Phlebotomy Technician Certification Critical Skill Competency/Qualification by Experience Documentation

2025 (All states except Louisiana and California)

Instructions Page for Verifiers

Thank you for assisting this applicant in completing the form required prior to approval for the NCPT certification exam. This form provides essential verification of critical skill competency in the Phlebotomy field, and verification of employment dates for those applying through the Experience Pathway.

Instructions for Completing This Form:

1. Documentation Requirements
- Complete all fields clearly and legibly
- Facility-specific verification only (no cross-facility attestations)
- One (1) verifier per form
- Simulated/mannequin experiences do not qualify for competency verification.
- Forms that appear altered or falsified will not be accepted and may result in denial of eligibility.

2. Who Should Complete Which Parts
- **Applicant:** Section A (Applicant Information)
- **Verifier:** Sections C-E
  - Must provide a work email address (facility domain) and a direct business phone number.
    **Personal email accounts or personal phone numbers will not be accepted*
  - The verifier must be currently employed at the facility where the applicant's employment or training took place and must have had supervisory or instructional responsibility for the applicant's performance.

3. Pathway Specific Guidance

A. Educational Pathway
- **What is verified:** Critical skill competency only
- **Who verifies:** Program Director, Externship Coordinator, Preceptor or Program Manager
- **Training Dates:** Provide the dates of training or externship

B. Experience Pathway
- **Experience requirement:** One (1) year (2,080 hours) of full time work as an Phlebotomist within the past five (5) years, with demonstrated competency in all required skills.
  **Experience must be obtained within the United States or its territories*
- **Full-time definition:** 40 hours/week (as defined by NCCT)
- **Who verifies:** Direct pateint-care supervisor (MD/DO, PA, NP, RN, labratory manager, phlebotomy supervisor).
  Human Resources or administrative staff may only verify employment information, not the critical skills.
- **What is verified**
  1. Critical skill competency (reflecting consistent, safe performance)
  2. Dates of employment (Start Date/Through or "Present")
  3. Applicant's job title

4. Additional Notes
- School staff may not verify employment (experience pathway).
- Illegible/incomplete forms may delay processing.
- NCCT staff may contact the verifier directly to confirm employment or training verification.
- Approval to test is subject to employment/training verification.

NCCT
NATIONAL CENTER FOR COMPETENCY TESTING

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Section A: To Be Completed by the Applicant
Please enter your full legal name as it appears on a government-issued ID (e.g., driver's license, passport).

Legal Name of Applicant _____ NCCT User ID # _____

Section B: To Be Completed by Verifier
Important: Before completing this section, **please read the Instruction Page (Page 1).** Verifier must be the applicant's direct supervisor (experience route) OR education instructor/preceptor (education route). *Each verifier may only verify work performed at their facility.*

Section C: Critical Skill Performance Competency
Verifier must only initial skills they have directly observed performed consistently and safely.

Critical Skill Performance Competency	***Initials***
Venipuncture *(performance of minimum of 50 venipuncture procedures)*	
Capillary puncture *(performance of a minimum of 10 capillary puncture procedures)*	

NOTE: Simulated experiences, mannequin practice, or classroom demonstrations do not meet qualification criteria.

Additional comments *(optional)*: _____

Section D: Verification of Pathway Check ONE:

☐ **Educational Pathway:** I am verifying that the above-named applicant sucessfully performed the identified skills as part of supervised education, externship, or clinical training.
- Training Dates: From ___/___/_____ through ___/___/_____

☐ **Experience Pathway**: I am verifying ☐ Critical Skills ☐ Experience **Experience must be obtained within the United States or its territories.*
- Employment: ☐ Full-time ☐ Part-time
- Applicant's job title: _____
- Applicant's dates of employment at my facility

Start Date: ___/___/_____ End Date: ___/___/_____ ☐ Present

Section E: Verification Statement

By signing this form, I attest that the applicant named above has consistently and accurately demonstrated the required critical skills within the scope of a Phlebotomist, as defined under applicable state law, either through education/externship training or employment experience under my supervision. I further attest that the information provided is complete, true, and correct to the best of my knowledge.

I acknowledge that falsifying, omitting, or misrepresenting information on this form may result in denial of the applicant's eligibility, cancellation of examination results, or revocation of certification. I understand that my role as verifier requires that I am currently employed at the facility listed below and had direct supervisory responsibility over the applicant during the period verified. I also understand and agree that NCCT staff may contact me directly to verify the accuracy of this attestation.

Today's Date: MM/DD/YYYY _____

Supervisor/Verifier Signature _____

Supervisor/Verifier Printed Name _____

Supervisor/Verifier Job Title _____

Institution/Company Name _____

Institution/Company Address _____ City, State _____ Zip _____

Business Phone _____ Business Email _____

**Personal email accounts or personal phone numbers will not be accepted*