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

INTERNATIONAL PHLEBOTOMY WORK EXPERIENCE REFERENCE FORM (ROUTE 2)

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 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. Please complete

EMPLOYMENT (including on-the-job training)

Date employment started in Phlebotomy Month _____ Day _____ Year _____

Date employment ended in Phlebotomy Month _____ Day _____ Year _____

How many hours per week in Phlebotomy? _____

II. This applicant has demonstrated proficiency in phlebotomy by successful completion of the following. Check all if completed satisfactorily.

_____ Venipunctures

_____ Skin punctures (eg: Skin Punctures, Heel Sticks)

_____ Orientation in an approved/accredited laboratory

III. *This form must be completed and signed by an appropriately qualified supervisor (licensed/registered/certified medical technologist, licensed nurse, certified phlebotomist or other licensed/certified health care practitioner).* By signing this form, I verify that this applicant has performed satisfactorily in Phlebotomy in the areas checked above.

(Please Print) SUPERVISOR'S NAME AND CREDENTIALS

DATE

SUPERVISOR'S SIGNATURE

TELEPHONE NUMBER

E-MAIL ADDRESS

INSTITUTION

INSTITUTION ADDRESS

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.