Healthcare Technician
Phlebotomy Certifications
Advising Checklist

NAME: _____   STUDENT ID# _____

ADDRESS: _____   H.S./GED _____ Date: _____

CITY COUNTY STATE ZIP:_____

PHONE: _____(H)   STUDENT VCCS E-MAIL ADDRESS: _____

Student Personal email address*:_____

Prerequisites:	Student Section:	Advisor Section:
Transcripts: High School/ GED **All College**	Transcripts on file ____yes ____no	Validated from transcripts _____yes ____no If not on file student needs to have official transcripts sent.
All Official Transcripts (HS/GED/Home School) on file at GCC and evaluated by the registrar prior to class starting.		
Criminal Background check must be less than 6 month old at the time of course starting. (See additional information to complete.) There must be **NO** alcohol or drug related offenses on the criminal background. Link: www.castlebranch.com Background check code: **ER41phl** ____yes ___no Verified ____yes _____no Drug screen code: **ERdt**		
Credential Packet must be completed and uploaded to CastleBranch- Document Manager before class starts.		
Financial Assistance		
Does the student need financial assistance: ____yes ___no If yes, refer to workforce financial		

Student Responsibility Statement

My signature certifies that I have read the above information and that it is correct. I understand I may be denied program entry if I have submitted incorrect information**. Further, I understand that it is my responsibility to submit this completed checklist Germanna Community College, Nursing Department, 2130 Germanna Highway, Locust Grove, VA 22508** The Checklist will be returned to me upon approval with the Application and instructions on how to submit a complete application packet by the track deadline.

Student Signature_____   Date_____

Advisor Signature_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Revised 7/26/2021