

STATE OF OHIO  
BOARD OF CAREER COLLEGES AND SCHOOLS  
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**Catalog List**

Each registered school must publish a catalog per Administrative Rule 3332-1-08(E). This list, along with a current school catalog, must be submitted in a new school or renewal packet. Please indicate the page number of your catalog where each item listed below can be found.

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

**General Information:**

\_\_\_\_\_ Date of catalog publication.

\_\_\_\_\_ Name and address of school and certificate of registration number.

\_\_\_\_\_ School calendar showing legal holidays, beginning and ending date of each term and other important information.

\_\_\_\_\_ Tuition Refund policy. (IS POLICY IN COMPLIANCE WITH RULE 3332-1-10?)

\_\_\_\_\_ A list of all institutional and programmatic accreditation approvals that the school has received for any of its programs.

**School policies and/or regulations for:**

\_\_\_\_\_ Enrollment dates.

\_\_\_\_\_ Entrance requirements, special admission requirements if other than general, program requirements, graduation requirements.

\_\_\_\_\_ Student leave, absences, tardiness, makeup work.

\_\_\_\_\_ Suspension or termination for unsatisfactory work, attendance or disciplinary issues.

\_\_\_\_\_ Grading system, minimum grades considered satisfactory.

\_\_\_\_\_ Description of any unsatisfactory progress probationary period.

\_\_\_\_\_ Conditions of re-entrance for students dismissed or suspended for unsatisfactory progress.

(See Next Page)

\_\_\_\_\_Description of content of programs.

\_\_\_\_\_Sequence of courses.

\_\_\_\_\_Course descriptions with number of clock and/or credit hours.

\_\_\_\_\_Standards of academic progress for purposes of federal and state financial aid programs.

\_\_\_\_\_Schedule of fees, charges for student tuition, student activities, laboratory fees, rentals, deposits, late fees, interest charges, and all other charges imposed by the school.

\_\_\_\_\_Granting of credit for previous education, training, or experience.

\_\_\_\_\_List of faculty and administrators including related qualifications. (Changes from one catalog period to another should be reflected in an insert.)

\_\_\_\_\_Institutional scholarship award plans or institutional grants. (Must be approved by the Board 3332-1-11.)

\_\_\_\_\_Grievance procedure, including the right for the student to contact the State Board. Procedure must include the toll free telephone number and address of the Board.

BOARD STAFF COMMENTS:

DATE OF REVIEW: \_\_\_\_\_

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COMPLETION OF THIS FORM IS REQUIRED BY SECTION 3332 OF THE OHIO REVISED CODE. ALL ITEMS MUST BE COMPLETED! ALL QUESTIONS MUST BE ANSWERED AND ALL MATERIALS REQUESTED MUST ACCOMPANY THE APPLICATION (FAILURE TO DO SO WILL RESULT IN THE RETURN OF THE APPLICATION, WITHOUT ACTION, TO THE SCHOOL AND ANY FEES PAID ARE SUBJECT TO FORFEITURE). YOU ARE REQUIRED TO FILL IN ALL BLANKS. IF NOT APPLICABLE, PLEASE PUT N/A.

PSR 0067 (Revised 10/11)



## Helping Hands Mobile Medical Service Training Center

The catalog provides basic information about classes offered by the Helping Hands Mobile Medical Service Phlebotomy Training Program, including student requirements and financial policies.

### **Education Services**

Overall Program Objective: The objective of the Helping Hands Mobile Medical Service Phlebotomy Training Program is occupational development of phlebotomy skills for healthcare professionals and personal growth.

### **Type of Institution**

Helping Hands Mobile Medical Service Phlebotomy Training Centers programs are conducted in class with at least on instructor

### **Mission Statement**

The mission of the Phlebotomy program is to provide a high quality, educational program that prepares the student to achieve entry-level phlebotomy competencies.

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Helping Hands Phlebotomy Training Center

Approved by the Board of Career Colleges and Schools  
(License #2205)

Certified Phlebotomy Technician

Catalog

2021 Edition

May, 2021

Parma, Ohio 44134

(216) 785-8549



HELPING HANDS MOBILE MEDICAL SERVICE TRAINING CENTER  
1440 ROCKSIDE RD SUITE 200  
PARMA, OH 44134  
216-785-8549  
DEEDRAWHITE@HELPINGHANDSMOBILE.COM

## ENROLLMENT AGREEMENT

# *Certified Phlebotomy Technician*

## STUDENT INFORMATION

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

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

\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBERS: H) \_\_\_\_\_ C) \_\_\_\_\_ W) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ STATE ID# \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

## **PHLEBOTOMY CERTIFICATION PROGRAM**

DATE OF ADMISSION: \_\_\_\_/\_\_\_\_/\_\_\_\_

This program meets the needs of students with no prior knowledge or experience in Phlebotomy. Training provided consists of lecture and hands on lab time. The program is also designed to allow the most qualified healthcare professionals to become qualified certified phlebotomists. Our goal is to make the certification process as simple and painless as possible, giving students the tools to excel in their careers. The phlebotomy course will explain the role of the phlebotomy technician; explain basic anatomy and physiology of the circulatory system; define standard precautions and apply its principles to all procedures; list methods of client and specimen identification; describe proper bedside manner and how to prepare the client for venipuncture collection. Identify locations for appropriate venipuncture collection; explain potential risks and complications, and discuss the scope of practice of the Certified Phlebotomy Technician. Candidates must provide evidence of successful performance of a minimum of thirty (50) venipunctures and ten (10) capillary sticks on live individuals. After successful completion of the program the student is eligible to sit for the National Phlebotomy Certification Exam. This program is accredited nationally through the National Healthcare Association.

### **ADMISSION REQUIREMENTS**

- Must have a high school diploma or a GED (Official transcripts, high school transcripts, GED) must be submitted to Helping Hands Mobile Medical Service Training Center site address: 1440 Rockside Rd Ste 200 Parma, Ohio 44134. Official transcripts must be received 2 weeks before scheduled admission date
- 17 years of age, High School students must be graduating within 12 months of the start date of the program
- Physical examination by a licensed physician (see clinical requirements) Clinical training involves lifting, direct contact with patients/residents and other activities which may cause harm or injury. Each student is responsible for acquiring and maintaining necessary insurance coverage throughout his/her enrollment in the program. Proof of coverage is to be presented to Helping Hands Mobile Medical Service Training Center prior to start of program.

- State issued picture identification and social security card
- Complete and signed Enrollment Agreement and Student payment agreement for the program
- Student Payment Agreement must be signed before the 1<sup>st</sup> day of class. Payments are accepted by debit card, credit card or cash only and made in person at Helping Hands Mobile Medical Service Training Center site.

PROGRAM START DATE: \_\_\_\_\_ SCHEDULED END DATE: \_\_\_\_\_

(CIRCLE ONE)                      DAY                                      EVENING

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th

\*Saturdays are for make-up days

**DAY CLASSES**

TIME CLASS BEGINS: 8:00AM TIME CLASS ENDS: 12:00PM

**EVENING CLASSES**

TIME CLASS BEGINS: 6:00PM TIME CLASS ENDS: 10:00PM

NUMBER OF WEEKS: 7 TOTAL CLOCK HOURS: 112

**STUDENT PAYMENT OPTIONS**

**Standard Plans**

- \_\_\_\_\_ A. Payment in Full
- \_\_\_\_\_ B. \_\_\_\_\_ ½ Down \_\_\_\_\_ Full (due by end of 4<sup>th</sup> week)
- \_\_\_\_\_ C. \_\_\_\_\_ ⅓ Down \_\_\_\_\_ Weekly \_\_\_\_\_ Full (by 4<sup>th</sup> week)

(Includes \$100.00 non-refundable fee, balance due by the end of the third week).

(Includes \$100.00 non-refundable fee, balance due by the end of the forth week).

Students who are delinquent on a scheduled payment will receive a notice of their account, reminding them that a payment was due. If payment is not received within 7 days of the original notice, a second notice is sent. Failure to pay 14 days after the initial notice is sent will result in a student being dropped from the course. If a student is dropped from a course, he/she may reapply for admission after his/her account has been reconciled.

**Students will not receive any completion certificates until all outstanding debts to the school have been paid.**

**(3)(4)**

## TUITION & FEES

<b>ADMISSION FEES</b>	
Registration Fee (NON-REFUNDABLE)*	\$ 100.00
Phlebotomy Program	\$ 750.00
Study Materials & Exam Fees (Included in Tuition)	\$ 186.00

\* Registration Fee is deducted from tuition cost

\*\* Students may purchase all white gym shoes – no coloring

### **Students will incur additional out of pocket expenses for the following:**

- Red or Black (top/bottom)
- White or black rubber sole shoes (toe and heel in no clogs)
- CPR training (\$50-\$65 depending on class size and participation on the day of training)

### **Federal Financial Aid**

At this time state or federal aid is not accepted

### **Refund/Cancellation Policy**

A notice of cancellation must be in writing. It is the policy of Helping Hands Mobile Medical Service Training Center to issue refunds of tuition and fees in a prompt manner.

There is one (1) academic term for this program that is 112 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with the following provisions as established by Ohio Administrative Code Section 3332-1-10:

1. A student who withdraws before the first day or class and after the 5-day cancellation period shall be obligated for the registration fee.
2. A student who starts class and withdraws before the academic term is 15% complete will be obligated for 25% of the tuition and refundable fees plus the registration fee.
3. A student starts class and withdraws after the academic term is 15% completed but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
4. A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
5. A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

**(5)(6)(7)(8)**



The school shall make appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

- The school shall mail a written acknowledgement of a students' written cancellation within 15 calendar days of the postmark date of notification. Such written acknowledgement is not necessary if a refund has been mailed to the student within the 15-day time frame.
- A written cancellation notice must be documented to Helping Hands Mobile Medical Service Training Center.
- Unexplained absence of a student for more than 5 days shall constitute constructive notice of cancellation. The last day of attendance shall be considered for cancellation.

### **COMPLAINT AND GRIEVANCE PROCEDURE**

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219.

### **CANCELLATION POLICY**

The student has the right to cancel the initial Enrollment Agreement until midnight of the fifth business day after the student has been accepted. If the right to cancel is not given to any prospective student at the time the enrollment agreement is signed, the student has the right to cancel the agreement at any time and receive a refund of all monies paid to date within 10 days of cancellation. Cancellation must be in writing and submitted to the Director of Helping Hands Mobile Medical Service Training Center

### **WITHDRAWAL PROCEDURE**

Withdrawal procedure for students attending Helping Hands Phlebotomy Training Program is initiated by the student submitting a written notification to withdraw. A refund, if applicable will be calculated and returned within 30 days from date of the written notice of withdrawal. Please refer to Cancellation and Refund Policy.

### **ATTENDANCE POLICY**

Students are expected to be present for all scheduled class times on time. If a student will be absent or late they will be responsible for scheduling makeup days and completing all assignments missed in a timely manner.

## GRADING SYSTEM

GRADE	SCALE (%)	GRADE DESCRIPTION
A	90-100	EXCELLENT
B	80-89	GOOD
C	70-79	IMPROVEMENT NEEDED
D	60-69	CLOSE TO FAIL
F	0-59	FAIL

\*Students are required to have a grade of C or above to sit for the final exam. Any student who needs help is responsible for setting up time to receive that help.

\*Students who are performing at 60% or lower will be placed on academic probation for 2 weeks and will need to bring their grade to at least a C to continue on in the program

Student who are do not have a grade of C and above will be dismissed from the program. Students who wish to re-enroll in the program will be required to start the entire enrollment process over as a new student.

## NOTICE TO STUDENT

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

## STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

**Student Initials** \_\_\_\_\_

2. I have carefully read and received an exact copy of this enrollment agreement.

**Student Initials** \_\_\_\_\_

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

**Student Initials** \_\_\_\_\_

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

**Student Initials** \_\_\_\_\_

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

**Student Initials** \_\_\_\_\_

6. I understand that the school does not guarantee job placement to graduates upon program completion.

**Student Initials** \_\_\_\_\_

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Executive Director, State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219

**Student Initials** \_\_\_\_\_

8. I, the parent and/or legal guardian of the candidate have read all information above regarding the CPT program conducted and I agree to all terms and conditions.

**Parent/guardian Initials** \_\_\_\_\_

The **Student** acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

The **Parent** acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

\_\_\_\_\_  
Student's Signature & Date

\_\_\_\_\_  
Parent's Signature & Date (if applicable)

\_\_\_\_\_  
Program Director's Signature & Date

\*Example

# July 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	1	2	3
4	<b>First Day of Class</b>	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

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# August 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13 <b>Last Day of Class</b>	14
15	16	17	18	19	20	21 <b>Final Exam</b>
<b>Study and Review Week</b>						
22	23	24	25	26	27	28
29	30	31	1	2	3	4

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## CLOSINGS

**The school will be closed all federal holidays.**

- Wednesday, January 1 – New Year's Day
- Monday, January 20 – Birthday of Martin Luther King, Jr.
- Monday, February 17 – Washington's Birthday
- Monday, May 25 – Memorial Day
- Friday, July 3 – Independence Day
- Monday, September 7 – Labor Day
- Monday, October 12 – Columbus Day
- Wednesday, November 11 – Veterans Day
- Thursday, November 26 – Thanksgiving Day
- Friday, December 25 – Christmas Day

## FACULTY & STAFF

**Deedra R White, CPT**

- ✚ Phlebotomy Instructor
- ✚ Program Director/Administrator

# COURSE SEQUENCE OVERVIEW

## Week 1

### Intro to Phlebotomy

#### Legalities and Conduct & OSHA and Safety

- Phlebotomy Ethics
- Informed Consent
- Medical Standard of Care
- Patient Rights
- Malpractice and Negligence
- HIPPA
- Professional Conduct
- OSHA Basics and Exposure Control
- PPE
- Waste
- Needle Sticks and Safety protocols
- Review & Quiz

## Week 2

### Contagions and Infection Control & Venipuncture Basics and Supplies

- Infection Prevention
- Transmission of Contagions
- Isolation Procedures
- Procedure Sites
- Basic Supplies
- Winged Tipped Needles
- Review & Quiz

## Week 3

### Performing a Venipuncture & Order of Draw

- Patient Identification
- Prepping
- Positioning and Supplies
- Finding a Vein
- Cleaning the Site
- Anchoring Vein and Performing the Venipuncture
- Tubes and additives
- Testing
- Review & Quiz

## Week 4

## Common Challenges & Specimen Quality

- Edema
- ER Draws
- Edema
- Isolation
- IV Therapy
- Mastectomy
- Allergies
- Dialysis
- Pediatrics
- Vein Selection Challenges
- QNS-Quality Not Sufficient
- Combative Patients
- Review & Quiz

### Week 5

#### Basic and Advanced Sticking Techniques & Laboratory Basics

- Skin Puncture
- Heel Stick
- Finger Stick
- Order of Draw for Capillary draws
- Therapeutic Drug Monitoring
- Cannulas and Fistulas
- Arterials Blood Gases
- 24HR urine collection
- Blood Culture Collection
- Glucose Tolerance Tests
- PKU Screening (Newborn Screen)
- Chemistry, Hematology, Coagulation, Serology, Microbiology, Blood Bank
- Review & Quiz

### Week 6

#### Lab (Hands on Practice)

- 2 hours in class review for final exam
- 2 hours for hands on practice (finger sticks, venipuncture, capillary sticks)

### Week 7

#### Individual Review for final Exam

Final Exam will be given the Saturday of week 7