



## Important:

Carefully review the *ASCP Board of Registry Procedures for Examination and Certification Booklet* to ensure that you meet the eligibility requirements before you begin completing the application form. This booklet is available on the ASCP website at [www.ascp.org](http://www.ascp.org) under "certification."

The Board of Registry does not establish eligibility of any candidate from information that is supplied via e-mail, correspondence or telephone calls alone. Our office must base all decisions on a review and verification of information supplied through formal application for examination.

## Detach these instructions from the application form.

### Step 1: Examination Route (Required)

Review the eligibility requirements on page 5 of the Procedure Booklet to determine the examination route under which you are applying. Indicate the route number in the space provided.

Have you applied previously for this same examination category?

If yes, indicate the month and year of application.

### Step 2: Payment Information

[See PROCEDURE BOOKLET page 3]

Enclose a check/money order OR if you are paying by credit card, be sure to completely fill out that section. Please **DO NOT** fax the application form if you filled out the credit card information.

### Step 3: Personal Information

#### Social Security Number

Enter your 9-digit social security number in the space provided. If you are Canadian, **DO NOT** include your social insurance number. Leave the space blank and a number will be assigned to you. If you do not have a U.S. social security number, leave the space blank and a number will be assigned to you.

#### Daytime Telephone Number (Required)

Enter a telephone number where you can be contacted during regular business hours, including area code and extension. Indicate home or office.

*The information contained in this application form is subject to change without notice.*

#### Email Address (Required if available)

Indicate your e-mail address in the space provided. Please print clearly.

#### Salutation, Last Name, First Name, Maiden Name (Required)

Print your full name in the space provided. Your first and last names, as printed on the application form, must match your name on your driver's license and identification.

#### Home Street Address, City, State, Zip Code (Required)

Enter your complete mailing address.

#### Birth Date (Required)

Print the month, day and year as shown in this example.

July 2, 1985

#### Gender (Required)

Indicate "F" for female and "M" for male.

#### Ethnicity (Optional)

Print one of the following numbers in the box.

1. Caucasian
2. African American
3. Asian or Pacific Islander
4. Hispanic
5. Native American
6. Other

### Step 4: Are you certified by the ASCP Board of Registry in another examination category?

If so, indicate the category and your certification number as shown below:

Category

Certification Number

Category

Certification Number

### Step 5: Phlebotomy Training Program Information

[See PROCEDURE BOOKLET page 20]

If you are applying for examination under Routes 3 or 5, skip to Step 6.

If you have completed a NAACLS approved phlebotomy training program (Route 1), check the appropriate box and fill out all requested program information: name of institution, address, name and phone number of Program Director and program dates (the date the program started and the date the entire program ends – both classroom and clinical portion). The school code number **MUST** also be indicated. See your Program Director for this information.

If you have completed a California Dept. of Health Services approved phlebotomy program (Route 1), check the appropriate box and fill out all requested program information as indicated above. **A notarized copy of the certificate of completion from both the classroom and clinical portion of the program MUST be included with this application form.**

If you have completed a two-part formal, structured phlebotomy program (Route 2), check the appropriate box and fill out all requested program information as indicated above. A reference form must be downloaded from the website at [www.ascp.org/certification](http://www.ascp.org/certification) under Step 2, "Verify Your Training." Forward this form to your Program Director for verification of your training. **A completed reference form along with a letter from your Program Director, on official letterhead, verifying authenticity must be submitted with your application.** (Printed reference forms are available upon request.) Your application will not be processed without the reference form(s) and letter(s) of authenticity attached.

If you have completed another allied health program (Route 4), check the appropriate box and fill out all requested program information as indicated above. **A notarized copy of your current state/provincial license for RN or LPN, or a notarized copy of a certificate of completion from the accredited allied health program you completed MUST be included with this application.**

#### **Step 6: Academic Education (Required)**

Provide the information requested about your high school education.

#### **Step 7: Employment Information**

[See PROCEDURE BOOKLET page 19]

If work experience is required to establish your eligibility under the route you have selected, complete this section, indicating your present employment information, your total experience in phlebotomy, and any additional employment information. Reference forms must be downloaded from the website at [www.ascp.org/certification](http://www.ascp.org/certification) under Step 2, "Verify Your Experience." Forward this form to your employer(s) for verification of your experience. **Completed reference forms along with a letter from your employer, on official letterhead, verifying authenticity must be submitted with your application.** (Printed reference forms are available upon request.) Your application will not be processed without the reference form(s) and letter(s) of authenticity attached.

#### **Step 8: Contact Information/Mother's Maiden Name (Required)**

The Board of Registry will be mailing you time-sensitive documents; it is imperative that we are able to contact you at all times. Please indicate two individuals who are likely to know your current address and phone number at all times. Indicate your mother's maiden name in the space provided.

#### **Step 9: Review Application**

Review the information you have provided in each section of the application. Is it accurate and complete? If the application is complete, read the pledge on the back of the application form and **sign and date the application.** Unsigned applications will be returned to you.

## **Have you included the appropriate examination fee or credit card information?**

Applications without fees or credit card information will be returned and will not be processed. Post-dated checks will be returned with your application or request. Application fees are non-refundable.

**\$125 — Phlebotomy Technician**

**Mail the completed application form, reference form(s) with letter(s) (if required) and the application fee, by check or money order, made payable to the ASCP Board of Registry, OR provide credit card information and mail the application and reference form(s) with letter(s) (if required) to:**

ASCP Board of Registry  
3335 Eagle Way  
Chicago, IL 60678-1033

Do not send applications, fees or credit card payments by Fax, Federal Express, Express Mail, Certified or Registered Mail.

Mail general correspondence to:

**ASCP Board of Registry**  
33 W. Monroe Street, Suite 1600  
Chicago, IL 60603

Should you have questions, or if any of the information on the completed application form changes, please contact the ASCP Board of Registry office at 312-541-4999, or via e-mail at [bor@ascp.org](mailto:bor@ascp.org).



**Step 6: Academic Education (Required)**

Indicate month and year your education was completed (X).

HS Degree/GED   /

Name of Institution Attended City and State or Country Degree Completed & Date of Degree

Applicants with foreign education: A transcript evaluation form from one of the agencies listed in the Procedures Booklet is required.

**Step 7: Employment Information (if applicable)**

Present Employer Job Title Date Started

Address City and State Zip Code

Immediate Supervisor's Name

Total Employment Experience in Phlebotomy Years   Months

Only experience in the U.S., Canada or a clinical laboratory accredited by CAP or The Joint Commission (JCAHO) is acceptable.

Briefly describe your duties

List additional positions held and dates of employment, giving name of laboratory, supervisor, city, state and telephone number

**Step 8: Contact Information and Mother's Maiden Name (Required)**

List below two individuals who are likely to know your address at all times. Mother's Maiden Name \_\_\_\_\_

Name Address City and State Zip Code Telephone Number

Name Address City and State Zip Code Telephone Number

**Step 9: Pledge (Required)**

By submitting and signing this application, I acknowledge that this application will be reviewed and processed, and that the examination will be conducted in accordance with the rules and policies adopted by the Board of Registry. I agree to hold harmless the members, examiners, officers and agents of the Board of Registry from any and all actions that they may take, or refrain from taking, pursuant to such rules and policies.

I certify that all information contained in this application, as well as any information that I submit in support of this application, is true and correct to the best of my knowledge and belief. I authorize representatives of the Board of Registry to verify the accuracy of any information contained in, or supplied in support of, this application from any person or persons having knowledge of such information. I recognize that admission to take the certification examination, and certification if granted, are based on the correctness of the information contained in, and supplied in support of, this application.

I further recognize that admission to take the certification examination and any certification I may have or be granted, may be revoked at any time, and that I may be barred from admission to take further certification examinations, if it is

established that the information contained in, or supplied in support of, this application is inaccurate in any material respect, if I engage in any inappropriate conduct during the examination (such as giving or obtaining unauthorized information or aid), or if it is determined that I have misrepresented or misused any certification I may have or be granted.

I understand that this examination and all test questions are the exclusive property of the Board of Registry and are protected by copyright law. Because of the confidential and proprietary nature of these copyright materials, I agree not to retain, copy, disclose or reveal any part of these examination materials, unless previously authorized in writing by the Board of Registry.

I understand that the certificate of certification is time-limited for three years and that it must be renewed every three years for my certification to remain valid.

I understand and agree that I will not use ASCP certification designation or CM (in superscript) after my name if I do not maintain a valid certification.

Applicant's Signature (Required) Date