



229 Hwy 41 North Suite G
Barnesville, GA 30204
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Columbus, GA 31901
Phone: (706) 780-1700

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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

\$1200.00 TUITION

\$400.00 TUITION REGISTRATION DEPOSIT FEE DUE AT ORIENTATION

FINAL PAYMENT DUE BEFORE FINAL EXAM

TOTAL COST \$1,250.00

STUDENTS ARE ENCOURAGED TO TAKE THE NATIONAL EXAM

\$125.00 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	
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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
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