

CALIFORNIA STATEMENT OF PHLEBOTOMY TECHNICIAN PERFORMANCE SHEET

To: MultiSkilled Medical Certification Institute (MMCI)
7007 College Blvd., Suite 250
Overland Park, KS 66211
800-875-4404 fax 913-498-1243

This is to certify that this individual has completed either part A or B:

(Name) _____

(Social Security Number) _____ / _____ / _____

Complete either A or B only:

A. The person above is a newly trained phlebotomist. I have personally witnessed that this individual has successfully performed the following type of punctures on actual clinical patients differentiated by age, weight, health conditions or degree of difficulty:

A minimum of 50 successful venipunctures _____

A minimum of 10 capillary skin punctures _____

Has observed 2 arterial blood gas punctures* _____

*Not required for NCCT certification, but required by state of California. Reference pg. 39, section 1035.1 file f

NOTE: Mannequin punctures and those performed on other students are not acceptable

Date punctures performed: From _____ To _____

Clinical Externship Supervisor or Trainer

Signature _____ Please Print _____

Title _____

Address _____

Telephone _____ Date _____

B. The person above is a phlebotomist with on-the-job experience (does no clinical externship):

I verify that this individual has successfully performed the following type of punctures on actual clinical patients differentiated by age, weight, health conditions or degree of difficulty and can attest to the phlebotomist's proficiency in:

1. Selection of blood collection equipment appropriate to test requisitions
2. Preparation of the patient and infection control
3. Skin punctures for testing purposes from patients of varying ages, including pediatric and geriatric and of varying health and obesity status
4. Venipuncture from patients of varying ages, 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

Estimated number of:

Venipunctures _____ (minimum of fifty)

Skin punctures _____ (minimum of ten)

Arterial blood gas punctures _____ (only pertains if applying for CPT 2 certification, minimum of twenty)

Dates of Employment: From _____ To _____

Laboratory Director _____ Type of License _____

Laboratory Address _____

CLIA Certificate Type (COW, PPMP, COA) and Number _____

Telephone _____ Date _____