



DONOR PHLEBOTOMY TECHNICIAN EXPERIENCE DOCUMENTATION FORM (ROUTE 3)

PART I (To be completed by Applicant)

Applicant's Name

Last Four Digits of Applicant's Social Security #

Address

E-mail Address

() Daytime Telephone Number

PART II (MUST be completed and signed by the Immediate Supervisor or Laboratory Management* in order to be acceptable)

SUBJECT: Verification of Experience for Examination Eligibility

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

1. Please complete: DONOR PHLEBOTOMY TECHNICIAN EXPERIENCE (including on-the-job training)

Date employment started: Month Day Year

Date employment ended: Month Day Year

If part-time, how many hours per week are spent in donor phlebotomy?

2. By signing this form, I as the Immediate Supervisor or Laboratory Management* verify that this applicant has performed satisfactorily in Donor Phlebotomy.

(Please Print) IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* NAME & CERTIFICATION(S)

TITLE

IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* SIGNATURE

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

INSTITUTION

CITY

STATE

ZIP CODE

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* WITH THIS 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 IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

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