



CEDARS-SINAI MEDICAL CENTER.

LOS ANGELES, CA 90048

PATHOLOGY AND LABORATORY MEDICINE  
SCHOOL OF CLINICAL LABORATORY SCIENCES

**PHLEBOTOMY TRAINING PROGRAM APPLICATION**  
Full program with Practical

**PERSONAL DATA** (Please Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_  
(Number, Street, Apt. No.)

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

If you are not a US citizen, can you provide proof of legal right to work in the U.S.? \_\_\_\_\_  
(After acceptance into the program, you will need to provide copies of any documentation.)

**EDUCATION:** Please list high school or higher education beginning with the most recent institution.

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Degree/Diploma: \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Degree/Diploma: \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Degree/Diploma: \_\_\_\_\_

Please complete this and the following page, and return these **and include copies both of your GED, high school or higher level diploma (or to date transcripts)** to:

Carol Moeller, Education Coordinator  
Department of Pathology and Laboratory Medicine  
Cedars-Sinai Medical Center  
8700 Beverly Blvd. Rm 3715B  
Los Angeles, CA 90048

Do **not** include payment now. The payment will be requested *after* your application has been reviewed and approved, and after you have been interviewed, after you have successfully completed a job-related physical and have been accepted into the program.

## PHLEBOTOMY TRAINING PROGRAM APPLICATION

### **EMPLOYMENT HISTORY:**

List positions of employment beginning with the most recent:

Employer Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor's Phone #: (\_\_\_\_) \_\_\_\_\_  
Dates Employed: from Mo. \_\_\_\_/Year \_\_\_\_ to Mo. \_\_\_\_/Year: \_\_\_\_ Average # of Hours worked/week:: \_\_\_\_  
If you are no longer working for this employer, please provide the reason for leaving:

Employer Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor's Phone #: (\_\_\_\_) \_\_\_\_\_  
Dates Employed: from Mo. \_\_\_\_/Year \_\_\_\_ to Mo. \_\_\_\_/Year: \_\_\_\_ Average # of Hours worked/week:: \_\_\_\_  
If you are no longer working for this employer, please provide the reason for leaving:

Employer Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor's Phone #: (\_\_\_\_) \_\_\_\_\_  
Dates Employed: from Mo. \_\_\_\_/Year \_\_\_\_ to Mo. \_\_\_\_/Year: \_\_\_\_ Average # of Hours worked/week:: \_\_\_\_  
If you are no longer working for this employer, please provide the reason for leaving:

### **REFERENCES:**

Please attach a letter of reference from *at least one* former or current supervisor previously listed above, or from an instructor.

Supervisor: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Supervisor's Job Title : \_\_\_\_\_  
Please tell how well this person knows you:

### **LIMITATIONS:**

Please list any physical condition which may limit your ability to perform phlebotomy. If you have any limitations, what can be done to accommodate your limitations?

---

---

---