



INTERNATIONAL PHLEBOTOMY TECHNICIAN TRAINING DOCUMENTATION FORM (Route 3)

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.)

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:

- DIRECTIONS:** Please review the experience of this applicant. Please place an **X** by each of the phlebotomy areas listed below in which this applicant has demonstrated proficiency under your supervision.

NOTE: Proficiency is demonstrated by successful completion of nursing or other acceptable/accredited biomedical science education, which includes phlebotomy training with a minimum performance of **50** successful, unaided blood collections including venipunctures and skin punctures.

_____ Venipunctures

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

- BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE PHLEBOTOMY 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

**Appropriately qualified Program Director is defined as someone in an academic role who can verify technical experience (i.e., certified laboratory professional, licensed nurse or licensed/certified health care practitioner).*