



SUPERVISOR EVALUATION FORM

From: **Instructor** **Supervisor** **Evaluator**

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Name (please print)

AMT ID Number (if known)

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

Did the applicant receive this experience in school? Yes No **AND**

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

OR

Was the applicant employed as a phlebotomist? Yes No

OR

Was the applicant performing phlebotomy duties? Yes No

Was the applicant **INSTRUCTING** a phlebotomy course of instruction for a minimum of three (3) years? Yes No

Please explain: _____

Date of Instruction / Employment: From: _____ To: _____ **(Exact dates please)**

| 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 | | | | |

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

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

If no, please explain: _____

Signature: _____ Title: _____ Date: _____