

**CALIFORNIA STATEMENT OF PHLEBOTOMY PRACTICAL TRAINING**

**Laboratory information:**

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

**Trainee information:**

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

The above named individual has had a minimum of 40 hours of practical instruction in phlebotomy, on-the-job training or experience in phlebotomy in accordance with the California Business and Profession Code, Section 1220(d)(1) or d(2)(A) and Title 17, California Code of Regulations, Section 1035.1(f)(1-7), 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)

Under the site licensed supervision of:

\_\_\_\_\_  
Name/Title Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As authorized by:

\_\_\_\_\_  
Phlebotomy Program Director Printed

\_\_\_\_\_  
Phlebotomy Program Director Signature(MD, DO, RN, CLB) Date

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