

7007 College Blvd., Ste. 385, Overland Park, KS 66211 Phone 800.875.4404; Fax 913.498.1243 **Office Hours:** M-F 7:30am - 7:00pm CST Saturday 9:00am - 3:00pm CST

Phlebotomy Technician Certification Critical Skill Competency Documentation Qualification by Experience Documentation

Today's Date (MM/DD/YYYY)	To be completed by the	applicant: (Plea	se return this form to NC	CCT with your application.)		
The remainder of this form is to be completed by the applicant's direct patient care supervisor which may include, but not limited to, a Licensed Physician or Primary Care Provider. The person named above is applying for certification in the field of Phlebotomy Technician. In lieu of successful completion of an eligible Phlebotomy Technician program, the applicant is qualifying through work experience. As such, the applicant must have documentation reflecting an iminimum of one (1) year full-lime work experience, within the past five (5) years as a Phlebotomy Technician. In order to determine the eligibility of the applicant, we require verifiable documentation of knowledge, education, training, and proficiency in the critical skill areas as identified below. Please complete the documentation below. Only one (1) direct patient care supervisor per page. Each employer may only verify work experience performed at their own facility. Note: This page may be photocopied if more than one employer or direct patient supervisor will be verifying cases and providing documentation. Critical Skill Performance Competency Veriguncture (performance of a minimum of 100 veriguncture procedures) Additional comments (optional): If this applicant was employed by your organization in a full time capacity in the last 5 years and that employment includes successful performance in the critical skills, please provide the dates of full time employment (defined by NCCT as 40 hours per week). Each employer may only verify work experience performed at their own facility. The applicant successfully performed the skills attested to through: employment experience educational training. from / ror Present. **year**	Name of applicant					
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Supervisor/Verifier Signature	•					
Supervisor/Verifier Printed Name		•				
Company Name Supervisor's Title Address City, State Zip						
Supervisor's Title City, State Zip Zip	•					
Address Zip Zip						
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Note: Students and graduates are allowed a maximum of two (2) years from the graduation date to submit documentation.

Certification is not awarded until all documentation has been submitted.