## LETTER OF PHLEBOTOMY EXPERIENCE FOR CALIFORNIA CERTIFICATION

Laboratory Information:						
Name of Laboratory Where Employed	:					
Laboratory Address:						
Laboratory Email:						
Laboratory Telephone:						
Laboratory CLIA Certificate No. #:						
Laboratory CLIA Certificate type:	COI	N PPMP	COC	COA	(Check One	<u>:</u> )
Applicant Information:					(22	,
Name of Applicant:						
Applicant Address:						
Applicant Telephone:						
Dates of Employment:	from	to				
Total hours of on the job experience	e in phlebotor	my in the last 5	years			
If less than 1040 hours:	hours	•	f 1040 hour	s or greater	: ho	ours
The above named individual has on-the Business and Professions Code section 1035.1(f)(1-8), and has demonstrated polynomial. Selection of blood collection eq	1220(d)(1) or ( roficiency in the	(d)(2)(A) and Tite following areas	e 17, Califor			
<ol> <li>Preparation of the patient and in</li> <li>Venipuncture from patients of value</li> <li>Skin puncture from patients of value</li> <li>Post puncture care.</li> <li>Processing of blood containers</li> <li>Proper disposal of needles, shad</li> </ol>	nfection control arying ages, wo arying ages, in after collection	eights, health ar cluding pediatri , including centr	nd obesity sta c/geriatric, ar		g health/obesi	ty status.
Additionally, this individual has complete obesity status:	ed the following	procedures on	actual clinica	l patients of	varying ages	, health, and
□ LPT	☐ CPT 1			☐ CPT 2		
Minimum 25 successful skin punctures	Minimum 50 successful venipunctures  Minimum 10 successful skin punctures			Minimum of 20 arterial punctures pursuant to Business and Professions Code 1220(d)(1) or (d)(2)(A)  Meets requirements as CPT 1 and has a minimum of 1040 hours of onthe-job experience in phlebotomy in the previous five years.		
	Observation of arterial puncture					
As attested by:						
Laboratory Director Name (Please (MD, DO, CLB Only)	Print)	Laborat	ory Director	Signature		Date

Laboratory Director License No.#