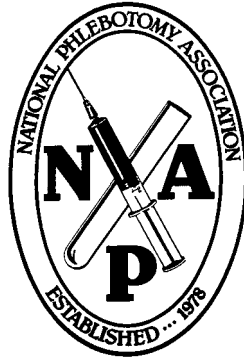


# THE NATIONAL PHLEBOTOMY ASSOCIATION



## APPLICATION FOR PROGRAM APPROVAL SCHOOLS, SEMINARS OR WORKSHOPS

### **NOTE:**

**YOU WILL NEED TO ALSO PRINT OUT SITE TESTING  
GUIDELINES AND THE APPLICATION HANDBOOK**

1901 BRIGHTSEAT ROAD LANDOVER, MD 20785  
PHONE: (301) 386-4200 FACSIMILE: (301) 386-4203

EMAIL: [NALTPHLE@AOL.COM](mailto:NALTPHLE@AOL.COM)  
WEBSITE: [WWW.NATIONALPHLEBOTOMY.ORG](http://WWW.NATIONALPHLEBOTOMY.ORG)



## NATIONAL PHLEBOTOMY ASSOCIATION Application for Program Approval Schools, Seminars or Workshops

Sponsoring Agency: \_\_\_\_\_

Website Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name and Title of Responsible Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Presentation Date(s): \_\_\_\_\_

Include the following information:

1. Objectives - Describe the expected outcomes of the learning experiences
2. Describe briefly the content to be presented, methods of instruction, handouts and list of media to be used.
3. List number of instructional contact hours (omit registration and coffee breaks)
4. Describe the evaluation plan, submit copy of evaluation tool.
5. Identify each instructor; include a resume.
6. List the number and type of participants expected.
7. Submit a copy of the Program.

Submit two (2) sets of supporting documents and the **\$500.00** fee to:

Diane C. Crawford, President/CEO  
National Phlebotomy Association  
1901 Brightseat Road  
Landover, MD 20785  
(301) 386-4200



## **Criteria for Program Approval of a Phlebotomy Training Program**

The agency may use current material in each category. This self-study is to be prepared in two (2) copies.

A site visit will be made to the school for verification of the self-study report at the time of the first testing sitting.

The Site Visitor Team will consist of an educator, and/or a Certified Phlebotomist Technologist, and a lay person. Members of the NPA Commission on Program Approval will evaluate the visit, protect the documents of the agency, but will not take an active role in the team's evaluation.

All recommendations are presented to the Board of Directors for Program Approval.

1. Statement of philosophy, goals and purposes
2. Capability statement
3. Budget or audit system
4. Objective of the program
5. Content of the program (listing all classes) projected calendar
6. Description of location of school
7. Curriculum vitae of faculty
8. Teaching, methodologies (lecture, seminar, audio, visual, self study, etc.)
9. Recruitment methods utilized
10. Method of assessing learner needs
11. Record keeping system
12. Contracts with cooperating agencies
13. Malpractice insurance
14. Student handbook
15. Drug testing, HIV (Aids) and HBSAG (Hepatitis, Syphilis and Gonorrhea)

### **\*\*\* All Programs Must Include the Following \*\*\***

Historical Perspective	Stress Management
Medical Terminology	Phlebotomy Techniques
Anatomy and Physiology	Human Relations
Communication	Legal Aspects
Phlebotomy Practical	Infection Control
Cardio-Pulmonary Resuscitation (CPR)	Drug Awareness



## NATIONAL PHLEBOTOMY ASSOCIATION

# SEMINARS AND/OR WORKSHOPS PRESENTATION DATES AND LOCATIONS

NAME OF SCHOOL \_\_\_\_\_

LOCATION \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

	DATES	LOCATION ADDRESS
JAN.	_____	_____
FEB.	_____	_____
MAR.	_____	_____
APR.	_____	_____
MAY	_____	_____
JUN.	_____	_____
JUL.	_____	_____
AUG.	_____	_____
SEPT.	_____	_____
OCT.	_____	_____
NOV.	_____	_____
DEC.	_____	_____

Include seminar or workshop topics and CEU hours. Please provide sample of certificate of completion.

**Company agrees to inform participants about the National Phlebotomy Association and its certification program.**