



## PHLEBOTOMY INSTRUCTOR/EVALUATOR FORM

**From:**  Instructor  Evaluator

Name	Organization
Mailing Address	Business E-mail
City	State/Province/Country
	Zip

AMT has received an application for certification from the applicant listed below. Your cooperation in evaluating this candidate for certification with American Medical Technologists will be appreciated.

<b>Applicant Name (please print)</b>	<b>AMT ID # (if known)</b>
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Date of Instruction: **(Exact dates please)** From (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy or current) \_\_\_\_\_

Has the applicant successfully performed at least 50 successful venipunctures and at least 10 capillary punctures on human sources?  Yes  No

The applicant received this experience in the following setting:  Classroom  Externship  Combination (classroom and externship)

Optional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed documents to [documents@americanmedtech.org](mailto:documents@americanmedtech.org) for review. Documents will only be reviewed if an active application is on file.