ASCP Board of Registry
Suite 1600
33 W Monroe St
Chicago, IL 60603
(312) 541-4979

PHLEBOTOMY EXPERIENCE REFERENCE FORM (ROUTE 4) OR (ROUTE 6)

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 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 100 unaided blood collections including:

_____ Venipunctures _____ Orientation in a CLIA regulated, accredited laboratory

_____ Skin punctures (e.g., fingersticks, heelsticks)

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 Phlebotomy in the areas checked above.

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

TITLE _____

SUPERVISOR'S SIGNATURE _____

TELPHONE NUMBER _____ E-MAIL ADDRESS _____

INSTITUTION _____

CITY _____ STATE _____ ZIP CODE _____

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR EMPLOYER OR 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 EMPLOYER OR PROGRAM DIRECTOR AND INCLUDE THE DATE AND YOUR EMPLOYER'S OR PROGRAM DIRECTOR'S SIGNATURE.