



INTERNATIONAL PHLEBOTOMY TECHNICIAN TRAINING DOCUMENTATION FORM (Route 1)

PART I (TO BE COMPLETED BY APPLICANT)

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.

ALL AREAS ARE REQUIRED.

_____ **40** clock hours of classroom training including:

_____ Anatomy and physiology of the circulatory system	_____ Specimen processing and handling
_____ Laboratory operations (e.g., safety, quality control, etc.)	_____ Specimen collection (including venipunctures and skin punctures)

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.

ALL AREAS ARE REQUIRED.

_____ **100** clinical hours including:

_____ Minimum performance of **50** unaided venipunctures

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