



National Phlebotomy Test Site Request Form

The purpose of this form is to request an examination date with the National Phlebotomy Association. Please email this completed form to certification@nationalphlebotomy.org.

Please note that all dates are tentative until the NPA Office approves the dates. If you have any questions or concerns, please feel free to contact us at 301-386-4200 Option 2.

Today's Date

Name of School

Name of Contact Person

Contact Email

Office Phone

Contact Phone 2

Please select a time frame (X)	
<input type="checkbox"/>	8:00 AM or 8:30 AM
<input type="checkbox"/>	9:00 AM or 9:30 AM
<input type="checkbox"/>	10:00 AM or 10:30 AM
<input type="checkbox"/>	11:00 AM or 11:30 AM
<input type="checkbox"/>	3:00 PM or 3:30 PM
<input type="checkbox"/>	4:00 PM or 4:30 PM
<input type="checkbox"/>	5:00 PM or 5:30 PM

Month	Requested Dates	*Alternate Dates	
JANUARY		*JANUARY	
FEBRUARY		*FEBRUARY	
MARCH		*MARCH	
APRIL		*APRIL	
MAY		*MAY	
JUNE		*JUNE	
JULY		*JULY	
AUGUST		*AUGUST	
SEPTEMBER		*SEPTEMBER	
OCTOBER		*OCTOBER	
NOVEMBER		*NOVEMBER	
DECEMBER		*DECEMBER	

NPA Office Use Only

Approved **Not Approved**

If NOT Approved, Explain Why

Approver Name

Date