



PHLEBOTOMY STRUCTURED TRAINING DOCUMENTATION FORM (ROUTE 2)

PART I (To be completed by Applicant)

Applicant's Name

Last Four Digits of Applicant's Social Security #

Address

E-mail Address

( )

Daytime Telephone Number

\*\*\*\*\*

PART II (MUST be completed and signed by the program official in order to be acceptable.)

NOTE: To be completed by the program official at the school where you registered and paid tuition. The clinical portion of the two-part program must be arranged by written agreement with the program official and the clinical institution.

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. PLEASE COMPLETE:

A. Classroom Instruction - Classroom training site:

Date classroom training started: Month Date Year

Date classroom training ended: Month Date 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 collection, Specimen processing and handling, Laboratory operations (e.g., safety, quality control, etc.)

B. Clinical Instruction - Clinical training site at an approved, accredited laboratory\*:

Date clinical training started: Month Date Year

Date clinical training ended: Month Date Year

Please check below if the applicant has satisfactorily completed the following requirements. All areas are required.

- 100 clinical hours with a minimum of 100 successful, unaided blood collections including: Venipunctures, Skin punctures (e.g. fingersticks, heelsticks), Orientation in an approved, accredited laboratory\*

\*CMS CLIA certificate of registration, compliance, accreditation; OR JCI accreditation; OR Accreditation under ISO 15189.

2. By signing this form, I, as the program official of the Phlebotomy Technician training program, verify that this applicant has satisfactorily completed the two-part Structured Phlebotomy Technician Training Program including all areas checked on this form.

(Please Print) PROGRAM OFFICIAL'S NAME & CERTIFICATION(S) TITLE

PROGRAM OFFICIAL'S SIGNATURE DATE

TELEPHONE NUMBER E-MAIL ADDRESS

INSTITUTION

6-DIGIT SCHOOL CODE (IF APPLICABLE)

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 AND MAILED TO THE ADDRESS BELOW. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM OFFICIAL.

BOC 11/16