ASCP BOARD OF CERTIFICATION

CALIFORNIA APPROVED PHLEBOTOMY PROGRAM

TRAINING DOCUMENTATION FORM (Route 7)

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 SUCCESSFUL COMPLETION OF A PHLEBOTOMY PROGRAM APPROVED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

1. PLEASE COMPLETE:

This applicant has successfully completed a phlebotomy program approved by the California Department of Public Health and has been awarded a Certification of Completion within the last **five** years.

Name of Program

Date Program **Started**

Date Program **Ended**

2. BY SIGNING THIS FORM, I AS THE PROGRAM OFFICIAL* VERIFY THAT THIS APPLICANT HAS SUCCESSFULLY COMPLETED THE ABOVE PHLEBOTOMY PROGRAM APPROVED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH WITHIN THE LAST FIVE YEARS.

(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 at the above-mentioned phlebotomy program approved by the California Department of Public Health who can verify technical experience.

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