

**PHLEBOTOMY STRUCTURED TRAINING
REFERENCE FORM
(ROUTE 2)**

PART I (To be completed by Applicant)

Applicant's Name	Social Security #
Address	E-mail Address
	() Daytime Telephone Number

PART II

To be completed by the Program Director at the school where you registered and paid tuition. The clinical portion of the two-part program must be arranged by written agreement with the program director and the clinical institution.

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

PLEASE COMPLETE:

A. Classroom Instruction - Classroom training site: _____

Date classroom training started: Month _____ Date _____ Year _____

Date classroom training ended: Month _____ Date _____ Year _____

Please check () if the applicant has satisfactorily completed the following requirements:

_____ 40 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.)

B. Clinical Instruction - CLIA regulated clinical training site: _____

Date clinical training started: Month _____ Date _____ Year _____

Date clinical training ended: Month _____ Date _____ Year _____

Please check () if the applicant has satisfactorily completed the following requirements:

_____ 100 clinical hours with a minimum of 100 successful unaided blood collections including:
 _____ venipunctures
 _____ skin punctures
 _____ orientation in a CLIA regulated, accredited laboratory

This form must be completed and signed by the Director of the Phlebotomy Technician training program or it will not be acceptable. By signing this form, I verify that this applicant has satisfactorily completed the two-part Structured Phlebotomy Technician Training Program including all components checked above.

(Please Print) PROGRAM DIRECTOR'S NAME, TITLE AND CERTIFICATION	DATE
PROGRAM DIRECTOR'S SIGNATURE	
TELEPHONE NUMBER	E-MAIL ADDRESS
INSTITUTION	
CITY	STATE
ZIP CODE	

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS REFERENCE FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD, STATE THAT THE REFERENCE FORM WAS COMPLETED BY YOUR PROGRAM DIRECTOR AND INCLUDE THE DATE AND YOUR PROGRAM DIRECTOR'S SIGNATURE.