****

**Medical Assisting – Phlebotomist**

**Certificate**

**Program Coordinator: Crystal Casey E-mail:** **crystal.casey@kctcs.edu** **Phone: 859-246-6482**

**Program Website:** [**https://bluegrass.kctcs.edu/education-training/program-finder/medical-assisting.aspx**](https://bluegrass.kctcs.edu/education-training/program-finder/medical-assisting.aspx)

**Student Name: Student ID:**

***Students must meet college readiness benchmarks as identified by the Council on Postsecondary Education or remedy the identified skill deficiencies.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Semester** | **Credit****Hours** | **Term** | **Grade** | **Prerequisites** | **Notes** |
| PHB 100 Phlebotomy | 6 |  |  |  |  |
| PHB 155 Phlebotomy Clinical | 3 |  |  |  |  |
| **Total Semester Credit Hours** | **9** |  |  |  |
| **Total Certificate Credit Hours** | **9** |  |  |  |

|  |
| --- |
| * **25% or more of Total Certificate Credit Hours must be earned at BCTC**
* **Grade of C or higher in each course required for the certificate**
 |

**Graduation Requirements:**

**Advisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Additional Information** |
| Students must meet with the Medical Assisting Program Coordinator, Ashley E. Jent, prior to enrollment in the first PHB course. See the program website for more information about the costs and time requirements for this certificate. |