

**CALIFORNIA STATEMENT OF PHLEBOTOMY PRACTICAL TRAINING**

**Documentation of Training/Experience**

**Laboratory information:**

Name of Laboratory \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone \_\_\_\_\_

**Applicant information:**

Name of Applicant \_\_\_\_\_

Soc Sec Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dates of Training/Experience: From \_\_\_\_\_ To \_\_\_\_\_

The above named individual has had a minimum of 40 hours of practical instruction in phlebotomy, on-the-job training or experience in phlebotomy in accordance with the California Business and Profession Code, Section 1220(d)(1) or d(2)(A) and Title 17, California Code of Regulations, Section 1035.1(f)(1-7), 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 on patients of varying age, weight, health and obesity status,
4. Skin puncture on patients of varying age, weight, health and 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:

☐ LPT

Minimum 25 successful skin punctures

☐ CPT1

Minimum 50 successful venipunctures

Minimum 10 successful skin punctures.

Observed minimum of 2 arterial punctures

☐ CPT 2

-Meets requirements as CPT1 and has minimum of 1040 hours on the job experience in phlebotomy in previous five years.

-Has completed a minimum of 25 arterial punctures pursuant to Business and Professional Code 1220(d)(1) or (d)(2)(A)

Under the supervision of:

\_\_\_\_\_  
Name/Title (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As authorized by:

\_\_\_\_\_  
Laboratory Director (Print)

\_\_\_\_\_  
Laboratory Director Signature

\_\_\_\_\_  
Date

Laboratory CLIA certificate type and number: \_\_\_\_\_