

**CALIFORNIA STATEMENT OF PHLEBOTOMY EXPERIENCE**  
**Documentation of Experience**

**Laboratory information:**

Name of Laboratory where employed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
E-mail \_\_\_\_\_  
Telephone \_\_\_\_\_

**Applicant information:**

Name of Applicant: \_\_\_\_\_  
Soc Sec Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Trainee Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Total hours of on the job experience in phlebotomy in the last 5 years:

Less than 1040 hours, \_\_\_\_\_ hours                       1040 hours or greater, \_\_\_\_\_ hours

The above named individual has on-the-job-experience and training in phlebotomy in the last 5 years, in accordance with the California Business and Professions Code, Section 1220 (d)(1) or (d)(2)(A) and Title 17, California Code of Regulations, Section 1035.1 (f)(1 – 7), and has demonstrated proficiency in the following areas:

1. Selection of blood collection equipment appropriate to test requisitions,
2. Preparation of the patient and infection control,
3. Venipuncture on patients of varying age, weight, health and obesity status,
4. Skin puncture on patients of varying age, weight, health and obesity status,
5. Post puncture care,
6. Processing of blood containers after collection, including centrifugation,
7. Proper disposal of needles, sharps, and medical waste.

Additionally, this individual has completed the following procedures on actual clinical patients of varying ages, obesity, health conditions or degree of difficulty:

LPT     CPT1     CPT 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 25 arterial punctures pursuant to Business and Professional Code 1220(d)(1) or (d)(2)(A)
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Under the supervision of:

\_\_\_\_\_  
Name/Title (Print)    Signature    Date

As authorized by:

\_\_\_\_\_  
Laboratory Director Printed                      Laboratory Director Signature(MD, DO, CLB, Only)                      Date

Laboratory CLIA certificate type (COW, PPMP, COA or COC)(Circle One) and number: # \_\_\_\_\_