



229 Hwy 41 N * Suite G
Barnesville, GA 30204
Phone: (706) 780-1700

959 17th St
Columbus, GA 31901
Phone : (706) 780-1700

Fax : (706) 221-7128
Email : info@zoemedtech.com

PHLEBOTOMY TECHNICIAN

LENGTH OF COURSE

THREE WEEKS

CLASSROOM HOURS

DAY	Monday-Thursday	9am – 1pm
EVENING	Monday-Thursday	5pm – 9pm

Non-Refundable Application Fee: \$50.00

\$800.00

\$400.00 TUITION DUE (WEEK BEFORE CLASS STARTS)

\$200.00 TUITION DUE (FIRST WEEK OF CLASS)

\$200.00 TUITION DUE (SECOND WEEK OF CLASS)

STUDENTS ARE ENCOURAGED TO TAKE THE NATIONAL EXAM

\$117.00 NATIONAL EXAM

\$50.00 SITTING FEE

REGISTRATION IS ON-LINE

ENTRANCE REQUIREMENTS

18 & OLDER • PICTURE I.D. • SOCIAL SECURITY CARD • HIGH SCHOOL DIPLOMA / GED

IMMUNIZATIONS • BACKGROUND CHECK (Provided) • DRUG SCREEN (Provided)

ZÖe Med Tech

Phlebotomy Technician Application



APPLICANT INFORMATION										
Last Name					First				M.I.	Birthdate
Street Address							Apartment/Unit #			
City					State				ZIP	
Phone					E-mail Address					
Social Security No.					Married <input type="checkbox"/>		Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	
Sex		Female <input type="checkbox"/>		Male <input type="checkbox"/>						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been found responsible for a disciplinary violation at an educational institution that resulted in your suspension, probation, dismissal, removal, or expulsion?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what and when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
How did you hear about ZÖe Med-Tech Academy? Family/Friend <input type="checkbox"/> Advertisement <input type="checkbox"/> Other _____										
EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

PREVIOUS EMPLOYMENT

Company		Phone
Job Title		
Full Time or Part Time		
From	To	
Company		Phone
Job Title		
Full time or Part Time		
From	To	
Company		Phone
Job Title		
Full Time or Part Time		
From	To	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to acceptance, I understand that false or misleading information in my application may result in my dismissal.

Signature	Date
-----------	------