

ST. JOSEPH SCHOOL OF NURSING  
5 WOODWARD AVENUE  
NASHUA, NEW HAMPSHIRE 03060  
(603) 594-2567  
[www.sjson.edu](http://www.sjson.edu)

Date of Receipt: \_\_\_\_\_

Application Fee Paid: \_\_\_\_\_

Application for admission to the PHLEBOTOMY TRAINING program:

Phlebotomy Training Program

*Please complete all questions on this form and return your completed application with a \$25.00 application fee made payable to St. Joseph School of Nursing. Applicants may cancel this transaction any time prior to midnight of the third business day following the receipt of this application by the school, after which the application fee becomes non-refundable.*

DATE: \_\_\_\_\_ DOB: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

NAME: \_\_\_\_\_ MAIDEN/OTHER NAME: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

HOME TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

CELL PHONE CARRIER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

E-MAIL ADDRESS: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ U.S. CITIZEN:  YES  NO  
(Submit proof of legal residence in the United States: birth certificate, passport, permanent resident card)

Person to be notified in case of an emergency:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

PHONE #: \_\_\_\_\_

Secondary Education: List High School(s) attended and submit OFFICIAL Transcript(s)

From:	To:	Name of Institution:	City & State	Date of Graduation:

- St. Joseph Hospital Employee (Call Employee Experience department to find out about possible funding)  
 Applied to and/or was approved by the Workforce Innovation and Opportunity Act (WIOA) through the NH Department of Employment Security.

Please refer to **Phlebotomy Student Catalog/Handbook** on school website for additional paperwork required for admission and school policies.