



National Center for Competency Testing

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Phone 800.875.4404; Fax 913.498.1243
Office Hours: M-F 7:30am - 7:00pm CST
Saturday 9:00am - 3:00pm CST

TE-0206QE

Patient Care Technician Certification Qualification by Experience

(Official Documentation of Route 2)

Rev: September 2016

To be completed by the applicant: (Please return this form to NCCT with your application.)

Name of applicant _____

Today's Date (MM/DD/YYYY) _____

To be completed by the applicant's direct patient care supervisor: (Licensed Physician or Primary Care Provider).

The person named above is applying for certification in their role as a Patient Care Technician. In lieu of successful completion of an eligible Patient Care Technician program, the applicant is qualifying through work experience (NCCT Route 2 - Qualification by Experience). As such, the applicant must have documentation reflecting a minimum of one (1) year full-time work experience, within the past five (5) years as a Patient Care Technician. Each employer may only verify work experience performed at their own facility.

Verification Statement: Minimum Critical Skill Competency Requirements

By signing this form, I am verifying the applicant named above is competent (safe, consistent, and successful) in performing each of the critical skill areas as identified below. (Note: Actual patient care verification in an environment including direct bedside care such as a hospital, acute care, or long-term care is required - **simulated clinical experiences or mannequin punctures do not meet qualification criteria**). Please verify competency by providing your initials next to each critical skill that you are attesting to, within the Patient Care Technician scope of practice/employment, according to individual state laws. Your signature and legible information are required for valid completion of this form.

Critical Skill Performance Competency	Initials
Venipuncture (performance of a minimum of 10 venipuncture procedures)	
Capillary Puncture (performance of a minimum of 5 capillary puncture procedures)	
Nursing Assistant Skills	
ECG Performance (performance of a minimum of 10 ECG's)	
Sterile Technique (to include all aspects of sterile technique such as hand hygiene, gloving, asepsis, sterile procedure set up and assist)	
Vital Signs/Measurements (to include daily, accurate performance of critical health measurements: B/P, R, P, T, Ht, Wt, BMI, Pulse Ox)	
Additional comments (optional):	

The applicant's employment dates from _____ / _____ through _____ / _____ .
month year month year

Today's Date: MM/DD/YYYY _____

Supervisor/Verifier Contact Information:

Supervisor/Verifier Signature _____

Supervisor/Verifier Printed Name _____

Company Name _____

Supervisor's Title _____

Address _____ City, State, Zip _____

Phone _____ Email _____