

Directions for Competency Checklist

REGISTERED PHLEBOTOMY TECHNICIAN (RPT)

Applicant: Provide the COMPETENCY CHECKLIST for your certification to your current or previous instructor, evaluator, supervisor, or designated human resources representative for completion. The form must be completed by the individual evaluating the applicant's competencies. AMT will only review and process documentation if an active application is on file.

For direct submission by the applicant

If the applicant is submitting the completed COMPETENCY CHECKLIST directly to AMT, the form must either:

- Be accompanied by a Letter of Authenticity from the organization**

The letter must be printed on the organization's company letterhead stating that the COMPETENCY CHECKLIST form was completed, signed, and dated by the applicant's instructor, supervisor, or an authorized human resources representative.

If an applicant is submitting COMPETENCY CHECKLISTS from multiple organizations, each form must include either a letter of authenticity or a stamp/seal from that specific organization that verified the competencies.

OR

- Bear the employer's company seal or stamp**

The COMPETENCY CHECKLIST must contain the employer's company stamp or seal, which must be embossed on the form. AMT cannot accept digital seals and/or logos.

COMPETENCY CHECKLISTS submitted by an applicant without either a Letter of Authenticity or the employer's stamp/seal WILL NOT BE ACCEPTED.

For submission by the organization

If the organization is submitting the completed COMPETENCY CHECKLIST directly to AMT on behalf of the applicant, a Letter of Authenticity or company stamp or seal is not required:

- The completed COMPETENCY CHECKLIST must be submitted directly from the organization's professional email address. Personal email providers such as @yahoo, @gmail, and @hotmail **are not** accepted as business email addresses.

Email completed documentation to documents@americanmedtech.org for review.

REGISTERED PHLEBOTOMY TECHNICIAN (RPT) Competency Checklist

Section 1: Applicant Information *(The applicant is to complete this section.)*

Applicant's First Name	Last Name	AMT ID #
Email	Date of Birth	

Section 2: Training Provider Information *(The training provider is to complete this section.)*

(Current or previous instructor, evaluator, supervisor, or designated human resources representative only)

The individual named above has applied to American Medical Technologists (AMT) for the certification indicated above. The candidate listed your facility as a present or former school/employer/training provider. Please assist us by verifying this applicant's competencies to determine their eligibility for certification.

Name of Business/Organization	Phone Number	
Mailing Address	Business Email	
City	State/Province/Country	Zip
Name of Evaluator	Evaluator's Title	

Experience Gained

Has the applicant completed 50 Venipuncture and 10 Capillary collections from human sources? Yes No

Type of Experience Evaluated: Externship Hybrid Education/Training Instructor Work Experience

Work Experience, Instructor, and Hybrid Education/Training ONLY:

Dates of Employment: From (mm/dd/yy) _____ To (mm/dd/yy or current) _____

Type of Employment Full Time* Part Time If part-time, estimate hours worked per week: _____

**Full-time is defined as working an average of 40 hours/week. Full-time may include a combination of part-time settings*

Section 3: Competency Assessment *(The training provider must complete this section.)*

Please complete the competency assessment for the above applicant in the following areas.

Pre-Phlebotomy		
Competencies	Date Completed	Evaluator's Initials
A. Retrieve and verify patient collection data and special notations		
B. Select appropriate containers for specimen collection		
C. Identify the patient correctly		
D. Maintain client confidentiality		
E. Instruct patient in the procedure for specimen collection in a clear and professional manner		

Perform Phlebotomy		
Competencies	Date Completed	Evaluator's Initials
A. Select proper venipuncture site		
B. Perform venipuncture		
C. Collect specimen in proper tube-draw sequence		
D. Perform capillary puncture		
E. Provide proper post-care of venous and capillary puncture sites		
F. Collect and handle specimens with time, temperature, or other special requirements (<i>e.g., therapeutic drug monitoring, blood cultures, urine collection, glucose tolerance tests, waived testing</i>)		
G. Label specimens according to proper protocol		
H. Properly handle non-blood specimens (<i>urine and other body fluids, stools, tissues, etc.</i>)		
I. Demonstrate the proper, safe use of collection devices and equipment		
J. Perform heel puncture on infants (<i>if applicable</i>) OR can verbalize procedure		

Post-Phlebotomy		
Competencies	Date Completed	Evaluator's Initials
A. Recognize and manage patient problems related to syncope, nausea, vomiting, and convulsions		
B. Recognize and manage patient problems related to nerve injury, accidental arterial puncture, lymphedema, hematoma, collecting blood outside of acceptable areas, and iatrogenic anemia		
C. Handle collected samples to maintain specimen integrity (<i>e.g., invert, centrifuge, place on ice, etc.</i>)		
D. Distribute specimens to appropriate work areas or prepare for shipping		
E. Clean and disinfect work area		
F. Enter notes, results, or reports in charts or computer system		
G. Transport, store, and dispose of biological specimens and hazardous materials		
H. Maintain inventory levels (<i>replenish supplies</i>)		
I. Perform waived testing (<i>if applicable</i>) OR can verbalize procedure		

I am a current/previous instructor, evaluator, supervisor, or designated Human Resources representative. I attest that the information above is accurate and fairly represents the duties performed and competencies attained by the applicant.

Name (*Print*): _____ Title: _____

Signature: _____ Date: _____

If submitted by the applicant, this document must include either the company's stamp/seal or be accompanied by a Letter of Authenticity from your educational organization or current/previous employer. The Letter of Authenticity must be printed on the organization letterhead stating that the evaluation form was completed, signed, and dated by an instructor, evaluator, supervisor, or human resources representative. Evaluation documents sent directly from an evaluator's or employer's professional email will not require a Letter of Authenticity or company stamp/seal.

Email completed documents to documents@americanmedtech.org for review. Documents will only be reviewed if an active application is on file.