

**NON-CALIFORNIA RESIDENT  
STATEMENT OF PHLEBOTOMY PRACTICAL TRAINING  
Documentation of Training/Experience**

**Laboratory information:**

Name of Laboratory or Physician's office: \_\_\_\_\_

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

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

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

**Applicant information:**

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

Social 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 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 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:

**CPT1**

50 successful venipuncture's  
Minimum 10 successful skin  
punctures Observed minimum  
of 2 arterial punctures in the  
previous 5 years

Under the supervision of:

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

\_\_\_\_\_  
Signature Date

As authorized by: \_\_\_\_\_  
Laboratory Director or MD and license number (print)

\_\_\_\_\_  
Laboratory Director or MD Signature Date  
Laboratory CLIA certificate type and number: \_\_\_\_\_