INTERNATIONAL PHLEBOTOMY TRAINING DOCUMENTATION FORM (ROUTE 1)

PART I ***(To be completed by Applicant)***

_____
Applicant's Name

_____ _____
Address Email Address

_____

****

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

NOTE: To be completed by the Program Director at the school where you registered and paid tuition.

This individual, identified above, has applied for the Board of Certification International Phlebotomy Technician examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

1. **PLEASE COMPLETE:**

   A. Classroom Instruction - Classroom training site: _____

   Date classroom training **started**: Month _____ Date _____ Year _____

   Date classroom training **ended**: Month _____ Date _____ Year _____

   Please check below if the applicant has satisfactorily completed the following requirements:

   _____ Clock hours of classroom training including anatomy and physiology of the circulatory system, specimen collection, specimen processing and handling, laboratory operations (e.g. safety, quality control, etc.)

2. **By signing this form, I as the Program Director of the Phlebotomy Technician training program verify that this applicant has satisfactorily completed the Phlebotomy Technician Training Program including all areas checked on this form.**

_____ _____
(Please Print) PROGRAM DIRECTOR'S NAME TITLE DATE

PROGRAM DIRECTOR'S SIGNATURE_____

NAME OF PROGRAM_____

PROGRAM DIRECTOR'S EMAIL ADDRESS_____

INSTITUTION_____

INSTITUTION TELEPHONE NUMBER_____

INSTITUTION ADDRESS_____

_____

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR 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 DIRECTOR. TRAINING DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE MAIL, FAX, OR EMAIL THESE FORMS TO ASCP INTERNATIONAL.

BOC 4/14

ASCP BOC International, 33 W Monroe St., Suite 1600, Chicago, IL 60603
ascpinternational@ascp.org Phone: +1.312.541.4479 Fax: +1.312.541.4845

****

PART III (*MUST be completed and signed by Laboratory Management* or Employer at the institution where the clinical portion was completed in order to be acceptable)*

NOTE: To be completed by Laboratory Management* or Employer at the institution where your clinical portion (50 successful, unaided blood collections, including venipunctures and skin punctures) was completed.

PLEASE COMPLETE:

B. Clinical Instruction -
Clinical training site at an approved/accredited laboratory: _____

Date clinical training **started**: Month _____ Date _____ Year _____

Date clinical training **ended**: Month _____ Date _____ Year _____

Please check below if the applicant has satisfactorily completed the following requirements:

____ Clinical hours with a minimum of **50** successful, unaided blood collections including:

_____ Venipunctures

____ Skin punctures (e.g. fingersticks, heelsticks)

3. By signing this form, I as Laboratory Management* or Employer at the institution where the clinical portion was completed verify that this applicant has satisfactorily completed the Phlebotomy Technician Clinical Training including all areas checked on this form.

_____ _____
(Please Print) LABORATORY MANAGEMENT* OR EMPLOYER NAME TITLE

_____ _____
LABORATORY MANAGEMENT* OR EMPLOYER SIGNATURE DATE

_____
LABORATORY MANAGEMENT* OR EMPLOYER EMAIL ADDRESS

_____
INSTITUTION

_____
INSTITUTION TELEPHONE NUMBER

_____
ADDRESS

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR LABORATORY MANAGEMENT* OR EMPLOYER WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR LABORATORY MANAGEMENT* OR EMPLOYER. WORK EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE MAIL, FAX, OR EMAIL THESE FORMS TO ASCP INTERNATIONAL.

Management is defined as someone in a management role who can verify technical experience.

BOC 4/14

ASCP BOC International, 33 W Monroe St., Suite 1600, Chicago, IL 60603
ascpinternational@ascp.org Phone: +1.312.541.4479 Fax: +1.312.541.4845