

# MyCAA Education & Training Plan (ETP)

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Texas A&M International University  
Office of Continuing Education  
5201 University Boulevard | Laredo, TX 78041  
<https://tamiu.edu2.com/>

## Student Information:

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Student Name: \_\_\_\_\_

School Issued Student ID: N/A

Program Name: Phlebotomy Technician Certificate Program with Clinical Externship

Program Type: Certificate

Program Duration: 4 Months

Scheduled Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Course Delivery Format Online

## Program Overview:

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The Phlebotomy Technician Program prepares students to collect blood specimens from clients for the purpose of laboratory analysis. Students will become familiar with all aspects of blood collection and will review the skills needed to perform venipunctures safely. Also includes terminology, blood collection procedures, order of draw and other engaging topics. Program also includes an optional clinical externship at a local healthcare provider!

## Certification/Licensure Eligibility upon Program Completion:

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Students should have or be pursuing a high school diploma or GED.

- With the exception of California where this program is NOT available, there are no state approval and/or state requirements associated with this program.
- There are several National Certification exams that are available to students who successfully complete this program:
  - o American Society of Phlebotomy Technician (ASPT) Phlebotomy Technician (CPT) Exam can be proctored at a local testing facility and is available to all students who complete this program
  - o NHA Certified Phlebotomy Technician (CPT) Exam can be proctored at a local testing facility and is available to all students who complete this program

## Tuition Cost:

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\$3,650

**Course Breakdown:**

<b>Course/Program Code</b>	<b>Course/Program Title</b>	<b>Course Credits (if applicable)</b>
TAMIU-PH 07	Phlebotomy Technician Certificate Program with Clinical Externship	375 Contact Hours/ 37.5 CEU's

**School Official Certification:**

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

\_\_\_\_\_  
**Signature/Title of Authorized School Official**

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

\_\_\_\_\_  
**School Official Printed First and Last Name**

\_\_\_\_\_  
**School Official E-mail and Phone Number**