



PHLEBOTOMY INSTRUCTOR/EVALUATOR FORM

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.

From: Instructor Evaluator

Name Organization

Mailing Address Business E-mail

City State/Province/Country Zip

Applicant Name (please print) **AMT ID # (if known)**

Date of Instruction: **(Exact dates please)** From (mm/dd/yy) _____ To (mm/dd/yy) _____

Did the applicant receive this experience in school? Yes No

Did the applicant successfully complete the academic course of instruction? Yes No

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

Please evaluate the following areas as applicable:	Excellent	Good	Fair	Poor
Venipuncture Collection				
Patient Care				
Medical Office Tasks				
Specimen Handling				
Ethics				
General				
Character of Applicant				
Aseptic Practice				
Other				

Optional Comments: _____

Name (Print): _____ Title: _____

Signature: _____ Date: _____

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