



National Center for Competency Testing®

7007 College Boulevard, Suite 705
 Overland Park, KS 66211
 Phone 800-875-4404; Fax 913-498-1243
www.ncctinc.com



Donor Phlebotomist Exam Application

Applicants complete this section

Online Exam Test Date ___/___/___
 Test Site _____
 City, State _____

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DP Applicant Name _____
 Last (Maiden, if applicable) First Middle Initial

Social Security # _____ (If non-US citizen, use # ID from country of origin**)

Address _____ Apt # _____ Date of Birth (mo/day/yr) _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Other Phone _____ **Country of Origin _____

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Alternate Contact: Please provide a permanent contact (name/address) where any official notifications can be sent if you move

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

3

Education History

Name of School	Address of School	School City, State, Zip	Dates of Attendance	Diploma/ Degree Awarded? Please specify
High School				
College or other				

REQUIRED: Attach copy of high school diploma, GED, or equivalent to this application

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Employment History

Name of Employer	Address City, State, Zip	Dates of Employment	Position

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Verification of Experience

Directions: This validation must be completed by a current employer, in a supervisory or administrative position, who has personally assessed the candidate's length, depth, and breadth of experience and can verify it as indicated below.

VERIFICATION by EMPLOYER

I verify that _____ (Applicant Name) has at least six (6) months of appropriate experience within the past year as a donor phlebotomist, and has completed at least eighty (80) successful donor collections under the supervision on an RN, CLS, MD or other recognized health care professional at our institution.

Signature _____ Facility _____
Blood Center Administrative Official

Title, _____ Date _____
Credentials

Telephone _____ Email _____ (For verification, as needed)

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Examination Fee = \$90.00 Check Money Order MasterCard Visa

**If paying by credit card, complete this section:
(MC/VISA)**

Credit Card Number _____ - _____ - _____ - _____

Expiration date: Month _____ Year _____

Name and billing address of cardholder (if not the applicant)

Cardholder Name: _____

Address: _____

City, State, Zip Code: _____

Make your check or money order in the correct amount payable to NCCT. *There is a \$25.00 fee for any returned checks.* Scores will not be released until all fees are current. Allow 4 to 6 weeks for processing from the date we receive the examination. **Application fees are non-refundable unless a written request is received within 7 days of the application date. NCCT is not responsible for fees incurred by the applicant upon cancellation of examination dates, location changes or time changes.** In the event the candidate fails the examination, there is a 3 month waiting period allowed between attempts. Three attempts (in total) are allowed. Each retest fee will be the same amount as the original test fee. In the event an applicant is found to be ineligible for certification but has paid in advance for the examination, the applicant will be charged 50% of the examination cost as a processing fee.

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Test Administration Details

Please bring at least one photo identification, along with another form of identification. You can expect to be at the test site for approximately 2.5 hours.

Notice of Non-Discrimination: NCCT does not discriminate against any candidate on the basis of race, creed, color, national origin, sex, religion, handicap, marital status, or age.

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Attestation

Candidates for this credential should be of good moral character. Please answer these questions, read the statements that follow, and provide your signature as witness.

- Yes No Have you had any credential, including any Credential of Clearance, permit, certification, or license of any type admonished, publicly reprovod, revoked, voided, or self-revoked?
- Yes No Have you had any credential, permit, or license denied or rejected?
- Yes No Have you ever plead guilty to, or been convicted of, a felony?
(If Yes to any question, please attach a letter of explanation to this application)

Statement of Understanding....Release.... Notices

I consent to give the National Center for Competency Testing (NCCT) the authority to request necessary information from individuals, institutions, and other organizations in order to validate credentials for certification. As an applicant, certification candidate, or NCCT website user, I agree to allow NCCT (or a third party organization providing services for them) to use my email address for NCCT-related purposes. I also consent to the release of my score.

I certify that I have read and understand the instructions, and that the information supplied is correct and was entered in accordance with the application instructions. I further understand that the liability of the National Center for Competency Testing (NCCT) and its agents is limited to examination fees only.

I declare, under penalties of perjury, that the information I have given in this application is true. I understand that NCCT grounds for invalidation or recall of NCCT certification may include but are not limited to:

- Violation of any policies or procedures of NCCT, including its code of ethics
- Failure to cooperate and/or reasonably assist with the investigation of any disciplinary matter
- Giving or receiving unauthorized assistance when taking an examination
- Violation of any laws relating to practice
- Commission of a felony (being found or pleading guilty)
- Falsifying anything related to test application or test admission processes
- Using fraud or deception to obtain certification or recertification of oneself or another by assistance
- Unauthorized possession or distribution of examination materials of any type

I understand that a minimum of 14 clock hours of NCCT sponsored Continuing Education will be required each year in order to maintain my certification in an active status.

I certify that I personally completed this application and fully understand the contents herein.

Applicant Signature _____ **Date** _____

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Demographic Information (used by Statisticians in the evaluation of exams to remove or change test questions that may suggest any bias whatsoever) Completion of this section is voluntary but encouraged.

Gender

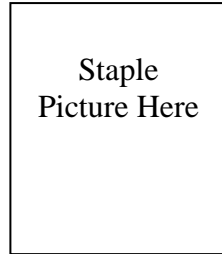
- Male (M)
- Female (F)

Race

- African American (AA)
- American Indian (AI)
- Asian (AN)
- Caucasian (CN)
- Hispanic / Latino (HL)
- Other (OT)

Marital Status

- Single (S)
- Married (M)
- Divorced (D)
- Widowed (W)



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Mailing the Application

NCCT examinations are administered nationally. Mail the application for certification directly to:

National Center for Competency Testing
7007 College Blvd., Suite 705
Overland Park, KS 66211

Important: NCCT must have this application (including verification of your experience in Section 5) on file before you will be allowed to take this examination.

Where do you plan to take your examination? _____

On what date? _____

For questions, call NCCT at 1-800-875-4404 or email NCCT at staff@ncctinc.com.

Don't forget!

- Attach a copy of your HS diploma, GED, or equivalent**
- Make sure your application is signed and complete**
- NCCT must have this application on file before you can test (including verification of your experience in Section 5)**