



QUALIFICATION IN DONOR PHLEBOTOMY TRAINING DOCUMENTATION FORM (Route 3)

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 PROGRAM OFFICIAL* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF TRAINING FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Qualification in Donor Phlebotomy examination. In order to establish this applicant's eligibility, the following information is necessary:

1. PLEASE COMPLETE: DONOR PHLEBOTOMY TRAINING

Date training **started**: Month _____ Day _____ Year _____
Date training **ended**: Month _____ Day _____ Year _____

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

_____ 50 successful donor collections

3. BY SIGNING THIS FORM, I AS THE PROGRAM OFFICIAL* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE DONOR PHLEBOTOMY AREA CHECKED ON THIS FORM.

(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 who can verify technical experience (i.e., certified laboratory professional, licensed nurse or licensed/certified health care practitioner).*

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