



FROM: SUPERVISOR/EVALUATOR

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

APPLICANT _____

We are in receipt of an application for certification from the above named applicant. Your cooperation in evaluating this candidate for registration with American Medical Technologists will be appreciated.

Was the applicant employed as a phlebotomy technician? _____
Or was the applicant performing phlebotomy duties? _____

Please explain: _____

Dates of Employment: From: _____ To: _____ (please use exact dates)

PLEASE EVALUATE IN THE FOLLOWING AREAS: IF APPLICABLE

XXXXXXXXXXXXXXXX	EXCELLENT	GOOD	FAIR	POOR
VENIPUNCTURE				
COLLECTION				
PATIENT CARE				
MEDICAL OFFICE				
TASKS				
SPECIMAN				
HANDLING				
ETHICS				
GENERAL				
CHARACTER OF				
APPLICANT				
ASEPTIC PRACTICE				
OTHER				

Has the applicant performed at least 50 successful venipunctures and at least 25 finger or heel sticks? _____

Do you feel the applicant is qualified for certification as a phlebotomy technician? _____

If no please explain _____

SIGNATURE/TITLE _____ **DATE** _____

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