

Erwin Technical Center
 2010 East Hillsborough Ave.
 Tampa, FL 33610

Invoice #: _____

Date: _____

To: _____

Student: _____

S.S.#: _____

Program: H170308-10 - Medical Clinical Laboratory Technician (ATD

Class: 00 - Default

Quin *	Item	Cost	Received	Date
	ACCIDENT INSURANCE	\$24.00		
	APPLICATION FEE	\$10.00		
	LIABILITY INSURANCE	\$26.00		
	ACTIVITY FEE	\$5.00		
	TEST FEE	\$3.00		
	DRUG SCREENING FEE	\$25.63		
	FIRST AID CERTIFICATION	\$5.90		
	FINGERPRINTING FEE	\$72.25		
	TRAINEE REGISTRATION (DOH)	\$45.00		
	TEXTBOOKS AND SUPPLIES			
1	CLINICAL CHEMISTRY:PRINCIPALS, PROCEDURES, CORRELATIONS 0-78179045x	\$91.40		
1	TABER'S MEDICAL DICTIONARY 0-8036-0654-0	\$37.95		
1	PHLEBOTOMY WORKBOOK 0-803610491	\$41.35		
1	HEALTH CORE PORTFOLIO ITEMS	\$5.00		
2	CLINICAL LABORATORY MICROBIOLOGY 0-130921955	\$103.50		
3	URINALYSIS AND BODY FLUIDS 0-80361697X	\$51.25		
3	HEMATOLOGY IN PRACTICE 0-803615264	\$68.35		
3	MORPHOLOGY OF HUMAN BLOOD 1090346018	\$17.30		
4	CLINICAL IMMUNOLOGY AND SEROLOGY 0-80361814X	\$59.00		
4	CONCEPTS OF IMMUNOHEMATOLOGY 0-323048056	\$65.65		
5	MEDICAL PARASITOLOGY 0-803607881	\$51.25		
	OPTIONAL BOOKS:			
	MATHEMATICS FOR THE CLINICAL LAB 0721644589	\$42.15		
	QUICK REVIEW CARDS 0-803604599	\$41.80		
	NCA REVIEW FOR CLINICAL LABORATORY SCIENCES 0-781731909	\$41.95		
	CLINICAL LAB SCIENCE REVIEW	\$19.95		
	BOARD OF REGISTRY STUDY GUIDE 0-891894160	\$62.50		
	REQUIRED EXAMINATION:			
	STATE OF FLA. CERTIFICATION EXAM FEE	\$205.00		
	1. ASCP Certification Exam Fee (\$175.00) OR			
	2. AMT Certification Exam Fee (\$125.00) OR			
	3. AAB Certification Exam Fee (\$220.00) OR			
	4. NCA Certification Exam Fee (\$125.00)			

* Number preceding books or supplies indicates the Quinmester of enrollment they are needed.

I have received the books and bookstore items listed above and initialed by me and have read and agree to the following statement: I hereby authorize the ERWIN CENTER to bill the appropriate sponsoring agency for the cost of my books and fees as itemized above. In the event payment is withheld for any reason, I agree to pay these costs myself within 30 days from date of notification. ABOVE FEES ARE SUBJECT TO HILLSBOROUGH COUNTY SALES TAX.

 Student Signature

 Date