

**Boston Reed College**  
**Phlebotomy Technician Program**  
**Externship Resource Booklet**

Student Name: \_\_\_\_\_  
(Please print)

Course Location: \_\_\_\_\_  
(City)

*If found please return to:*  
Boston Reed College  
2799 Napa Valley Corporate Drive  
Napa, CA 94558  
Phone (800) 201-1141  
Fax (707) 307-5017

**Course Completion Checklist**

- ✓ **Hours noted and signed**
- ✓ **Evaluations complete and signed**
- ✓ **Puncture Log (Venipuncture and Capillary Puncture)**
- ✓ **Current address and phone number listed**

Alabama Students will complete 40 Hours/100 Venipuncture/5 Capillary Puncture  
Florida Students will complete 100 Hours/100 Venipuncture/10 Capillary Puncture  
Kansas Students will complete 100 Hours/100 Venipuncture/10 Capillary Puncture  
New Jersey Students will complete 100 Hours/100 Venipuncture/10 Capillary Puncture

Students in all other States will complete 40 Hours/50 Venipuncture/10 Capillary Puncture

**Boston Reed College**

Student Name: \_\_\_\_\_

Your current mailing address:

\_\_\_\_\_  
\_\_\_\_\_

Your current phone #:

Day (\_\_\_\_) \_\_\_\_\_

Eve (\_\_\_\_) \_\_\_\_\_

Externship Site:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Preceptor Name \_\_\_\_\_

Schedule \_\_\_\_\_

**Boston Reed College**  
**Important Information**

***Dress Code:*** Read and follow the dress code found on page 4.

***Sign-in Log:*** See page 12. Each day of the externship should be documented and signed for.

***Student Evaluation Form:*** Pages 10-11 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 and will be determined by the preceptor.

***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. Sign HIPAA Statement in this booklet.

***Accident or Injury in Classroom or Externship Site:*** In the event of accident or injury in the classroom or externship site first aid should be rendered. In the event of bloodborne pathogens exposure immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant, if available. Report immediately to instructor or preceptor who will advise student to seek medical attention from their personal physician.

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

- ✓ Venipunctures and Capillary punctures noted and signed
- ✓ Sign-in log completed for total number of externship hours
- ✓ At least one Student Evaluation Form completed and signed by your preceptor

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 2<sup>nd</sup>, you can expect your certificate of completion to be mailed to you on May 1<sup>st</sup>.

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

## **Boston Reed College**

### **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/Tattoos:**

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 scrub 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.*

**Boston Reed College**  
**Student Externship Schedule is:**

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**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 800-201-1141, 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 and capillary 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.

**Notes:**

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**Boston Reed College**



**HIPAA STATEMENT**

Dear Phlebotomy Technician Student:

Notification of privacy practices in accordance with the Health Insurance Probability and Accountability Act (HIPAA) was distributed and discussed during the classroom portion of this program. It is your responsibility as a Boston Reed Phlebotomy Technician student to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position as a phlebotomy technician.

Please review the HIPAA notification thoroughly and keep it with your other phlebotomy technician references that you carry with you at your job or externship site.

**HIPAA Statement**

I \_\_\_\_\_ have read and understand the HIPAA regulations.  
(Please Print Your Name)

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Signature

Date

**Boston Reed College**

**Puncture Log**  
Venipunctures (VP)

Student Name: \_\_\_\_\_

	Date	Site	Type	Method	Instructor/Preceptor Signature
1			VP		
2			VP		
3			VP		
4			VP		
5			VP		
6			VP		
7			VP		
8			VP		
9			VP		
10			VP		
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12			VP		
13			VP		
14			VP		
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40			VP		
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43			VP		
44			VP		
45			VP		
46			VP		
47			VP		
48			VP		
49			VP		
50			VP		

**Boston Reed College**

**Puncture Log**  
Venipunctures (VP)

Student Name: \_\_\_\_\_

	Date	Site	Type	Method	Instructor/Preceptor Signature
51			VP		
52			VP		
53			VP		
54			VP		
55			VP		
56			VP		
57			VP		
58			VP		
59			VP		
60			VP		
61			VP		
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98			VP		
99			VP		
100			VP		



**Boston Reed College**  
**Student Evaluation Form**

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

**Boston Reed College**  
**Student Evaluation Form**

**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:

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Student could profit from suggestions for improvement in these areas:

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The overall appraisal of the student (Note Preceptors: Marking “Unsatisfactory” means that the student, in your opinion, is not prepared for the role of phlebotomist. However, this does not necessarily mean the student cannot pass the course under certain conditions to be determined by Boston Reed College):

The overall appraisal of the student:

Outstanding \_\_\_\_ Above Average \_\_\_\_ Average \_\_\_\_ Unsatisfactory \_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Boston Reed College**  
**Externship Sign-In Log**

Student Name: \_\_\_\_\_

Date	Preceptor Initials	Location	Hours Spent
1			
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3			
4			
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*Attach additional time sheet if needed.*

**Boston Reed College**  
**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