



**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 25 venipunctures and 5 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.