

# Phlebotomy PROGRAM APPLICATION

### SELECTION PROCESS FOR ADMISSION TO THE PHLEBOTOMY PROGRAM

This program application must be submitted to the Student Service Center (Room A-1003) or via the secure upload form at lakelandcc.edu/health. Incomplete or late applications will result in a delay of processing and entry into this program.

### PLEASE PRINT LEGIBLY.

## **MANDATORY PREREQUISITES**

- An official copy of your high school transcript or a copy of your General Education Development (GED) certificate.
- Meet with Program Director, Shawnda Coon 440.525.7169 scoonborocz1@lakelandcc.edu or Phlebotomy Coordinator, Elizabeth Zehe • 440.525.7742 • ezehe@lakelandcc.edu.

Semester completed		
Signature of Program Director or Phlebotomy Coordinator		Date
PLEASE PRINT		
Name	Student LID#	
Address	Apt. #	
City	State	Zip
PhoneL	akeland email address	
PLEA	ASE NOTE	
YOUR ACCEPTANCE LETTER WILL BE SENT TO YOUR LAKELAND ARE ANY PROBLEMS.	EMAIL ACCOUNT. YOU WILL A	LSO BE SENT AN EMAIL IF THERE
STUDENT (	CERTIFICATION	
I have submitted an official copy of my high school transcripts or C	GED and met with the Program D	irector or Phlebotomy Coordinator.
Student Signature		 Date

### **PROGRAM INFORMATION**

Shawnda Coon, M.Ed., MLS (ASCP) Program Director Medical Laboratory Technology

Phone: 440.525.7169 • Office: H-269 • Email: scoonborocz1@lakelandcc.edu

White: Admissions Office Yellow: student 11-23 bc 13394