CALIFORNIA STATEMENT OF PHLEBOTOMY PRACTICAL TRAINING

Documentation of Training/Experience

Laboratory information:

Name of Laboratory _____

Address _____

_____

E-mail _____

Telephone _____

Applicant information:

Name of Applicant _____

Soc Sec Number: _____/____/_____

Applicant Address: _____

_____

Telephone: _____/_____/_____

Dates of Training/Experience: From_____ To _____

Total hours of on the job experience in phlebotomy between April 9, 1998 and April 9, 2003:

Less than 1040 hours 1040 hours or greater

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	Minimum 50 successful venipunctures Minimum 10 successful skin punctures. Observed minimum of 2 arterial punctures	-Meets requirements as CPT1 and has a minimum of 1040 hours on the job experience in phlebotomy in previous five years. - Has completed a minimum of 20 arterial punctures pursuant to Business and Professional Code 1220(d)(1) or (d)(2)(A)

Under the supervision of:

_____ _____ _____

Name/Title (Print) Signature Date

As authorized by:

_____ _____ _____

Laboratory Director (Print) Laboratory Director Signature Date

Laboratory CLIA certificate type and number: _____