



INTERNATIONAL PHLEBOTOMY TECHNICIAN TRAINING DOCUMENTATION FORM (Route 1)

PART I (TO BE COMPLETED BY APPLICANT)

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|------------------|---------|
| Applicant's Name | Address |
| Email Address | |

PART II (MUST be completed and signed by Program Director in order to be acceptable.)

NOTE: TO BE COMPLETED BY THE PROGRAM DIRECTOR AT THE SCHOOL WHERE YOU REGISTERED AND PAID TUITION.

This individual, identified above, has applied for the Board of Certification International Phlebotomy examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

1. PLEASE COMPLETE:

A. CLASSROOM INSTRUCTION - CLASSROOM TRAINING SITE:

Date classroom training **started**: Month _____ Day _____ Year _____

Date classroom training **ended**: Month _____ Day _____ Year _____

PLEASE CHECK BELOW IF THE APPLICANT HAS SATISFACTORILY COMPLETED THE FOLLOWING REQUIREMENTS.

Classroom training including:

| | |
|---|--|
| <input type="checkbox"/> Anatomy and physiology of the circulatory system | <input type="checkbox"/> Specimen processing and handling |
| <input type="checkbox"/> Specimen collection | <input type="checkbox"/> Laboratory operations (e.g., safety, quality control, etc.) |

2. BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR OF THE PHLEBOTOMY TECHNICIAN TRAINING PROGRAM VERIFY THAT THIS APPLICANT HAS SATISFACTORILY COMPLETED THE PHLEBOTOMY TECHNICIAN TRAINING PROGRAM INCLUDING ALL AREAS CHECKED ON THIS FORM.

| | |
|--|----------------------------------|
| (Please Print) Program Director's Name | Title |
| Program Director Signature | Date |
| Name of Program | Program Director's Email Address |
| Institution | Institution Telephone Number |
| Institution Address | |

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR. TRAINING DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE MAIL OR EMAIL THESE FORMS TO ASCP INTERNATIONAL: ascpinternational@ascp.org



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PART III (MUST be completed and signed by Laboratory Management* or Employer at the institution where the clinical portion was completed in order to be acceptable)

NOTE: TO BE COMPLETED BY LABORATORY MANAGEMENT* OR EMPLOYER AT THE INSTITUTION WHERE YOUR CLINICAL PORTION (50 SUCCESSFUL, UNAIDED BLOOD COLLECTIONS, INCLUDING VENIPUNCTURES AND SKIN PUNCTURES) WAS COMPLETED.

B. CLINICAL INSTRUCTION :

CLINICAL TRAINING SITE AT AN APPROVED, ACCREDITED LABORATORY*: _____

Date clinical training **started**: Month _____ Day _____ Year _____

Date clinical training **ended**: Month _____ Day _____ Year _____

PLEASE CHECK BELOW IF THE APPLICANT HAS SATISFACTORILY COMPLETED THE FOLLOWING REQUIREMENTS.

_____ Clinical hours with a minimum of **50** successful, unaided blood collections including:

_____ Venipunctures

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

3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER AT THE INSTITUTION WHERE THE CLINICAL PORTION WAS COMPLETED VERIFY THAT THIS APPLICANT HAS SATISFACTORILY COMPLETED THE PHLEBOTOMY TECHNICIAN CLINICAL TRAINING INCLUDING ALL AREAS CHECKED ON THIS FORM.

(Please Print) Laboratory Management* or Employer Name

Title

Laboratory Management* or Employer Signature

Date

Laboratory Management* or Employer Email Address

Institution Telephone Number

Institution

Institution Address

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR LABORATORY MANAGEMENT* OR EMPLOYER WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR LABORATORY MANAGEMENT* OR EMPLOYER. WORK EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE MAIL OR EMAIL THESE FORMS TO ASCP INTERNATIONAL: ascpinternational@ascp.org

**Management is defined as someone in a management role who can verify technical experience.*