



For California PT Candidates

Multiskilled Medical Certifications Institute, Inc.  
7007 College Blvd., Ste. 385, Overland Park, KS 66211  
Phone 800.875.4404; Fax 913.498.1243  
**Office Hours:** M-F 7:30am - 7:00pm CST  
Saturday 9:00am - 3:00pm CST

TE-0214QE

# Phlebotomy Technician Certification Qualification by Experience

(Official Documentation of Route 2)

Rev: September 2016

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

Name of applicant \_\_\_\_\_

Today's Date (MM/DD/YYYY) \_\_\_\_\_

**Important:** This form cannot be used for California Licensure purposes. If you need information or forms for California licensure, you must contact LFS directly by phone at 510.620.3800 or find their other contact information on their website: <http://www.cdph.ca.gov/programs/lfs/Pages/default.aspx>

**To be completed by the applicant's direct patient care supervisor:** (Licensed Physician, Primary Care Provider, or Laboratory Manager (CLS, MLS, MT)).

The person named above is applying for certification in their role as a Phlebotomy Technician. In lieu of successful completion of an eligible Phlebotomy Technician program, the applicant is qualifying through On-the-Job-Experience within the past **FIVE** years 40 - 1040 hours + 20 hours basic and 20 hours advanced didactic training **OR** >1040 + 20 hours of advanced didactic training. 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 ambulatory care, medical office, or clinic environment 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 Phlebotomy 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 50 venipuncture procedures)	
Capillary puncture (performance of a minimum of 10 capillary puncture procedures)	
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 \_\_\_\_\_