



CALIFORNIA APPROVED PHLEBOTOMY PROGRAM
TRAINING DOCUMENTATION FORM
(ROUTE 1)

PART I (To be completed by Applicant)

Applicant's Name

Last Four Digits of Applicant's Social Security #

Address

E-mail Address

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Daytime Telephone Number

PART II (MUST be completed and signed by the Program Official* in order to be acceptable)

SUBJECT: Verification of successful completion of a phlebotomy program approved by the California Department of Public Health

1. Please complete:

This applicant has successfully completed a phlebotomy program approved by the California Department of Public Health and has been awarded a Certification of Completion within the last five years.

Name of Program

Date Program Started

Date Program Ended

2. By signing this form, I as the Program Official* verify that this applicant has successfully completed the above Phlebotomy program approved by the California Department of Public Health within the last five years.

(Please Print) PROGRAM OFFICIAL NAME & CERTIFICATION(S)

TITLE

PROGRAM OFFICIAL SIGNATURE

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

INSTITUTION

CITY

STATE

ZIP CODE

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM OFFICIAL WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM OFFICIAL.

* Program Official is defined as someone in an academic role at the above mentioned phlebotomy program approved by the California Department of Public Health who can verify technical experience.