

Phlebotomy Post Course Completion Checklist

The following items are required for licensure:

- | | |
|--|---|
| <input type="checkbox"/> 70% or higher final course grade | <input type="checkbox"/> Skills competency verification forms |
| <input type="checkbox"/> 50 successful venipunctures and 10 successful glucose checks | <input type="checkbox"/> Immunizations (Tetanus, Hep B, MMR, Varicella, PPD negative, COVID) |
| <input type="checkbox"/> Student tuition paid in full | <input type="checkbox"/> American Heart Association BLS (must be current) |
| <input type="checkbox"/> NCCT Critical Skills competency | |

Final steps for CPT-1 Licensure:

1. Register for NCCTinc.com account:
 - NCCT exam Application and fees \$90. Choose testing route 1A
 - Call NCCT Rep to Register for exam. 877.634.1882, or register on
ncctinc.com Exam Date: _____ Pass Fail
2. Complete: 1) externship form verifying 50 successful venipunctures and 2) California Phlebotomy Practical Training Attestation form, and submit to CPT1@projectheartbeat.com
 - You will receive: 1) Project Heartbeat Certificate of Completion, 2) Critical Skills Competency Documentation
 - Upload to NCCT account to receive certificate to upload to CDPH for CPT1 License
3. CDPH LFS (Ca Dept of Public Health, Lab Field Services):
 - Register for account. Complete Application and fees
 - Upload required documents: 1) NCCT Cert of Completion, 2) California Phlebotomy Practical Training Attestation form, 3) send sealed High School Transcripts via mail directly to CDPH (See powerpoint guidesheet)
 - 90 day license processing period

Congratulations on your achievement. Contact Mykel Mallillin, mykel@projectheartbeat.com for any questions on the licensing process



Phlebotomy Practical Training Log

Keep original in student completion file. Copy to student for upload to CDPH Laboratory Field Services.

Laboratory _____

Address _____

Student Name _____

Training Program Name _____

Date started _____

Date completed _____

10 Blood Glucose Skin Punctures

| | Date | Time | Purpose | Child, Adult, Senior | Health Status | Legible Initials Lab Supervisor | Draw success: High, Med, Lo | Supervisor comment: |
|----|------|------|---------|----------------------|---------------|---------------------------------|-----------------------------|---------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

Arterial Draws

| Please checkmark one below: | Arterial Puncture Observation | Dates of Observation | Supervisor Signature | Additional Comments |
|-----------------------------|---|----------------------|----------------------|---------------------|
| | Observation of 2 arterial punctures by video occurred during the DIDACTIC Phase | | | |
| | Observation of 2 arterial punctures occurred at the PRACTICAL Training Location | | | |

Supervisor Name: _____

Supervisor Signature: _____ Initials: _____



For California PT Candidates

Multiskilled Medical Certifications Institute, Inc.
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

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

Name of applicant _____

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

Important: 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://cdph.ca.gov/programs/lfs/Pages/default.aspx

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 On-the-Job experience within the past five (5) years 40-1040 hours + 20 hours basic and 20 hours of advanced didactic training. OR >1040 +20 hours of advanced didactic training. 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.

Table with 2 columns: Critical Skill Performance Competency, Initials. Rows include Venipuncture, Capillary puncture, and Additional comments.

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.

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.