

# KILGORE COLLEGE

## WORKFORCE DEVELOPMENT-CONTINUING EDUCATION

HEALTH SCIENCES – Bert E. Woodruff Adult Education Center, 220 N.  
Hwy 259, Room 120, Kilgore, Texas 75662  
903-988-3787 or 903-983-8645

### **Phlebotomy**

The Phlebotomy program accepts approximately 14 students per course. Phlebotomy is the process of making a puncture in a vein, usually in the arm, with a cannula for the purpose of drawing blood. Students will learn proper venipuncture techniques. Students completing the Phlebotomy course are eligible to sit for the National Healthcareer Association (NHA) Certification.

### **Course Dates:**

August 11, 2025 - October 30, 2025

12 weeks, 200 contact hours

Hybrid

### **Class Meets:**

Tuesday & Thursday- In person 4:00 p.m. to 9:00 p.m.

Wednesday - Online Live Zoom 4:00 p.m. to 9:00 p.m.

Clinical- 9:00 am - 5:00 pm Begins 8th week, Class will be held only on Thursdays

### **Registration Dates:**

Deadline to Register: July 11, 2025

Deadline to submit required documents & payments: July 25, 2025

### **Tuition Fees:**

\$875

### **Textbooks/Supplies:**

- Hartman's Complete Guide for the Phlebotomy Technicians Workbook, 2nd Edition  
ISBN: 978-1604251654/ Classroom Copy will be issued or Can be purchased on Amazon- \$34.00
- Hartman's Complete Guide for the Phlebotomy Technicians Workbook on Amazon- \$15.00  
ISBN: 978-1604251661/ Purchased by Student
- Laptop or Tablet
- Black Scrubs (No Print)/ leather comfortable shoes (No crocs)

### **Eligibility Requirements:**

- Minimum age of 18 years old prior to first class day
- Minimum education of high school diploma or GED

### **Required Documents:**

At the time of registration submit the following

- Copy of driver's license
- Copy of High School Diploma/High School Transcripts/GED

### **Additional Required Documents to be submitted after Orientation:**

- Documentation of all required basic or childhood immunizations; including a current tuberculosis skin test, documentation of starting and completing the Hepatitis B vaccination, and current flu shot.
- Current negative drug test
- Current negative background check.

**Instructor:** Candice Williams

**Class Location:** Kilgore Campus, Technical Voc Bldg.; Room #108, Lab # 110

# Phlebotomy Checklist

Name \_\_\_\_\_ Student ID \_\_\_\_\_

- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Copy of High School Diploma/Transcript/GED
- \_\_\_\_\_ Copy of MMR    Titer \_\_\_\_\_    Dose #1 \_\_\_\_\_    Dose #2 \_\_\_\_\_
- \_\_\_\_\_ Varicella (Chickenpox)    Titer \_\_\_\_\_    Dose #1 \_\_\_\_\_    Dose #2 \_\_\_\_\_
- \_\_\_\_\_ Influenza Vaccine (If Seasonal Appropriate, October - May)
- \_\_\_\_\_ Hepatitis B Vaccine    Titer \_\_\_\_\_    Dose #1 \_\_\_\_\_    Dose #2 \_\_\_\_\_    Dose #3 \_\_\_\_\_
- \_\_\_\_\_ Negative Tuberculosis Skin Test (within 6 months)    Date Given \_\_\_\_\_    Date Read \_\_\_\_\_
- \_\_\_\_\_ Negative Drug Test
- \_\_\_\_\_ Clear Background Check
- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ TDAP (10 years) \_\_\_\_\_

**Do Not Submit Required Documents until you receive  
"PROGRAM ACCEPTANCE EMAIL"**

## Texas Public Education Grant (TPEG) for Continuing Education

Kilgore College continuing education students can now apply for financial aid to cover the costs of classes in certain CE programs thanks to a Texas Public Educational Grant (TPEG) the college received. **THIS GRANT WILL COVER TUITION ONLY, BOOKS ARE TO PAID OUT OF POCKET.**

The grant is only available to students enrolled in the programs listed below and eligibility is based on student need.

Eligible KC CE Programs	Maximum Award Amount
Commercial Driving License (CDL)	\$3000
HR Specialist	\$1212
Industrial/Residential Electrical Technology	\$1600
KCEPT Lineman Program	\$2500
Nurse Aide	\$720
Patient Care Technology	\$804
Pharmacy Technology	\$1832
Phlebotomy	\$874
Sterile Processing	\$900

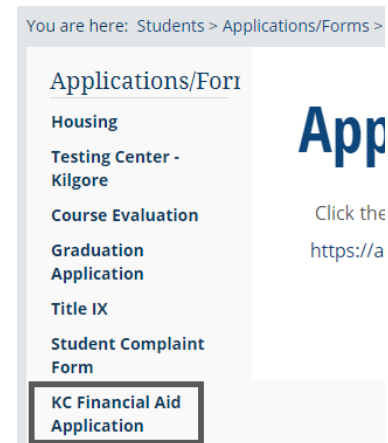
Students must apply to the CE program they're interested in. The Workforce Development – Continuing Education Department will process the application for the program. The student will be assigned a Student ID number once this application is processed.

Students must then login to the AccessKC portal to complete the KC Financial Aid Application:

<https://accesskc.kilgore.edu/ICS>.

- Username: first four letters of last name + first four letters of first name + last four digits of student ID #
  - o EX: John Smith, ID# 123456789 – smitjohn6789
- Password: Student + month and day of student's date of birth
  - o EX: Student with a birthday of January 1, 1935 - Student0101

Once logged in, choose STUDENTS from the top menu bar. Once in the Students area, click the Application/Forms link on the left-hand side of the screen, then scroll down to the KC Financial Aid Application on the left-hand side of the screen.



Students must provide all required information before their KC Financial Aid Application can be processed and approved.

1. High School transcript or proof of GED Completion
2. Completed Verification Worksheet for appropriate award year\*
3. Proof of income for appropriate tax year\*:
  - a. Tax Return or Transcript for the year requested
  - b. Untaxed income such as SSI
  - c. VA non-education benefits
  - d. Other forms of income/support based on student and/or parent(s)' situation
4. Male students must be registered with Selective Service
  - a. Register online at [www.sss.gov](http://www.sss.gov)

\* - Students under the age of 24 who are not married and have no dependents of their own are considered dependent students and must provide their parent(s)' household information as well as parent income/support information. One parent must sign the Verification Worksheet.

## HOW TO APPLY FOR TRUE GRANT

- **Complete the 25-26' FAFSA at [www.studentaid.gov](http://www.studentaid.gov)**
- **Contact Amber Paredes within the three days following. Her contact information is as follows:**

**Amber Paredes**  
**(903) 983-8217**  
**e-mail [aparedes@kilgore.edu](mailto:aparedes@kilgore.edu)**

- **Email eligibility form (Attached) to Amber and inform her of which course you are enrolled in and would like to see if you qualify to the TRUE grant.**

Please feel free to reach out if you have any questions or concerns.



## TEXAS AID PROGRAMS STATEMENT OF STUDENT ELIGIBILITY

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

In accordance with Texas Education Code, Section 51.9095, male students must file a Selective Service Statement of Registration Status with their institution or other entity granting financial assistance. For more information about the Selective Service System, visit [www.sss.gov](http://www.sss.gov).

**Please mark one option below:**

- I was born female and not required to register.
- I was born male and am under the age of 18 and not currently required to register.
- I was born male and am REGISTERED with the Selective Service.
- I was born male and am over the age of 18. I am not registered with Selective Service and I am not exempt from registration with Selective Service.
- I was born male and am EXEMPT from registration because: (please briefly explain why you are exempt in the area below.)

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*Please see page 2 for further questions related to eligibility for State aid.*

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled substances Act), or under the law of another jurisdiction?

No

Yes \*

I, \_\_\_\_\_, am not required to make any child support payments under any court order because either (*check one*):

I do not have any children

I am not obligated to pay child support

OR

Check box to confirm:

I am not in arrears (behind on payments) on any child support obligations by any State or Federal court order.

I hereby certify that the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

I, \_\_\_\_\_, hereby certify that the statements provided above are true and accurate.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**This section must be completed by a Notary Public.**

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ and being by me first duly sworn, did state under oath the following:

My name is \_\_\_\_\_. I am fully competent and authorized to make this affidavit based on my personal knowledge.

SUBSCRIBED and SWORN to before me by the said affiant, this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

(Affix Seal)

\_\_\_\_\_

**NOTARY PUBLIC, STATE of \_\_\_\_\_**