CALIFORNIA STATEMENT OF PHLEBOTOMY PRACTICAL TRAINING

Laboratory information:			
Name of Laboratory			
Address			
E-mail			
Telephone			
Laboratory CLIA certificate type and number at site: #		_COW, PPMP, COC or COA (Circle one)	
Trainee information:			
Name of Trainee:			
Soc Sec Number://			
Trainee Address:			
Telephone://			
Dates of Training: From	To		
 Preparation of the patient and inf Venipuncture on patients of vary Skin puncture on patients of vary Post puncture care, Processing of blood containers at Proper disposal of needles, sharp 	ing age, weight, health and obesity status, ing age, weight, health and obesity status, fter collection, including centrifugation,	patients of varying ages, c	obesity, health conditions
☐ LPT	□ CPT1	□ CI	PT 2
Minimum 25 successful skin punctures	Minimum 50 successful venipunctures Minimum 10 successful skin punctures. Observed minimum of 2 arterial punctures	-Meets requirements as CPT1 and has a minimum of 1040 hours on the job experience in phlebotomy in previous five years. - Has completed a minimum of 20 arterial punctures pursuant to Business and Professiona Code 1220(d)(1) or (d)(2)(A)	
Under the site licensed supervision of (MI	D, DO, PA, RN, CLB, CLS, CPT):	Code 1220(d)(1) of (d)	(2)(11)
Name / Title / License # Printed (ALL 3) Signature		Date	
As authorized by:			
Phlebotomy Program Director Printed	Phlebotomy Program Director Sign(MD, DO	D, PA, RN, CLB, CLS)	Date
Name of Phlebotomy School:02242012			_