



INTERNATIONAL PHLEBOTOMY TECHNICIAN

TRAINING DOCUMENTATION FORM (Route 3)

| PART I (TO BE COMPLETED BY APPLICANT) | |
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| Applicant's Name | ASCP Customer ID # |
| Email Address | Address |
| PART II (MUST be completed and signed by Program D | Director* in order to be acceptable.) |
| This individual, identified above, has applied for the Board of to establish this applicant's eligibility for certification, the fol | Certification International Phlebotomy examination. In order llowing information is necessary: |
| 1. DIRECTIONS: Please review the experience of this application listed below in which this applicant has demonstrated pr | \cdot \cdot \cdot \cdot \cdot \cdot |
| NOTE: Proficiency is demonstrated by successful complescience education, which includes phlebotomy training weblood collections including venipunctures and skin punct | · — |
| Venipuncures | |
| Skin punctures (| e.g., fingersticks, heelsticks) |
| 2. BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR SATISFACTORILY IN THE PHLEBOTOMY AREAS CHECKED | |
| (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.

*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).

See www.ascp.org/boc/intl-documentation for submission instructions.