



# INTERNATIONAL PHLEBOTOMY TECHNICIAN WORK EXPERIENCE DOCUMENTATION FORM (Route 2)

## PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

## PART II (MUST BE COMPLETED AND SIGNED BY LABORATORY MANAGEMENT\* OR EMPLOYER IN ORDER TO BE ACCEPTABLE)

### SUBJECT: VERIFICATION OF WORK EXPERIENCE FOR EXAMINATION ELIGIBILITY

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

#### 1. 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? \_\_\_\_\_

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

\_\_\_\_\_ Venipunctures

\_\_\_\_\_ Skin punctures (e.g., fingersticks, heelsticks)

#### 3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT\* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE PHLEBOTOMY 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](mailto:ascpinternational@ascp.org)**

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