

LETTER OF PHLEBOTOMY EXPERIENCE FOR CALIFORNIA CERTIFICATION

Laboratory Information:

Name of Laboratory Where Employed: _____

Laboratory Address: _____

Laboratory eMail: _____

Laboratory Telephone: _____

Laboratory CLIA Certificate #: _____

Laboratory CLIA Certificate type: COW | PPMP | COC | COA (Circle One)

Applicant Information:

Name of Applicant: _____

Social Security Number: _____ / _____ / _____

Applicant (trainee) Address: _____

Applicant (trainee) Telephone: (_____) _____ - _____

Dates of Employment: from _____ to _____

Total hours of on the job experience in phlebotomy in the last 5 years:

If less than 1040 hours, _____ hours If 1040 hours or greater, _____ hours

The above named individual has on-the-job-experience in phlebotomy in the last 5 years, in accordance with the California Business and Professions Code, Section 1220 (d)(1) or (d)(2)(A) and Title 17, California Code of Regulations, Section 1035.1 (f)(1 – 8), and 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 from patients of varying ages, weights, health and obesity status,
4. Skin puncture from patients of varying ages, including pediatric/geriatric, and of varying health/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:

<input type="checkbox"/> LPT	<input type="checkbox"/> CPT 1	<input type="checkbox"/> CPT 2
Minimum 25 successful skin punctures	Minimum 50 successful venipunctures Minimum 10 successful skin punctures. Observation of 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).

As attested by:

 Laboratory Director & License Number (Please Print) Laboratory Director Signature (MD, DO, CLB Only) Date

Laboratory CLIA certificate type: COW | PPMP | COC | COA (Circle One) Certificate #: _____