



**ASCP Board of Registry**  
 Suite 1600  
 33 W Monroe St  
 Chicago, IL 60603  
 (312) 541-4972

**DONOR PHLEBOTOMY TECHNICIAN EXPERIENCE  
 REFERENCE FORM  
 (ROUTES 1, 2 & 4)**

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

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

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**PART II** (To be completed by Employer)

**SUBJECT:** Verification of Experience for Examination Eligibility

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

**I. Please complete**

DONOR PHLEBOTOMY TECHNICIAN EXPERIENCE (including on-the-job training)

Date started: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date ended: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

**II.** This applicant has demonstrated proficiency in donor phlebotomy by successful completion of the following:

Check (✓) if completed satisfactorily.

\_\_\_\_\_ 100 successful donor collections

**III.** *This form must be completed and signed by an appropriately qualified supervisor (certified medical technologist, licensed nurse or other licensed/certified health care practitioner) or it will not be acceptable.* By signing this form, I verify that this applicant has performed satisfactorily in Donor Phlebotomy in the areas checked above.

|   |                         |
|---|-------------------------|
| _____<br>(Please Print) SUPERVISOR'S NAME AND CREDENTIALS | _____<br>DATE           |
| _____<br>TITLE  |                         |
| _____<br>SUPERVISOR'S SIGNATURE                           |                         |
| _____<br>TELEPHONE NUMBER                                 | _____<br>E-MAIL ADDRESS |
| _____<br>INSTITUTION                                      |                         |
| _____<br>CITY   | _____<br>STATE          |
|   | _____<br>ZIP CODE       |

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