the right to cancel or reschedule classes at our discretion. In case of cancellation, TDAC will make every attempt to reschedule you to our next available training course. If you are unable to attend during the reschedule period, all fees will be refunded.

**E.** In consideration of our policies, our instructor and the other students, please do not contact us the day before, or the morning of, the scheduled class expecting to reschedule or to receive a refund. While we understand that emergencies occur, and we will make all efforts to accommodate such circumstances, we will not refund fees to anyone without a notification at least one week prior to the beginning of the class. All exceptions must be documented and verified before a refund is issued.

**F.** By signing this contract & application, you agree to comply with all terms and conditions described in this document. All applications are subject to approval and verification prior to completing your registration.

**DO NOT WRITE IN THIS SECTION/FOR OFFICE USE ONLY/TDAC, INC.**

COURSE DATE: \_\_\_\_/\_\_\_\_-\_\_\_\_/20\_\_\_\_

**VERIFICATIONS:**

COVID: NEG TEST DATE \_\_\_\_\_  
VACCINE DATE \_\_\_\_\_

APPR                      DECL

ID TYPE \_\_\_\_\_ EXP \_\_\_\_\_

INITIALS \_\_\_\_\_/\_\_\_\_\_

EDU TYPE: HSD GED CT OTHER

**APPLICATION for Phlebotomy Training Course: DATE OF CLASS: \_\_\_/\_\_\_/20\_\_\_**

PLEASE PRINT CLEARLY and COMPLETE ALL SECTIONS

**NAME:** \_\_\_\_\_  
(PRINT NAME EXACTLY AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATES)

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**COVID-19 QUESTIONNAIRE: PLEASE ANSWER ALL QUESTIONS FULLY**

TO YOUR KNOWLEDGE HAVE YOU EVER BEEN EXPOSED TO COVID-19? **YES NO**

HAVE YOU CONTRACTED COVID-19? **YES NO**

WHEN WAS YOUR MOST RECENT COVID-19 TEST? \_\_\_\_\_

TEST RESULT: **POSITIVE NEGATIVE** (YOU MUST ATTACH DOCUMENTATION)

HAVE YOU RECEIVED A COVID-19 VACCINE? **YES NO**

IF SO, WHAT DATE(S) DID YOU RECEIVE VACCINE? \_\_\_\_\_

**(YOU MUST ATTACH DOCUMENTATION)**

**PLEASE TELL US WHY YOU ARE INTERESTED IN PHLEBOTOMY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARE YOU CURRENTLY EMPLOYED IN A HEALTHCARE-RELATED FIELD? YES NO**

**IF SO, PLEASE GIVE DETAILS BELOW: (type and length of work)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**HOW DID YOU HEAR ABOUT THIS TRAINING COURSE?**

**FRIEND/RELATIVE**

**OUR WEBSITE**

**OUR SIGN/MARQUEE**

**OTHER** \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

(PLEASE RETURN ALL THREE PAGES OF THIS PACKET ALONG WITH ALL REQUIRED DOCUMENTATION)