

Official Documentation of Performance
for a
Phlebotomy Technician Candidate



Multiskilled Medical Certifications Institute, Inc.
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 50 venipunctures and 10 capillary punctures** on actual clinical patients of different ages, weights, health conditions and degrees of difficulty 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 _____

Return this form by mail or fax to:

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Important Note: 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: <https://www.dhs.ca.gov/ps/ls/LFSB/html/phlebotomy.htm>