PHLEBOTOMY TECHNICIAN
TRAINING DOCUMENTATION FORM (Route 4)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	ASCP Customer ID #
Address	Email Address
City, State, Zip Code	Last Four Digits of Applicant's Social Security #

PART II (MUST BE COMPLETED AND SIGNED BY PROGRAM OFFICIAL* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

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

1. **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 RN, LPN, or other acceptable accredited allied health professional/occupational education, which includes phlebotomy training and orientation in an accredited laboratory with a minimum performance of **100** successful, unaided non-donor blood collections including venipunctures and skin punctures.

   _____ Venipunctures

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

   _____ Orientation in a CMS approved, accredited laboratory

2. **BY SIGNING THIS FORM, I AS THE PROGRAM OFFICIAL* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE PHLEBOTOMY AREAS CHECKED ON THIS FORM.**

(Please Print) Program Official* Name & Credential(s)	Title
Program Official* Signature	Date
Telephone Number	Email Address
Institution	
City, State	Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM OFFICIAL 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 OFFICIAL.

*Appropriately qualified Program Official 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/us-documentation** for submission instructions.