INTERNATIONAL PHLEBOTOMY TRAINING DOCUMENTATION FORM (ROUTE 3)

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

_____
Applicant's Name

_____ _____
Address Email Address

_____

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

SUBJECT: Verification of Experience for Examination Eligibility

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. **Directions:** Please review the experience of this applicant. Please place an **X** by each of the phlebotomy areas listed below in which this applicant has demonstrated proficiency under your supervision.

   NOTE: Proficiency is demonstrated by successful completion of nursing or other acceptable/accredited biomedical science education, which includes phlebotomy training with a minimum performance of **50** successful, unaided blood collections including venipunctures and skin punctures.

   _____ Venipunctures

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

2. **By signing this form, I as the Program Director* verify that this applicant has performed satisfactorily in the Phlebotomy 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 OR EMAIL THESE FORMS TO ASCP INTERNATIONAL.

Appropriately qualified Program Director is defined as someone in an academic role who can verify technical experience (i.e., certified laboratory professional, licensed nurse or licensed/certified health care practitioner).

5/2015

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