



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

**DONOR PHLEBOTOMY TECHNICIAN EXPERIENCE
 REFERENCE FORM
 (ROUTE 3)**

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 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 EMPLOYMENT

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 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.

 (Please Print) SUPERVISOR'S NAME AND CREDENTIALS DATE

 TITLE

 SUPERVISOR'S SIGNATURE

 TELEPHONE NUMBER E-MAIL ADDRESS

 INSTITUTION

 CITY STATE 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.