



Boston Reed College
Phlebotomy Technician Training Program
Externship Resource Booklet

Student Name _____
(Please print)

Course Location _____
(City)

Weekday Class Saturday Class

If found please return to:

*Boston Reed College
2799 Napa Valley Corporate Drive
Napa, CA 94558
Phone (800) 201-1141
Fax (707) 307-5017*

Student Reference Page www.bostonreed.com/students

Course Completion Checklist

- ✓ **40 hours noted and signed**
- ✓ **Evaluations complete and signed**
- ✓ **Puncture Log (50 Venipuncture-2 arterial draw observations 10 Skin Puncture)**
- ✓ **Current address and phone number listed**

Student Name: _____

Your current mailing address:

Your current phone #:

Day (____) _____

Even (____) _____

Externship Site:

Name _____

Address _____

City _____

Phone (____) _____

Preceptor Name _____

Schedule _____

Important Information About Externship!!!

Dress Code: Read and follow the dress code found on pages 4 and 5.

Sign-in Log: See page 10. Each day of the externship should be documented and signed for a total of 40 hours.

Student Evaluation Form: Pages 8-9 are to be completed by your preceptor at the end of the externship.

Attendance: If you are unable to attend your externship due to illness or emergency, please notify your preceptor AND contact the Boston Reed Student line at (800) 201-1141, Option 3, to notify us. Any changes to your schedule must be approved by the externship site and Boston Reed in advance. All hours must be made up.

Confidentiality: You are required to maintain confidentiality of patient information in accordance with state and federal law. No student will have access to or have the right to review any medical record, except where necessary in the regular course of the clinical program. The discussion, transmission or narration in any form by students of any patient information obtained in the regular course of the program is forbidden except as permitted by law. See HIPAA information within course material.

In order to graduate from this program and receive your certificate of completion, you must return this booklet to Boston Reed, Attn: Student Records with:

- ✓ 50 venipuncture, 10 skin punctures and 2 Arterial draw observations noted and signed off by preceptor
- ✓ Sign-in log completed for a total of 40 externship hours
- ✓ At least one Student Evaluation Form completed and signed by your preceptor
- ✓ Student Evaluation of Clinical Setting completed

Once the booklet is received, Boston Reed will mail the certificate of completion directly to your home on the first of the following month. *Example:* If Boston Reed receives your completed booklet on April 2nd, you can expect your certificate of completion to be mailed to you on May 1st.

NOTE: Please make copies of all documents before mailing your originals to Boston Reed.

Dress Code

Appropriate dress standards have been established in order to present and maintain, at all times, a professional appearance to patients, employees and visitors. The standards allow for comfortable performance of duties, promotion of safety and prevention of the spread of infectious organisms.

All students are expected to keep themselves neat, clean and well groomed at all times. The appearance of a Boston Reed student is an important part of public relations.

Anyone not conforming to this policy will be appropriately counseled and may face disciplinary action.

ID Badge:	Identification badge is to be worn at all times above the waist, with name visible.
Hair:	Should have a clean and neat appearance; hair that is shoulder length or longer will be pulled back. Facial hair must be clean, neat and well groomed.
Headwear:	Religious head covers may be worn; baseball-type caps are inappropriate.
Jewelry:	Should be appropriate to professional wear and not present a safety hazard when working with patients or equipment. Must be prepared to cover obvious tattoos and remove jewelry from piercing.
Tops/Blouses/Shirts:	White, solid-colored or print tops with sleeves. Colors must be non-fluorescent. Pullover blouses and collared polo style shirts, or scrub tops may be worn. NO denim attire, tank tops, halter tops, sweatshirts, low cut necklines, transparent garments, tops exposing bare midriff, back or chest. Absolutely NO sweatshirts or T-shirts with cartoons, graffiti, advertising or offensive pictures.
Skirts/Dresses:	White uniform skirts, dresses or jumpers worn are to be clean, neat and allow for the performance of the job without restrictions. Mini dresses/skirts or long skirts that might interfere with safety are not acceptable.
Slacks/Pants:	White uniform pants or white scrub pants may be worn. NO sweat pants, jogging pants, overalls, torn or patched pants, tight clothing (bike shorts, leotards, shorts or leggings).
Hose:	White or neutral shades must be worn.
Footwear:	Clean, white, closed-toed shoes will be worn. Clean, neat, athletic shoes are acceptable.
Grooming:	Fragrances: Do not wear any perfume or cologne it may cause allergic reactions for some.
Fingernails:	Nails must be clean and trimmed not to extend beyond the tips of the fingers. No artificial fingernails are allowed.

My externship schedule is:

A Note for Preceptors:

Thank you for hosting a Boston Reed Phlebotomy Technician student. We appreciate your contribution to the success of our students. Please contact the externship coordinator at 707-307-5011, immediately if you have any questions or concerns. This booklet contains all of the paperwork required for the student to complete the program. Here is a list of what we ask of you:

- Puncture Log: Note the venipuncture, arterial observations, and skin punctures performed by the student.
- Externship Sign-In Log: Sign the back of the booklet with the date and hours the student has completed on a daily basis.
- Keep the student informed of his or her progress throughout the externship.
- Student Evaluation Form: Complete this at the end of the externship. Share the results with the student.

It is the student's responsibility to provide Boston Reed with a copy of the booklet.

Thank you.

Externship Notes

Puncture Log

Part One

Boston Reed College
 2799 Napa Valley Corp. Dr.
 Napa, CA 94558

Student Name: _____

Class Location: _____

Phone: 1-800-201-1141

(Type) VP = Venipuncture, SP = Skin Puncture,

A.OB = Arterial OBServation

(Method) VV – Venipuncture Vacuum, SYR = Syringe,

WI = Winged Infusion, FP = Finger Puncture

	<i>Date</i>	<i>Site</i>	<i>Type</i>	<i>Method</i>	<i>Type of Patient</i>	<i>Preceptor's Signature</i>
1			VP			
2			VP			
3			VP			
4			VP			
5			VP			
6			VP			
7			VP			
8			VP			
9			VP			
10			VP			
11			VP			
12			VP			
13			VP			
14			VP			
15			VP			
16			VP			
17			VP			
18			VP			
19			VP			
20			VP			
21			VP			
22			VP			
23			VP			
24			VP			
25			VP			
26			VP			
27			VP			
28			VP			
29			VP			
30			VP			

Date: _____

Program Director: _____

Puncture Log

Part Two

Boston Reed College
 2799 Napa Valley
 Corporate Drive
 Napa, CA 94558
 Phone: 1-800-201-1141

Student Name: _____

Class Location: _____

(Type) VP = Venipuncture SP = Skin Puncture A.OB – Arterial Observation
 (Method) VV = Venipuncture Vacuum SYR – Syringe W.I = Winged Infusion SL = Skin Lancet

	<i>Date</i>	<i>Site</i>	<i>Type</i>	<i>Method</i>	<i>Type of Patient</i>	<i>Preceptor's Signature</i>
31			VP			
32			VP			
33			VP			
34			VP			
35			VP			
36			VP			
37			VP			
38			VP			
39			VP			
40			VP			
41			VP			
42			VP			
43			VP			
44			VP			
45			VP			
46			VP			
47			VP			
48			VP			
49			VP			
50			VP			
		Capillary Punctures				
1			SP			
2			SP			
3			SP			
4			SP			
5			SP			
6			SP			
7			SP			
8			SP			
9			SP			
10			SP			
		Arterial Observations				
1			A.OB			
2			A.OB			

Date: _____

Program Director: _____

Student Evaluation Form – Externship

Student: _____ Site: _____

Date Started: _____ Date Ended: _____

Please evaluate the above named student in the following areas.

Guidelines are as follows:

4 = excellent 3 = above average 2 = average 1 = needs improvement

PERFORMANCE

The student demonstrates:

Ability to Learn and Retain Information	4	3	2	1	N/A
Correct Techniques in Paperwork Procedures	4	3	2	1	N/A
Knowledge of Collection/Preparation of Specimens	4	3	2	1	N/A
Set-up and Clean-up of Patient Care Areas	4	3	2	1	N/A
Sufficient Speed in Completing Tasks	4	3	2	1	N/A
Care of Instruments and Equipment	4	3	2	1	N/A

ATTITUDE

The student demonstrates:

Interest in Improving Self	4	3	2	1	N/A
Ability to Adapt to New Procedures	4	3	2	1	N/A
Punctuality / Attendance	4	3	2	1	N/A

INITIATIVE

The student demonstrates:

Completion of Tasks	4	3	2	1	N/A
Undertaking of Appropriate Additional Duties	4	3	2	1	N/A
Anticipation of Doctor's / Co-workers Needs	4	3	2	1	N/A

NEATNESS

The student demonstrates:

Neatness in Accomplishing Work	4	3	2	1	N/A
Professionalism in Personal Appearance	4	3	2	1	N/A

Student Evaluation Continued

PATIENT/STAFF RELATIONS

The student demonstrates:

Ability to Put Others at Ease	4	3	2	1	N/A
Cooperation with Staff	4	3	2	1	N/A
Diplomacy and Tact with Staff	4	3	2	1	N/A
Emotional Maturity to Function Under Stress	4	3	2	1	N/A
Appropriate Conversation with Staff/Patients	4	3	2	1	N/A
Use of Correct Terminology	4	3	2	1	N/A
Sensitivity to Patient Comfort	4	3	2	1	N/A

Student appears to show strength in these areas:

Student could profit from suggestions for improvement in these areas:

The overall appraisal of the student:

Outstanding ____ Above Average ____ Average ____ Unsatisfactory ____

Signature: _____

Print Name: _____ Title: _____

Site Name: _____

Address: _____

Phone Number: _____ Date: _____

Boston Reed
Phlebotomy Technician Training Program

Externship Sign-In Log

Student Name: _____

Date	Preceptor Signature	Location	Hours Spent
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

A total of 40 hours is needed to complete the course. Attach additional time sheet if needed.

Student Evaluation of Clinical Setting

Course: _____

Semester: Fall _____ Spring _____ Summer _____ Year _____

Name of Facility: _____

Assigned area or unit: _____

Instructions: Read each statement and mark your response on this form. Do not sign your name.

A = Strongly Agree
 B = Agree
 C = Disagree
 D = Strongly Disagree
 E = Not Applicable

1. The number of patients/clients in the clinical setting was sufficient to meet course objectives.
2. The range of major health problems represented in the patient/client population was sufficient to meet course objectives.
3. The variety of learning opportunities was sufficient to meet course objectives.
4. The staff provided positive role models.
5. There were sufficient resources (personnel and supplies) available to meet course objectives.
6. The attitude of the staff on the unit contributes to a supportive learning environment.

A	B	C	D	E

California Statement of Phlebotomy Practical Training

Laboratory information:

Name of Laboratory _____
Address _____

E-mail _____
Telephone _____

Trainee information:

Name of Trainee: _____
Soc Sec Number: ____/____/_____
Trainee Address: _____

Telephone: ____/____/_____
Dates of Training: From _____ To _____

The above named individual has had a minimum of 40 hours of practical instruction in phlebotomy, on-the-job training or experience in phlebotomy in accordance with the California Business and Profession Code, Section 1220(d)(1) or d(2)(A) and Title 17, California Code of Regulations, Section 1035.1(f)(1-7), has demonstrated proficiency in the following areas:

1. Selection of blood collection equipment appropriate to test requisitions,
2. Preparation of the patient and infection control,
3. Venipuncture on patients of varying age, weight, health and obesity status,
4. Skin puncture on patients of varying age, weight, health and obesity status,
5. Post puncture care,
6. Processing of blood containers after collection, including centrifugation,
7. Proper disposal of needles, sharps, and medical waste.

Additionally, this individual has completed the following procedures on actual clinical patients of varying ages, obesity, health conditions or degree of difficulty:

LPT

CPT1

CPT 2

Minimum 25 successful skin punctures and has a

job

Minimum 50 successful venipunctures

Minimum 10 successful skin punctures.

Observed minimum of 2 arterial punctures

-Meets requirements as CPT 1

minimum of 1040 hours on the

experience in phlebotomy in
previous five years.
- Has completed a minimum of
25 arterial punctures pursuant
to Business and Professional
Code 1220(d)(1) or (d)(2)(A)

Under the site licensed supervision of:

Name/Title Printed

Signature

Date

As authorized by:

Phlebotomy Program Director Printed

Phlebotomy Program Director Signature (MD, DO, RN, CLB) Date

Laboratory CLIA certificate type and number at site: # _____ COW, PPMP, COC or COA (Circle one)