



**Official Documentation of Performance
for a
Phlebotomy Technician Candidate**



National Center for Competency Testing
7007 College Boulevard, Suite 705
Overland Park, KS 66211
Phone 800.875.4404
Fax 913.498.1243
Office Hours 8:30am-5:00pm CST

To be completed by applicant

Date (Mo/Day/Year) _____

Name of phlebotomist _____

SSN (Social Security Number) _____

To be completed by phlebotomy externship supervisor or trainer

Statement of Verification:

By my signature below, I am attesting that I personally witnessed the successful performance of a **minimum of 100 venipunctures and 25 capillary punctures by the applicant named above.** (Note: Mannequin punctures are not acceptable.)

Signature _____

Please provide contact information in case there are questions about verification:

Name of Verifier (print) _____

Title _____

Address _____

City, State _____ Zip _____

Telephone _____ Email _____

Important: Return this form to NCCT with your application. This document verifies only that the applicant has completed NCCT requirements. It is the applicant's own responsibility to meet any additional state requirements for licensure or employment.