## The American Society of Phlebotomy Technicians Inc. PO Box 1831, Hickory, North Carolina, 28603

## Patient Care Certification Examination Kenner, Louisiana

Thursday, September 26, 2019

Healthcare Training Institute
, 322 Williams Blvd

Beginning: 10:00 A

For Site Directions Call...504 467 2155



## Registration Form (Type or PRINT PLAINLY):

Application and exam fee (\$165.00 when submitted 30 days prior to any event):

Application and exam fee (\$190.00 when submitted less than 30 days prior to an event):

\*Walkins are no longer accepted

## NO CASH - CHECK OR MONEY ORDERS ONLY

Mail completed application and make fees payable to:

**ASPT** 

PO Box 1831 Hickory, North Carolina 28603

_ast Name:		_ First Name:_		***************************************		MI:	
Mailing Address:					Apt/Lot/Space		
City:	State: _	Zipcode: _		Day Phone: (	) - (	) - (	)
Are you nationally certified?							
Employed by:			Years:_	Title:			****
SS#	Exam #	X93942	Check#/M	0	Amount: _	and the second s	-
Participants Signature:							
important: When you sign up for a phlebotomy exam you must have your supervisor or instructor sign and attest you are presently procuring blood in accordance with the institutions operating procedures pertaining to blood collection. Students are responsible for submitting verifiable documentation of 100 venipunctures and 5 skin punctures in the test packet.  Your supervisor or instructor must sign in the designated area below:							
•							
Sup/Inst. signature:							
A study outline and detailed confirmation prior to the examination date to ensure circumstances beyond our control. Fee	notification es are non l	of exam eligibility	and location ny reason yo	; or, any changes u are unable to a	ttend and wis	inse due to th to resche	dule for

another exam, you must re-apply for certification. Retake fee is \$135.00 subject to conditions. Purchase orders are \$190.00.

\*Walkins are no longer accepted.

FAXED APPLICATIONS ARE REJECTED.