American Society for Clinical Pathology
Board of Certification

INTERNATIONAL PHLEBOTOMY TECHNICIAN REFERENCE FORM (ROUTE 3)

PART I (To be completed by Applicant) English Only

Applicant's Name

Address

E-mail Address

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PART II (To be completed by Clinical Supervisor/Program Director)

SUBJECT: Verification of Experience for Examination Eligibility

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

I. This applicant has demonstrated proficiency in phlebotomy by successful completion of 50 unaided blood collections including:

_____ Venipunctures

_____ Skin punctures (e.g.: Skin Punctures, Heel Sticks)

_____ Orientation in an approved/accredited laboratory

II. *This form must be completed and signed by the Program Director or Clinical Supervisor or it will not be acceptable.* By signing this form, I verify that this applicant has performed satisfactorily in Phlebotomy in the areas checked above.

(Please Print) CLINICAL SUPERVISOR'S OR PROGRAM DIRECTOR'S NAME AND CREDENTIALS

DATE

TITLE

CLINICAL SUPERVISOR OR PROGRAM DIRECTOR'S SIGNATURE

TELPHONE NUMBER

E-MAIL ADDRESS

INSTITUTION

INSTITUTION ADDRESS

APPLICANTS SHOULD MAIL, FAX, OR EMAIL THIS REFERENCE FORM WITH A LETTER OF AUTHENTICITY FROM THE EMPLOYER. THIS LETTER OF AUTHENTICITY MUST BE PRINTED ON INSTITUTION LETTERHEAD, STATE THAT THE REFERENCE FORM WAS COMPLETED BY THE EMPLOYER, AND INCLUDE THE DATE AND EMPLOYER'S SIGNATURE. REFERENCE FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE DIRECT THESE FORMS TO **ASCP INTERNATIONAL**.

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ascpinternational@ascp.org **Phone: +1.312.541.4473** **Fax: +1.312.541.4845**