National Center for Competency Testing

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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

To be completed by the applicant: (Please return this form to NCCT with your application.)

Name of applicant _____

Today's Date (MM/DD/YYYY) _____ NCCT User ID # _____

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 a minimum of one (1) year full-time 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	***Initials***
Venipuncture *(performance of a minimum of 25 venipuncture procedures)*	
Capillary puncture *(performance of a minimum of 5 capillary puncture 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 _____ / _____ through _____ / _____ or ____ Present.
month *year* *month* *year*

Verification Statement: Minimum Critical Skill Competency Requirements

By signing this form, I am verifying the applicant named above is competent (safe, consistent, and successful) in performing each of the critical skill areas as identified below. (Note: Actual patient care verification in an ambulatory care, medical office, or clinic environment is required – ***simulated clinical experiences or mannequin punctures do not meet qualification criteria***). Please verify competency by providing your initials next to each critical skill that you are attesting to, within the Phlebotomy Technician scope of practice/employment, according to individual state laws. Your signature and legible information are required for valid completion of this form.

Today's Date: MM/DD/YYYY _____

Supervisor/Verifier Contact Information:

Supervisor/Verifier Signature _____

Supervisor/Verifier Printed Name _____

Company Name _____

Supervisor's Title _____

Address _____ City, State _____ Zip _____

Phone _____ Email _____

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.