

# National Allied Health Test Registry

## *Phlebotomy Performance Evaluation*

\_\_\_\_\_  
*Last Name* *First Name* *MI*

\_\_\_\_\_  
*Address* *City* *State* *Zip*

The above mentioned individual has submitted an application for certification. The following information provided by you, the school official or employer, will help us in evaluating this candidate for registration with the National Association for Health Professionals.

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Was the applicant employed as a phlebotomy technician for three years or a student?

\_\_\_\_\_ to \_\_\_\_\_ **OR** \_\_\_\_\_ to \_\_\_\_\_  
 Date of Employment Date of Phlebotomy course

Please evaluate the candidate in the following areas using a scale from 4 to 1.  
*4 meaning excellent and 1 meaning poor. Please mark N/A for those areas not observed.*

Area	4	3	2	1
Venipuncture collections				
Hematocrit collections				
Specimen handling				
Aseptic practice				
Patient care				
Ethics				
Character				

Has the applicant performed at least 100 venipunctures and at least 25 finger or heel sticks? **Yes No**  
 If not, how many? \_\_\_\_\_

Do you feel the applicant is qualified for certification as a phlebotomy technician? **Yes No**

\_\_\_\_\_  
 Signature Title Date

*National Allied Health Test Registry  
 12480 W. 62<sup>nd</sup> Terrace Suite #307 Shawnee, KS 66216*

***For Office Use Only***

**Testing Location** \_\_\_\_\_

**Test Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_     **Accepted**     **Denied**