



**SOUTHERN ILLINOIS  
HEALTHCARE**

**Phlebotomy Program  
Application Packet**

# SOUTHERN ILLINOIS HEALTHCARE PHLEBOTOMY PROGRAM

Dear Applicant,

Thank you for your interest in the  
Southern Illinois Healthcare  
Phlebotomy Program.

All items need to be completed and  
returned to:

Marion Outreach Laboratory  
3117 Williamson County Pkwy  
Marion, IL. 62959

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charges associated with  
program

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funding available through  
Man-Tra-Con for those who  
qualify.



**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company?   If so, when? \_\_\_\_\_

Have you ever been convicted of a felony?

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_



**SOUTHERN ILLINOIS  
HEALTHCARE**

Laboratory Services

**Emergency Contact**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: (      ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

# SIH Phlebotomy Program Tuition List

Description of Expense	Cost
Phlebotomy Course (5 week lecture and 3 week of clinical work) (Textbook and Supplies included)	\$500.00
Application and Certification fee for American Society for Clinical Pathology (ASCP) – optional – If hired by SIH, reimbursement for testing expenses are possible.	\$135.00

**Note: All Prices Subject to Change**



Please attach copies to send with your packet

<input type="checkbox"/>	Illinois Driver's License
<input type="checkbox"/>	High School Diploma or GED Equivalent
<input type="checkbox"/>	Immunization Record (Must include – MMR, Varicella, Hepatitis B series)

To be completed upon acceptance to program

<input type="checkbox"/>	Urine Drug Screen – 10 Panel
<input type="checkbox"/>	TB Test
<input type="checkbox"/>	Flu Shot
<input type="checkbox"/>	Immunization testing that needs updating
<input type="checkbox"/>	Background check
<input type="checkbox"/>	Health Insurance Card

**\*\*Any immunization updates, TB test, Flu Shot, and Drug Screen can be performed at either SIH WORKCare location (Herrin or Murphysboro) or at a facility of the applicant choice\*\***

**\*\* Background checks will be performed by SIH HR Department\*\***



Assistance Worksheet

All information provided will remain confidential

First Name: Last Name:

Street Address: Apt#:

City/State: Zip Code: County:

Phone #(s):

E-Mail Address: Birth Date:

Answer Yes or No to the following questions:

Veteran: Do you have a DD-214:

Disability: If Yes: Physical? Mental?
Are you currently receiving or have you ever received Supplemental Security Income (SSI)?

Have you ever received Unemployment Benefits in the state of Illinois?

Are you currently or have you in the previous 6 months received Food Stamps/Link Card or have you lived with a family member who currently receives or received Food Stamps/Link Card within the last 6 months?

High School Dropout: Offender or Felon: Homeless:

Mark your highest grade level completed:

No GED/Diploma: GED: High School Diploma: Some College:

Other Post-Secondary Degree/Certification: Associate Degree: Bachelor Degree:

Please complete this section ONLY if you are between the ages of 16 and 24. Man-Tra-Con may offer incentives to those between the ages of 16 and 24 who meet eligibility requirements.
Age:
List the approximate month and year you last attended any school:
Please list the name of the last school attended:
Pregnant/Parenting: (Yes or No)