

American Society of Phlebotomy Technicians, Inc.

111 Ballard Lane
Santee, SC 29142
803-854-9530
gail@aspt.org



Please review the following information about program and instructor approval from **The American Society of Phlebotomy Technicians** Organization. We are very excited to be able to offer continuing education and training to dedicated healthcare professionals across the nation. It is our mission to keep our members current in today's healthcare world, while professionalism is one of our highest priorities at ASPT.

ASPT has so much to offer the healthcare professional and institutions across the nation. First, the healthcare professional gets more than an exam and a certificate. He or she receives a chance to participate in his or her own professional development. Consequently, the institution receives more than just a healthcare professional with a certificate. The institution receives a qualified healthcare professional with a certificate that is cost-effective for the healthcare professional and/or the institution to maintain. One of our primary goals is to provide reasonable low-cost continuing education programs to meet the needs of the healthcare professional and the institution.

Please find enclosed a program accreditation and approval packet which should provide you with some idea of what our Board of Directors has deemed to be sufficient to prepare a previously untrained person, with no medical experience, to an entry level Phlebotomist, EKG Technician, and Patient Care Technician, and Medical Assistant. I have also enclosed some general information about ASPT. This information should give you some concept of our operating rationale and the examination procedures of ASPT, including the In-House Administration of the Examination.

Please note that we also have an ASPT Phlebotomy manual and an EKG manual along with lesson plans for each chapter. Manuals may be ordered through our Hickory office (*see attached order form). Orders of 10 or more will receive a discount for the purchase.

We are very proud of our members and what they have helped us accomplish in the last 30 plus years. We hope that the enclosed information will help you better understand what has been accomplished with their professionalism and dedication to the healthcare field.

Program & Instructor Approval Packet



2023

American Society of Phlebotomy Technicians

111 Ballard Lane

Santee, SC 29142

803-854-9530 (p)

gail@aspt.org

Revised 8-14-23

American Society of Phlebotomy Technicians, Inc.

INSTRUCTIONS FOR APPLYING FOR A.S.P.T. PROGRAM APPROVAL

PHLEBOTOMY TECHNICIAN

- 1: Carefully complete the enclosed required application.
- 2: Send the application with a non-refundable application fee of \$150.00 for the yearly dues to the A.S.P.T. national office.
****NO REFUNDS WILL BE GIVEN.**
- 3: The following documents **must** be submitted with the completed application. **Only completed packages will be reviewed.** If there are missing documents, the review will not be done and there may be additional charges incurred by the facility. Use the check-off list to be sure you are submitting all necessary, required documents. Lack of these documents will result in delays in the approval process and additional expenses.

LIST OF DOCUMENTS

- A. A list of instructors along with their resume, any certificates and credentials for teaching the program. All instructors **MUST** be ASPT approved instructors.
- B. A brochure or school catalog showing the program applying for approval.
- C. A course breakdown. The number of total hours, clinical hours, didactic hours and simulated lab hours **must** be shown. It is also helpful to show how many hours are devoted to each individual subject.
- D. The program outline, including the clinical portion. (What exactly is being taught in each portion of the program. The objectives of the program and of the clinical portion. Objectives are not goals.)
- E. **Specific** lesson plans. These must show day-by-day, hour-by-hour what is competency and where it is covered. This requirement is most important in properly evaluating any program and without it there can be no approval.
- F. A list and description of all clinical sites. What type of faculty it is, how many beds/patient load, etc.
- G. Pictures of the inside and outside of the training facility.
- H. List of all equipment, especially phlebotomy and medical equipment.
- I. Suggested use of an entrance examination covering grammar, comprehension, composition, and some elementary math.

PROOF OF THE FOLLOWING MUST ALSO BE SUBMITTED

- A. Student malpractice insurance. This is different than the school's blanket policy. The student is the actual policyholder and the policy will cover them until they graduate school.
- B. A copy of how the records of grades, attendance, and tardiness are kept. There must also be a method of how the number of successful venipunctures and skin puncture are tracked. Include these forms with other documents submitted for approval.
- C. A copy of the Certificate of Completion given to the student upon successful completion of the program.
- D. The health form is used for each student to verify they are able to participate in the training program. If there is no health requirement, a letter stating what is required to prove that the student is free from disease before admission to the program (i.e. TB Skin test, X-Ray, Etc.)
- E. Each student must show proof of Hepatitis B vaccination or declination of such.
- F. A Student Handbook given out by the facility at the beginning of the program. This should include the following items:
 - 1. Admission requirements to the program.
 - 2. Policy on attendance and tardiness.
 - 3. Grading system, and what it takes to successfully complete the program.
 - 4. Withdrawal and refund policy in compliance with state laws.
 - 5. Professional attire and appearance in the class.
 - 6. Program objectives.
 - 7. Program syllabus.
- G. A Clinical Rotation and Evaluation package that goes to the clinical site. It should include:
 - 1. Rules and requirements of the clinical experience.
 - 2. Objectives of the clinical experience.
 - 3. Clinical evaluation sheet, signed by both the student and the trainer or supervisor. Clinical Proficiency Log to keep track of the number of venipunctures, skin punctures and procedures observed and performed.
 - 4. Dress code expected by the facility of the student.
 - 5. A statement of Waiver and Release, signed by the student, with regard to the school and clinical site for damages and training while in the program. It should also state provisions and responsibilities if the student does not complete the clinical portion of the program.
- H. A written agreement between the school and the clinical site should be entered into stating specific responsibilities of the school, the clinical site, and the student.

****All programs approved by the State Department of Education, may submit to ASPT the same paperwork along with the detailed lesson plans and waiver of hours, ASPT will consider the approval of the program.**

SPECIFICS OF AN A.S.P.T APPROVED PHLEBOTOMY PROGRAM

1. Program length must be no less than 200 hours of combined lecture and clinical time.
2. Suggested course breakdown:
Didactic lecture: 90 hours
Simulated Lab: 30 hours
Clinical Externship: **80 hours Or letter from instructor attesting that the student has successfully drawn blood**
3. A.S.P.T recommends a ratio of no more than one (1) instructor to fifteen (15) students.

COMPETENCIES REQUIRED IN AN APPROVED PROGRAM

These competencies are **required**, but not limited to:

1. Basic laboratory terminology and abbreviations.
2. Anatomy and Physiology Suggested systems:
Cells and Blood
Circulation
Heart
Respiratory
Lymph
Urinary
Muscular-skeletal
3. Blood Composition, specifics of different blood cells, function, plasma and serum.
4. Venipuncture procedures with:
Vacutainer
Syringe
Butterfly
***Including specifics about the NEW Order of Draw, blood tube colors and additives*
5. Blood culture collection
6. Skin-puncture procedure including heel, finger sticks; include making blood smears
7. Responsibility and role of the phlebotomist, health care provider; where the field is headed today
8. Professionalism
9. Ethical and legal issues
10. Safety in the laboratory
11. Infection and Isolation protocol
12. Quality control and quality assurance
13. Special and timed laboratory procedures: ABG's, in-dwelling lines, TDM, GTT's, etc.
14. Departments within the laboratory and the hospital
15. Processing and transporting of laboratory specimens

16. Significance of laboratory tests, as related to the body systems
17. Physical problems that can occur in the field
18. Patient types, problems and complications
19. Diseases that can affect laboratory personnel; AIDS, hepatitis, TB
20. CPR, certificate program
21. Computer skills should be part of the program if used in the hospital and laboratory setting

Other suggestions for Phlebotomy Training Programs can include:

Field trips to area hospitals or laboratories

Drug Seminars

Stress Seminars

Cross Training in EKG and Point of Care Testing

Upon receipt of **all** documentation listed above, the review committee will review the submitted program. The decision of the review committee is final. Upon approval, an A.S.P.T Approved Program Certificate will be awarded for a period of one (1) year. The pass/fail rate for the National Phlebotomy Certification will be monitored for the first year; a 75% pass rate must be shown.

The certificate expires on **December 31st** of each year.

A.S.P.T. has the option of inspecting the training facility during the first year of approval.

Only approved programs may test their students directly upon graduation. For all other programs, their students must have a minimum of six (6) months full-time or one-year part time experience.

Each participant must have completed 75 successful venipunctures and 5 skin punctures, signed and dated by the instructor and is to be brought to the exam and included in the examination envelope upon completion of the test. These requirements will go into effect November 1, 2023.

NAME OF SCHOOL/ TRAINING FACILITY _____

PROGRAM APPROVAL CHECKLIST

List of Documents	Documented	No Documents
1. Application		
2. Instructor Resume Certificate <ul style="list-style-type: none"> • Proof ASPT Instructor, Approval 		
3. Program Brochure		
4. Course Breakdown		
5. Program Outline <ul style="list-style-type: none"> • Objectives 		
6. Lesson plans by the day/week		
7. List of clinical sites		
8. List of equipment		
9. Entrance Exam (optional)		
10. Malpractice Insurance		
11. Records: <ul style="list-style-type: none"> • Attendance, grades • Documented venipunctures, skin punctures. 		
12. Certificate of Completion		
13. Orientation Package with: <ul style="list-style-type: none"> • Objectives of the program • Admission requirements • Attendance requirements • Withdrawal and refund policy • Professional appearance 		
14. Certificate of Health Hepatitis B vaccination, or declination		
15. Pictures of the Training Facility		
16. Clinical Rotation Package: <ul style="list-style-type: none"> • Objectives • Rules and hours of work • Documentation of procedures • Evaluation 		
17. Signed Affiliation Agreement		

List of Competencies	Documented	No Documents
1. 200 hours • 1:15 ratio		
2. List of textbooks, reference books		
3. Terminology • Abbreviations		
4. Anatomy and Physiology: • Cells and Blood • Heart • Circulation • Respiratory • Lymph • Urinary • Muscular-Skeletal		
5. Blood Composition		
6. Venipuncture procedures with: • Vacutainer • Syringe • Butterfly needles		
7. New Order of Draw		
8. Blood Culture collection		
9. Skin Punctures: • Finger • Heel • Making proper blood smears		
10. Role of the phlebotomist, healthcare Professional • Today's needs		
11. Professionalism		
12. Ethics • Legal Issues		
13. Safety		
14. Infection control • Isolation protocol		
15. Quality Control and Quality Assurance		
16. Special and Timed lab procedures: • ABG's • Indwelling Lines		
17. TDMs, GTTs, etc.		

18. Departments within the health care facility		
19. Laboratory tests as related to the body's systems		
20. Processing and transporting of lab specimens		
21. Physical problems that can occur		
22. Patient types, problems and complications		
23. Diseases that can affect personnel: • HBV, HIV		
24. Certificate in CPR ; this is mandatory		
25. Computer skills		

COMMENTS:

Reader: _____ Date: _____

American Society of Phlebotomy Technicians, Inc.

APPLICATION FOR PROGRAM APPROVAL

(Please print or type)

***If you are applying for MULTIPLE programs, please copy this form for EACH program approval.*

1. Name of school/training program _____
2. Address and phone of school/training program _____

3. Title of course _____
4. Total number of students per class _____
5. Length of course _____ HOURS
Day (s) of week offered _____
6. Lecture time _____ HOURS
7. Simulated Lab time _____ HOURS
8. Clinical Externship time _____ HOURS
9. Names and addresses of all participating hospitals, laboratories, or doctors in the clinical externship setting. Please submit names with an information booklet for each facility.
 1. _____
 2. _____
 3. _____
 4. _____

(Use an extra page if more space is needed)

Person responsible for the trainees/program director

Name of title of individual completing this application

Signature of school/training program applicant and title

Address

Phone

Email

Date of Application

COMMENTS:

Reader: _____ Date: _____

American Society of Phlebotomy Technicians, Inc.

APPLICATION FOR INSTRUCTOR APPROVAL

(Please print or type)

***If you are applying for MULTIPLE instructor, please copy this form for EACH instructor approval.*

1. Name and title of individual applying for approval

2. Address and phone of individual applying for approval

3. Name of school/training facility where training is held

Address _____

Phone _____

4. Title of course _____

5. Total number of students per class _____

6. Length of course _____ HOURS

Day (s) of week offered _____

7. Lecture time _____ HOURS

8. Simulated Lab time _____ HOURS

9. Clinical Externship time _____ HOURS

10. Names and addresses of all participating hospitals, laboratories, or doctors in the clinical externship setting.

**Use an extra page if more space is needed.*

- _____
- _____
- _____
- _____

11. Person responsible for the trainees/program director

12. Applicant's schedule in the school/training facility

13. Applicant's duties/ responsibilities

Signature of applicant _____

Date of application _____

The following documents **must** be submitted with the completed application:

1. Must be qualified to teach. Please send a copy of your certification certificate.
2. Proof of ASPT certification at least 93%, or a waiver in with at least 90% or greater on the practical.
3. Current ASPT member.
4. Must be certified currently in CPR. Must be updated yearly.
5. Must have at least 5 years' experience in the medical environment, performing technical processes.
6. Must submit 3 letters of reference attesting to experience in the healthcare environment and teaching and training.
7. Current resume.
8. Proof of **at least** six (6) hours of continuing medical education during the previous year.
9. Must submit a **detailed** course outline of how you teach the program. This **MUST** include lesson plans.
10. The enclosed application properly filled out.

NAME OF INSTUCTOR _____

NAME OF SCHOOL/ FACILITY _____

CHECKLIST FOR INSTRUCTOR APPROVAL

List of Documents	Documented	No Documents
1. Application		
2. Qualification for Instructor		
3. ASPT Certification with 93% or better Waiver with 90% or better		
4. Current ASPT membership		
5. Current CPR certified		
6. 5 years' laboratory experience		
7. 3 Letters of Recommendation		
8. Current Resume		
9. Proof of 6 hrs of continuing education within the last year		
10. Current lesson plans and course outline		
11. \$100.00 Application Fee		

COMMENTS:

Reader: _____ Date: _____

American Society of Phlebotomy Technicians, Inc.

INSTRUCTIONS FOR APPLYING FOR ASPT ELECTROCARDIOGRAPHY PROGRAM APPROVAL

1. Carefully complete the enclosed application.
2. Send the completed application with the non-refundable application fee of \$150.00 to the A.S.P.T's National Office.
NO REFUNDS WILL BE GIVEN.
3. Submit those with the following documents. **ONLY COMPLETE PACKAGES WILL BE REVIEWED.** If an incomplete package is submitted, no review will be done, and there may be additional charges incurred by the facility. Use the enclosed Check-off list to be sure you are enclosing the required materials. Lack of these documents will result in approval delays and additional charges.

LIST OF DOCUMENTS

- A list of instructors, along with their resume, a copy of any of their licensure and credentials for teaching this program. The instructor must be a Health Care Professional already in the field. **All Program Directors and the instructors MUST be ASPT Approved Instructors.**
- A brochure or school catalog showing the Electrocardiography Program
- A course breakdown. This must show **total** hours of the program, and a breakdown of the hours spent on each part of the program. Example: Heart – 6hours, Circulatory System – 6 hours, etc.
- The Program Outline. Each part **must** include **exactly** what is taught in each portion of the program.
- Please include the objectives of each part of the program, and objectives of the whole program.
- Objectives are not goals.
- **SPECIFIC lesson plans.** These must show day-by-day, hour-by-hour what is being covered in each session. A cross-reference is handy to show each competency and where it is covered.
THIS REQUIREMENT IS MOST IMPORTANT TO PROPERLY EVALUATE THE PROGRAM. THERE WILL BE NO PROGRAM APPROVED WITHOUT IT.
- Pictures of the training facility.
- A list of equipment, especially the type (s) of electrocardiogram the students are using. There should also be some type of screen, or privacy curtain available.
- A copy of any Entrance Examination used to screen your applicants. This is optional.
- All programs approved by the State Department of Education, may submit to ASPT the same paperwork, along with **detailed lesson plans** and waiver of hours will be considered.

PROOF OF THE FOLLOWING MUST ALSO BE SUBMITTED

1. Student malpractice insurance. Different than the school's blanket policy, the student is the actual policyholder and is covered until graduation.
2. A copy of grade, attendance and tardiness records. This should be the generic form, not the one with names, etc. on it.
3. A copy of the Certificate of Completion given to the student after completing the program.
4. Any documentation health form used to assure that the student can participate in the program.
5. Proof of the HBV immunization, or the declination thereof.
6. A Student Handbook given to each participant, covering the following:
 - A. Guidelines for admission to the program.
 - B. Rules regarding attendance and tardiness.
 - C. Dress code for the program.
 - D. Program objectives.
 - E. A class syllabus.
 - F. Grading policy, including what is required to successfully complete the program
 - G. Withdrawal and refund policy in compliance with state laws.

SPECIFICS OF AN A.S.P.T. APPROVED ELECTROCARDIOGRAPHY PROGRAM

1. A program of no less than **40 hours**.
2. **A minimum** of five (5) electrocardiographs done in class. An additional mounted **EKG**, properly labeled, signed and dated by the instructor is to be brought to the exam and placed in the examination envelope upon completion of the test.
3. A list of all reference and textbooks used in the program.
4. The following competencies are to be included in an approved Electrocardiography Program:
 - A. Anatomy of the:
 1. Heart, in depth
 2. Circulatory System, in depth
 3. Conduction System
 - B. Electrocardiography, heart and circulatory system terminology and abbreviations
 - C. Electrocardiography:
 1. Parts of an EKG instrument
 - a. EKG paper calculations
 - b. Standardization
 - c. Marking codes
 - d. Patient preparation; patient dignity
 - e. Leads
 - f. EKG waves and their relation to heart action
 - g. Common artifacts seen in an EKG
 - h. Cardiac arrhythmias and blocs
 - i. Proper electrode placement
5. Lab practice:
 - A. Time allowed for the student to practice doing EKG's, cut and mount them, with basic interpretation.
6. CPR Certification

Upon receipt of **all** documentation listed above, the review committee will review the submitted program. The decision of the committee is final. Upon approval, an A.S.P.T. a Certificate of Program Approval will be awarded for a period of one (1) year. The pass/fail rate for the National Electrocardiography Certification Examination will be monitored for the first year; a 75% rate must be shown.

The Certificate of Approval expires **December 31st of each year.**

A.S.P.T. has the option of inspecting the training facility during *the first year of approval.*

Only approved programs may test their students directly upon graduation. For all other programs, the students must have a minimum of six (6) months experience doing electrocardiographs.

NAME OF SCHOOL/TRAINING FACILITY _____

EKG PROGRAM APPROVAL CHECK LIST

	DOCUMENTS	NO DOCUMENTS
1. Properly completed application		
2. Application and yearly fees		
3. Instructors: <ul style="list-style-type: none"> • Resume • Copy of licensure • Health care professional 		
4. School/training facility brochure		
5. Course breakdown		
6. Program outline		
7. Specific lesson plans		
8. Pictures of school/training facility		
9. List of equipment		
10. Entrance exam (optional)		
11. Student Malpractice Insurance		
12. Grading, attendance and tardiness form (s)		
13. Certificate of Completion		
14. a. Letter about health requirements, or for b. HBV immunization form and declination form.		
15. Student Handbook: <ul style="list-style-type: none"> a. Guidelines for program admission b. Rules on absences and tardiness c. Dress code d. Program objectives e. Class syllabus f. Grading policy; minimum passing grade g. Withdrawal and refund policy 		

NECESSARY COMPETENCIES FOR EKG APPROVAL	DOCUMENTS	NO DOCUMENTS
1. Program is at least 40 hours		
2. The student does at least 5 EKG's and 1 additional EKG to be mounted and labeled properly; signed and dated by the instructor To be submitted with examination.		
3. A list of reference and textbooks used		
4. Anatomy and Physiology: a. The heart, in detail b. The Circulatory System, in detail c. The Conduction System, in depth		
5. EKG, heart, circulation and conduction Systems: Terminology and abbreviations		
6. Electrocardiography: a) Parts of the EKG instrument b) EKG paper calculations c) Standardization d) Marking codes e) Patient preparation; dignity, proper lead placement f) Leads g) EKG waves; relation to heart action h) Common artifacts i) Cardiac arrhythmias and blocks		
7. Lab practice: what is covered in each lab practice, and number of hours spent in each lab session.		
8. CPR Certification (There must be a CPR Certificate awarded)		

COMMENTS:

Reader: _____ Date: _____

American Society of Phlebotomy Technicians, Inc.

INSTRUCTIONS FOR APPLYING FOR ASPT PATIENT CARE TECHNICIAN PROGRAM/ MEDICAL ASSISTING PROGRAM APPROVAL

1. Carefully complete the enclosed application.
2. Send the completed application with the non-refundable application fee of \$150.00 to the A.S.P.T.'s National Office. **NO REFUNDS WILL BE GIVEN.**
3. Submit those with the following documents.

ONLY COMPLETE PACKAGES WILL BE REVIEWED.

If an incomplete package is submitted, no review will be done, and there may be additional charges incurred by the facility. Use the enclosed Check-off list to be sure you are enclosing the required materials.

Lack of these documents will result in approval delays and additional charges.

LIST OF DOCUMENTS

- A list of instructors, along with their resume, a copy of any of their licensure and credentials for teaching this program. The instructor must be a Health Care Professional already in the field.
****All Program Directors and the instructors MUST be ASPT Approved Instructors.**
- A brochure or school catalog showing the Patient Care Technician Program/ Medical Assisting Program
- A course breakdown. This must show **total** hours of the program, and a breakdown of the hours spent on each part of the program. Example: Heart – 6 hours, Circulatory System – 6 hours, etc.
- The Program Outline. Each part **must** include **exactly** what is taught in each portion of the program.
****Please include the objectives of each part of the program and objectives of the whole program.
Objectives are not goals.**
- **SPECIFIC lesson plans.** These must show day-by-day, hour-by-hour what is being covered in each session. A cross-reference is handy to show each competency and where it is covered. **THIS REQUIREMENT IS MOST IMPORTANT TO PROPERLY EVALUATE THE PROGRAM. THERE WILL BE NO PROGRAM APPROVED WITHOUT IT.**
- Pictures of the training facility.
- A list of equipment, especially the type (s) of equipment the students are using. There should also be some type of screen, or privacy curtain available when EKG's are taught.
- A copy of any Entrance Examination used to screen your applicants. This is optional.
- All programs approved by the State Department of Education, may submit to ASPT the same paperwork, along with **detailed lesson plans** and waiver of hours will be considered.

PROOF OF THE FOLLOWING MUST ALSO BE SUBMITTED

1. Student malpractice insurance. Different than the school's blanket policy, the student is the actual policyholder and is covered until graduation.
2. A copy of grade, attendance and tardiness records. This should be the generic form, not the one with names, etc. on it.
3. A copy of the Certificate of Completion given to the student after completing the program.
4. Any documentation health form used to assure that the student is able to participate in the program.
5. Proof of the HBV immunization, or the declination thereof.
6. A Student Handbook given to each participant, covering the following:
 - a. Guidelines for admission to the program.
 - b. Rules regarding attendance and tardiness.
 - c. Dress code for the program.
 - d. Program objectives.
 - e. A class syllabus.
 - f. Grading policy, including what is required to successfully complete the program
 - g. Withdrawal and refund policy in compliance with state laws.

SPECIFICS OF AN A.S.P.T APPROVED PATIENT CARE TECHNICIAN/ MEDICAL ASSISTING PROGRAMS

A PCT program of no less than **300 hours**. An MA program of no less than **450 hours**.

A list of all reference and text books used in the program.

The following competencies are to be included in an approved Program:

1. Introduction to Patient Care Technician/ Medical Assistant
 - Job responsibilities
 - Professionalism
 - Communication skills
 - QC/QA
2. OSHA and Safety
 - General safety
 - Emergency response protocol
 - Safe disposal
 - Fall prevention
 - Body mechanics
 - Incident reports
 - Patient restraints (PCT)
 - Ergonomics (MA)
3. Medical terminology
 - Common terms
 - Accepted medical abbreviations
 - Prefix, Suffix, Root word, Combining forms
4. Law and Ethics
 - Making Ethical Decisions
 - Preventing Medical Malpractice
 - Informed Consent
 - HIPAA
 - Drug Regulations
5. Infection Control
 - Hand washing
 - Universal precautions
 - Sterilization
 - Blood borne pathogens
 - Preparing a sterile field
 - Assisting with sterile/ surgical procedures
6. Anatomy and Physiology
 - Cardiovascular system
 - Respiratory system
 - Gastrointestinal system
 - Genitourinary system
 - Musculoskeletal system
 - Nervous system
 - Integumentary system

7. Patient Care
 - In-patient duties
 - Out-patient duties
 - Nutrition
 - Vital signs and Measurements
 - Patient history
 - Special collections
 - Special patient treatment care
 - Pre and Postoperative care
8. Departments within the laboratory
 - Hematology
 - Chemistry
 - Blood bank
 - Microbiology
 - Serology
 - Special departments
9. Phlebotomy supplies
10. Phlebotomy technique using all types of collection equipment
11. Blood tests and their relation and significance to the body
12. The proper order of draw
13. Factors to consider before doing a blood collection
14. Complications associated with blood collection
15. Finger and heel collection; the equipment needed
16. Special laboratory blood tests
17. Point of Care Testing (FOUR (4) hours of training for each POCT test is required)
18. D.O.T. collection
19. Electrocardiography
20. QA/QC
21. EKG terminology
22. EKG supplies listed; type of instruments, etc.
23. Understanding of a cardiac cycle, and how it related to the EKG
24. Know the purpose of an EKG
25. Know why and how an EKG is standardized
26. Explain the components of an EKG
27. List the 12 leads on an EKG
28. Know the placement of the 6 chest leads
29. Know common artifacts in an EKG
30. Patient prep for an EKG
31. Run and mount an EKG

Each participant must have completed at least five (2) electrocardiograms. An additional mounted EKG, properly labeled, signed and dated by the instructor is to be brought to the exam and included in the examination envelope upon completion of the test.

Medical Assisting Programs will need to add the following competencies:

32. Office Management

- Medical Records/ Documentation
- EHR
- Scheduling

33. Insurance and Coding

- Insurance Types- Medicaid and Medicare
- Diagnostic Coding
- Procedural Coding
- ICD-10-CM

34. Pharmacology

- Math for Medical Professionals
- Calculating Dosage
- Drug Classifications
- Medication Order
- “Seven” Rights of drug administration
- Parenteral Medicine/ Equipment and Administration
- Non-parenteral Medicine/ Equipment and Administration
- Medication and the Uses

Upon receipt of **all** documentation listed above, the review committee will review the submitted program. The decision of the committee is final. Upon approval, an A.S.P.T. Certificate of Program Approval will be awarded for a period on one (1) year. The pass/fail rate for the National Patient Care Technician Certification Examination will be monitored for the first year; a 75% rate must be shown.

The Certificate of Approval expires **December 31 of each year.**

A.S.P.T. has the option of inspecting the training facility during the first year of approval.

Only approved programs may test their students directly upon graduation. For all other programs, the students must have a minimum of six (6) months experience as a Patient Care Technician/ Medical Assistant.

*Enough time must be given for the participant to practice each skill they learn, through a simulated clinic or hospital setting.

Each participant must have completed 75 successful venipunctures and 5 skin punctures, signed and dated by the instructor and is to be brought to the exam and included in the examination envelope upon completion of the test. These requirements will go into effect November 1, 2023.

NAME OF SCHOOL/TRAINING FACILITY _____

PATIENT CARE/ MEDICAL ASSISTING PROGRAM APPROVAL CHECK LIST

	DOCUMENTS	NO DOCUMENTS
1. Properly completed application		
2. Application and yearly fees		
3. Instructors: <ul style="list-style-type: none"> • Resume • Copy of licensure • Health care professional 		
4. School/training facility brochure		
5. Course breakdown		
6. Program outline		
7. Specific lesson plans		
8. Pictures of school/training facility		
9. List of equipment		
10. Entrance exam (optional)		
11. Student Malpractice Insurance		
12. Grading, attendance and tardiness form (s)		
13. Certificate of Completion		
14. a. Letter about health requirements, or for b. HBV immunization form and declination form.		
15. Student Handbook: <ul style="list-style-type: none"> a. Guidelines for program admission b. Rules on absences and tardiness c. Dress code d. Program objectives e. Class syllabus f. Grading policy; minimum passing grade g. Withdrawal and refund policy 		

NECESSARY COMPETENCIES FOR APPROVAL	DOCUMENTS	NO DOCUMENTS
1. The student does at least 2EKG's and 1 additional EKG to be mounted and labeled properly; signed and dated by the instructor to be submitted with examination.		
2. A list of reference and textbooks used		
3. Introduction to PCT/ MA a. Job responsibilities b. Communication skills c. Professionalism d. QA/QC		
4. Safety/OSHA		
5. Medical Terminology		
6. Law and Ethics		
7. Infection Control		
8. Anatomy and Physiology a. Cardiovascular b. Respiratory c. Gastrointestinal d. Genitourinary e. Musculoskeletal f. Nervous g. Integumentary		
8. Patient Care a) In-patient duties b) Out-patient duties c) Nutrition d) Vital signs and Measurements e) Patient History f) Special collections 1. Urine 2. Stool 3. Sputum g) Special treatment care 1. IV sites 2. Pulse ox h) Pre- and post op 1. Consent 2. Check lists 3. Pre op meds 4. NPO 5. Surgical preps 6. Post op breathing, coughing, position, etc. 7. Monitoring vital signs		

9. Number of hours in the simulated lab/clinic setting (Be Specific)		
10. Departments within the lab a. What tests are drawn for each section		
11. Phlebotomy supplies		
12. Techniques using all types of equipment a. Vacutainer b. Syringe c. Butterfly needles		
12. Blood test and their relation to body systems		
13. Proper Order of Draw What order of draw the program teaches		
14. Factors affecting blood test results		
15. Complications associated with blood collection		
16. Skin punctures a. Finger b. Heel c. Equipment		
17. Special laboratory blood tests a. GTT b. TDM c. Fasting d. Blood cultures e. Chloride Sweat Test f. PKU g. Bleeding times, etc. ***** Please be specific on which tests are taught in the curriculum.		
18. Point of Care Testing A minimum of 4 hours is required for each test being taught. ***Be specific which POCT tests are covered.		
19. D.O.T. Drug collection		
20. Number of hours allotted for practice time so each participant can become proficient before being allowed to draw "real" patients.		
21. QA/QC		
22. EKG Terminology		
23. Supplies. Please list the type(s) of EKG instrument(s) being used.		

24. Explanation of: a. Cardiac Cycle; its relationship to the EKG b. Purpose of an EKG c. How and why and EKG is standardized d. Components of an EKG e. 12 leads f. Placement of leads, and 6 chest leads g. Common artifacts h. Patient preparation		
25. Running and mounting of an EKG		
26. At least 5 complete EKG's during the course		
27. Practice time (be specific in number of hours)		
Medical Assisting Program only:		
28. Office Management		
29. Insurance and coding a. Math for Medical Professionals b. Calculating Dosage c. Drug Classifications d. Medication Orders e. "Seven" Rights of Drug administration f. Parenteral Medicine g. Non-parenteral Medicine h. Medication and their uses		

COMMENTS:

Reader: _____ Date: _____

American Society of Phlebotomy Technicians, Inc.

PO Box 1831
Hickory, NC 28603
828.327.3000
828.327.2969 (fax)
office@aspt.org
www.aspt.org



Please review the following information about setting up an ASPT exam. Attached you will find a set-up sheet. Please complete this form and email to gail@aspt.org. We will make a flyer for you unless you request an in-house exam. When we make the flyer for your exam, we will email it back to you for your approval. When you receive the flyer, please check carefully for any typographical errors. Once you have checked the flyer and approved it, fax us your approval and/or corrections. When the flyer has been approved by you, you may make copies and distribute. Remember all fees must be in our office **thirty days prior to the event**. The exam will cost will be discounted.

Your exams will be mailed by UPS two weeks prior to the exam date. If your package has not arrived three days before the exam, notify us immediately so we can track the package.

Thank you again for your participation in helping others to be successful in their profession. We look forward to working with you.

EXAM SET UP SHEET

Please contact gail@aspt.org for an exam set up sheet to set up an exam.

