

## PHLEBOTOMY TECHNICIAN CERTIFICATION APPLICATION

Refer to California Business and Professions Code, Sections 1242.5, 1246, and 1282.2; California Code of Regulations, Title 17, Sections 1029.31–1029.35, 1031.4, 1031.5, and 1034; and Health and Safety Code, Section 120580.

**Instructions:** Attach **\$54** application fee and **two** passport-sized photos.

1. Please fully complete this application. An incomplete application will **not** be evaluated.

2. Send the fully completed application, **nonrefundable** check, cashier's check, or money order (*no cash please*) payable to:

CPS Human Resource Services

**Attention:** CLS Program

241 Lathrop Way

Sacramento, CA 95815

3. **Official** documentation of high school graduation or equivalent, and all required documentation must be sent directly to the address below.

DHS—Laboratory Field Services (LFS)

850 Marina Bay Parkway, Bldg. P, 1<sup>st</sup> flr.

Richmond, CA 94804-6403

4. Check **ONE** certification category only.

- ☐ Limited Phlebotomy Technician (LPT)  
☐ Certified Phlebotomy Technician I (CPT I)  
☐ Certified Phlebotomy Technician II (CPT II)

### FOR DEPARTMENTAL USE ONLY

☐ Limited      ☐ CPT I      ☐ CPT II

☐ Approve      ☐ Reject

Date: \_\_\_\_\_ By: \_\_\_\_\_

Reason: \_\_\_\_\_

☐ Fee paid      ☐ Photos attached

OTJE: Months: \_\_\_\_\_ Years: \_\_\_\_\_

Hours of training completed:

Didactic: \_\_\_\_\_ Practical: \_\_\_\_\_

☐ 50 Vein      ☐ 10 Skin      ☐ 20 Artery

Passed certifying exam: ☐ Yes      ☐ No

State certificate number: \_\_\_\_\_

Date issued: \_\_\_\_\_

LFS file ID number: \_\_\_\_\_

**PLEASE NOTE:** **Official** transcripts must be sent **directly** to the above address. Please allow at least 60 days for processing the application. The processing time is based upon receipt of the fully completed application and official documents as required by Laboratory Field Services.

1. Last name		First name		Middle initial	
Mailing address (number and street or P.O. Box number)		City	County	State	ZIP code
2. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		3. Date of birth (month/day/year)		4. Telephone number (      )	
5. E-mail address (if applicable)		6. Maiden name or previous last name (if applicable)			
7. United States social security number					
8. Have you previously applied for this or similar certification? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name used and date			
9. Have you been issued another California personnel certificate or license? (Attach a separate sheet if needed.)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of certification/licensure		Certificate/license number			
10. Have you been convicted of any felonies or misdemeanors other than minor traffic violations? If yes, attach a statement giving details		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments					

### 11. Education Transcripts

- ☐ I have requested that my transcript be sent **directly** from the registrar's office to Laboratory Field Services (see instructions, item 2 above for mailing address).

Date requested	Comments:

## 12. Education

Name of High School, College, or University	City and State OR Country	Semester Units	From Month/Year	To Month/Year	High School	
					Graduation Date	Equivalence Date*

## 13. Didactic Instruction in Phlebotomy—Attach a copy of the certificate issued by the phlebotomy training program.

Name of Phlebotomy Training Program and Address	City and State	County	From Month/Year	To Month/Year	Total Hours Attended

Please attach a separate sheet if more space is needed.

## 14. Practical Instruction in Phlebotomy—Attach a copy of certificate if different than certificate from item 13.

Name of Hospital, Reference, Clinics, or Physician Office Laboratory, and Address	City and State	County	Hours Per Week	From Month/Year	To Month/Year	Estimated Number of Successful Punctures		
						Skin	Vein	Artery

Please attach a separate sheet if more space is needed.

### 15. a. On-the-Job Experience (OTJE) in Phlebotomy

Name of employer				Hours Per Week	From Month/Year	To Month/Year	Estimated Number of Successful Punctures		
							Skin	Vein	Artery
Address (number, street)									
City		State	ZIP code						

### 15. b. On-the-Job Experience (OTJE) in Phlebotomy

Name of employer				Hours Per Week	From Month/Year	To Month/Year	Estimated Number of Successful Punctures		
							Skin	Vein	Artery
Address (number, street)									
City		State	ZIP code						

### 15. c. On-the-Job Experience (OTJE) in Phlebotomy

Name of employer				Hours Per Week	From Month/Year	To Month/Year	Estimated Number of Successful Punctures		
							Skin	Vein	Artery
Address (number, street)									
City		State	ZIP code						

Please attach a separate sheet if more space is needed.

\* **High School Equivalence:** Equivalence to completion of the 12<sup>th</sup> grade may be demonstrated in any one of the following ways: (1) pass the General Educational Development (GED) test; (2) pass the High School Proficiency Examination (HSPE); (3) evaluation by the American Association of Collegiate Registrars and Admissions Officers (AACRAO) for Secondary Education indicating education equivalent to graduation from high school.

16. ☐ **Yes**, I have requested that the laboratory director/public health supervisor send signed documentation of my work experience in phlebotomy **directly** to Laboratory Field Services (for mailing address—see page 1, **instructions**, item 2).

Date requested	Comments

17. **Phlebotomy Certification Examination**

Attach a copy of the certificate indicating that you successfully passed a phlebotomy certification examination offered by a national certifying organization approved by the Department of Health Services.

Name of certifying organization	Date of examination	Effective date
Comments		

18. **Signature of Applicant**

*I declare under penalty of perjury that all statements made in this application are true and correct, and I agree and understand that any misstatements of material facts herein will cause forfeiture on my part of all rights under the laws of California relating to clinical laboratories.*

Applicant's signature ( <b>Please use blue ink.</b> )	Date

The Family Code, Section 17520, requires Laboratory Field Services to collect social security numbers from all applicants. All items are mandatory and the information requested must be furnished. The information is used to properly identify an applicant and to determine an individual's eligibility for certification as authorized under the provisions of the Business and Professions Code, Division 2, Chapter 3, and the California Code of Regulations, Title 17, Chapter 2. Failure to provide this information will preclude acceptance of your application.

**DO NOT WRITE IN THIS SECTION.**