



# PHLEBOTOMY TECHNICIAN

## LABORATORY EXPERIENCE DOCUMENTATION FORM (Route 6)

### 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 THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* IN ORDER TO BE ACCEPTABLE)

#### SUBJECT: VERIFICATION OF LABORATORY 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. PLEASE COMPLETE: LABORATORY EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date experience **started** in Phlebotomy:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date experience **ended** in Phlebotomy:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week in Phlebotomy? \_\_\_\_\_

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

**NOTE:** Proficiency is demonstrated by successful completion of **100** successful, unaided non-donor blood collections including venipunctures and skin punctures within the last **five** years.

\_\_\_\_\_ Venipunctures

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

\_\_\_\_\_ Orientation in a CMS approved, accredited laboratory

#### 3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE PHLEBOTOMY AREAS CHECKED ON THIS FORM.

(Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)	Title
Immediate Supervisor or Laboratory Management* Signature	Date
Telephone Number	Email Address
Institution	
City, State	Zip Code

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* WITH THIS EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\*.**

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

See [www.ascp.org/boc/us-documentation](http://www.ascp.org/boc/us-documentation) for submission instructions.