

RSU 25 ADULT AND COMMUNITY EDUCATION

*Create Your Path to Success*

102 Broadway, Suite One  
Bucksport, ME 04416  
www.rsu25.maineadulted.org



Kathy L. Pelletier, Director

Phone: (207) 469-2129

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[www.facebook.com/RSU25ADED](http://www.facebook.com/RSU25ADED)

**To: Phlebotomy Technician Applicants**  
**From: RSU 25 Adult and Community Education**  
**Re: Phlebotomy Technician Program Packet**

Enclosed is our Phlebotomy Technician packet. Please read this information carefully, fill out the necessary forms and return to RSU 25 Adult and Community Education: 102 Broadway, Suite One, Bucksport, ME 04416.

Applications should be completed as soon as possible.

1. Personal Data Sheet
2. Immunization Sheet
3. Background Check
4. Social Security Release
5. FERPA Release
6. Records Release
7. CASAS Assessment

Course fee is \$1,799.00 which includes:

Textbooks  
Registration Fee  
Initial Background Check

NOTE: You will not be considered for acceptance into the Phlebotomy Technician Program until payment has been received by this office.

NOTE: You do not need to wait until your packet is complete to send in your payment. In order to be accepted, full payment and all requested information must be received by this office.



**RSU 25 Adult and Community Education**  
Bucksport, Orland, Prospect, Verona Island

**RECORD OF IMMUNIZATIONS**

Working in healthcare, the student may be at greater risk of transmitting communicable disease to the patient seeking medical attention. Therefore, proof of immunity or vaccination against communicable disease is a requirement of our clinical sites. Recent resurgence of communicable has led the CDC/ACIP (Association of Infection Control Practitioners) to recommend that all healthcare workers be required to show proof of vaccination, doctor office documented history of disease, or lab proof of immunity to the following:

**PLEASE NOTE DATES MUST BE ENTERED. CHECKMARKS WILL NOT BE CONSIDERED.**

**Rubeola (Measles):**

Lab confirmation of immunity or **Date:** \_\_\_\_\_ **Result:** \_\_\_\_\_  
Documentation of (2) MMR's or (2) doses of rubeola vaccine **Date of: 1<sup>st</sup>** \_\_\_\_\_ **2<sup>nd</sup>** \_\_\_\_\_  
Physician diagnosed/documented history of rubeola/measles disease **Date:** \_\_\_\_\_

**Mumps:**

Lab confirmation of immunity or **Date:** \_\_\_\_\_ **Result:** \_\_\_\_\_  
Documentation of (2) MMR's or (2) doses of mumps vaccine **Date of: 1<sup>st</sup>** \_\_\_\_\_ **2<sup>nd</sup>** \_\_\_\_\_  
Physician documented history of disease **Date:** \_\_\_\_\_

**Rubella (German Measles):**

Lab confirmation of immunity or **Date:** \_\_\_\_\_ **Result:** \_\_\_\_\_  
Documentation of (1) MMR or (1) dose of Rubella vaccine **Date:** \_\_\_\_\_

**Varicella (Chickenpox):**

Lab confirmation of immunity or **Date:** \_\_\_\_\_ **Result:** \_\_\_\_\_  
Documentation of (2) doses of varicella vaccine or **Date of: 1<sup>st</sup>** \_\_\_\_\_ **2<sup>nd</sup>** \_\_\_\_\_  
Physician documented history of chickenpox or herpes zoster (shingles) **Date:** \_\_\_\_\_

**Hepatitis B:**

Documentation of (3) dose series of Hepatitis B vaccine, **Date of: 1<sup>st</sup>** \_\_\_\_\_ **2<sup>nd</sup>** \_\_\_\_\_ **3<sup>rd</sup>** \_\_\_\_\_  
followed by Lab confirmation of immunity (HEPBsAb) **Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Tetanus/Diphtheria (Td) or Tetanus/Diphtheria/acellular Pertussis (Tdap):**

Documentation of (5) doses of DTaP protection (childhood immunizations) **Date of: 1<sup>st</sup>** \_\_\_\_\_ **2<sup>nd</sup>** \_\_\_\_\_  
**3<sup>rd</sup>** \_\_\_\_\_ **4<sup>th</sup>** \_\_\_\_\_ **5<sup>th</sup>** \_\_\_\_\_  
Plus (1) recent dose of TDaP (regardless of last date of plain tetanus) **Date:** \_\_\_\_\_

**Tuberculosis: (Please note test must be GIVEN twice rather than read twice)**

Documentation of 2-part TB testing **Date of: Part 1** \_\_\_\_\_ **Results:** \_\_\_\_\_  
**Date of: Part 2** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Influenza:**

It is recommended that all healthcare students receive Influenza vaccination annually.  
Documentation of last Influenza dose **Date:** \_\_\_\_\_ **(Optional)**

**Physician's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**and/or documentation attached.**

Please Return to: RSU 25 Adult and Community Education Phone: 207-469-2129  
102 Broadway, Suite One Fax: 207-469-2192  
Bucksport, ME 04416

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CCMA STUDENT CRIMINAL RECORDS CHECK INFORMATION SHEET

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH NAME: \_\_\_\_\_

OTHER NAMES USED, IF ANY: \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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**Release of Social Security Numbers  
And Exchange of Information**

RSU 25 Adult and Community Education is required by the Adult Education and Family Literacy Act, Title II of the Workforce Investment Act to report how many adult learners:

- Get a job
- Keep a job
- Enter postsecondary education

This exchange of information is needed in order to receive funding that pays for part of this adult education program. This is federal money and is used to pay for some of our basic skills classes including reading, writing, math, GED, and high school diploma.

To get this information, this adult education program will send your Social Security Number to the organizations listed below. That organization will tell us how many adult education students got a job, kept a job or enrolled in a postsecondary school.

To get this information, we need to send Social Security Numbers to:

- The Maine Department of Labor – They will tell us how many adults from Adult Education Programs in the State got a job and kept a job.
- The individual campuses of the Community College System (Technical Colleges), the University System, and other Post Secondary Institutions will tell us how many adults from adult education programs in the State are enrolled during the current year.

Because you are a part of this program, we are asking you to sign this form, giving us permission to use your Social Security Number in order to get this information.

**The information obtained by the Department of Education will be used for reporting purposes only and will not be sold or used for any other purposes.**

I give permission to use my Social Security Number

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

I do not give permission to use my Social Security Number

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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

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Family Educational Rights and Privacy Act (FERPA)

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that RSU 25 Adult and Community Education, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your education records. However, RSU 25 Adult and Community Education may disclose appropriately designated “directory information” without written consent, unless you have advised the program to the contrary in accordance with District procedures. The primary purpose of directory information is to allow RSU 25 Adult and Community Education to include this type of information from your education records in certain school publications. Examples include:

- Honors awards or other recognitions
- Graduation programs and articles
- News releases and articles
- Newsletters

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without your prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories--names, addresses, and telephone listings--unless you have advised the LEA that you do not want your information released without your prior written consent.<sup>1</sup>

If you do not want RSU 25 Adult and Community Education to disclose directory information from your education records without your prior written consent, you must notify the program in writing at intake. RSU 25 Adult and Community Education has designated the following information as directory information.

- |                    |                          |                                       |
|--------------------|--------------------------|---------------------------------------|
| -Student’s Name    | -Electronic Mail Address | -Degrees, Honors, and Awards Received |
| -Address           | -Date and Place of Birth | -The Most Recent Educational Agency   |
| -Telephone Listing | -Dates of Attendance     | or Institution Attended               |

I do not give permission for my directory information to be released to outside organizations without my written permission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup>These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for fiscal Year 2002 (P.L. 107-107), the legislation that provides funding for the Nation’s armed forces.

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## Student Authorization and Records Release Form

I, \_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Birth Name Date of Birth

do hereby grant you permission to send my records to

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

.....

Please return this release form to

RSU 25 Adult & Community Education  
102 Broadway, Suite One  
Bucksport, Me 04416-1341

PHLEBOTOMY TECHNICIAN APPLICATION CHECKSHEET  
(for applicant's use – please do not submit)

- \_\_\_\_\_ I have read the entire Phlebotomy Technician packet carefully. AFTER doing this, I have asked any questions I need to understand and complete the packet.
- \_\_\_\_\_ I have made an appointment with the office at RSU 25 Adult and Community Education to take the CASAS Assessment.
- \_\_\_\_\_ I have taken the CASAS Assessment.
- \_\_\_\_\_ I have completed Personal Data Form (Application/2) and submitted it to RSU 25 Adult and Community Education.
- \_\_\_\_\_ I have had my doctor complete the Immunization form (Application/3) and submit it to RSU 25 Adult and Community Education. I understand that it is my responsibility to check that the form has arrived fully completed at RSU 25 Adult and Community Education. Physicians must sign proof of immunizations on checksheet and/or documentation must be attached.
- \_\_\_\_\_ I have completed the Criminal Records Check (Application/4) and submitted it to RSU 25 Adult and Community Education.
- \_\_\_\_\_ I have completed the Release of Social Security Numbers and Exchange of Information (Application/5) and the Family Educational Rights and Privacy Act (FERPA) (Application/6) and submitted it to RSU 25 Adult and Community Education.
- \_\_\_\_\_ I have completed the Student and Authorization and Records Release Form (Application/7) and submitted it to RSU 25 Adult and Community Education.
- \_\_\_\_\_ I have submitted full payment to RSU 25 Adult and Community Education.