

# **SITE TESTING GUIDELINES**

## **October 2019**



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www.nationalphlebotomy.org**



## SITE TESTING GUIDELINES

As an examination site, other applicants may be assigned to your facility. However, your students or applicants will have priority sitting. Each year a minimum of two (2) examination dates is required. **An agreement, signed by authorized personnel, must be returned to NPA's National Office before the first examination date.** The National Phlebotomy Association will provide all proctors, who have complied with NPA's required training and regulations. All NPA's examination representatives have signed an affidavit of confidentiality and are assigned to the examination site to administer the Phlebotomy Certification Examination.

All requested examination dates are to be submitted at the beginning of each year.

### PROCEDURES

1. The Certification Application Handbook can be downloaded from NPA website at **[www.nationalphlebotomy.org](http://www.nationalphlebotomy.org)**. This document is reproducible. Any applicant applying through a training program will not receive any correspondence from NPA about the scheduled examination. All pertinent information about the examination must be obtained from the site program coordinator.
2. For the examination to be held at your location, a minimum of fifteen (15) applicants is required. If you are unable to meet this quota, you have two options:

Reschedule until your next class is finished, then combine classes

or

Subsidize the cost of traveling for the NPA Proctor(s)

All applications are to be mailed in one packet along with the \$130 certification fee per applicant. **APPLICATIONS MUST BE IN NPA'S NATIONAL OFFICE THIRTY (30) DAYS PRIOR TO THE EXAMINATION DATE.** If necessary, please use an overnight service. Student Clinical Sheet must be submitted with applications. **Certification fees are non-refundable and non-transferable.**

3. No application will be accepted without full payment or a voucher.  
No personal checks are accepted.
4. **RESCHEDULE:** An applicant can be rescheduled with the approval of the institution. The request to reschedule must be **in writing by email or regular mail** to the NPA Office. The applicant will be rescheduled on the next scheduled examination date.
5. All applications must be filled out and signed by the student.

**Social security numbers and email addresses are required on all applications.**

**\*An NPA Regional Proctor Representative may be assigned to your region, contact the NPA National Office.**

## **EXAMINATION PREPARATIONS**

- Please provide NPA with classroom(s) large enough to accommodate the number of applicants scheduled for testing. The NPA Office will notify you in advance of the final count for the written portion of the exam. The atmosphere for testing should be quiet.
- Each applicant must have picture identification (driver's license, work ID or passport) with the applicant's name as it appears on the application. Each applicant must wear their scrubs on the day of the test. **NO ONE WILL BE PERMITTED TO THE EXAMINATION ROOM WITHOUT A PICTURE ID. NO EXCEPTIONS!**

The above guidelines will be strictly enforced. NPA appreciates your cooperation.



**NATIONAL PHLEBOTOMY ASSOCIATION  
TEST SITE APPLICANT LIST**

EXAM SITE: \_\_\_\_\_

EXAM DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**TYPE OR PRINT FULL NAME OF EACH APPLICANT**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_

15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_
29. \_\_\_\_\_
30. \_\_\_\_\_

**TOTAL NUMBER OF APPLICANTS** \_\_\_\_\_

**TOTAL AMOUNT OF MONEY** \$ \_\_\_\_\_ (**\$130.00 FEE PER APPLICANT**)

Fees are non-refundable and non-transferable.

\_\_\_\_\_  
**Signature of Director and/or Instructor**

\_\_\_\_\_  
**Name of Institution**

**This form must be returned to the NPA Office no later than thirty (30) days prior to examination date with all monies and student clinical sheets.**

# NATIONAL PHLEBOTOMY ASSOCIATION



## NPA TEST SITE REQUEST FORM

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

EMAIL: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TIME: \_\_\_\_\_ AM \_\_\_\_\_ PM

### DATES

### \*ALTERNATE DATES

JAN. \_\_\_\_\_

\*JAN. \_\_\_\_\_

FEB. \_\_\_\_\_

\*FEB. \_\_\_\_\_

MAR. \_\_\_\_\_

\*MAR. \_\_\_\_\_

APR. \_\_\_\_\_

\*APR. \_\_\_\_\_

MAY \_\_\_\_\_

\*MAY \_\_\_\_\_

JUN. \_\_\_\_\_

\*JUN. \_\_\_\_\_

JUL. \_\_\_\_\_

\*JUL. \_\_\_\_\_

AUG. \_\_\_\_\_

\*AUG. \_\_\_\_\_

SEPT. \_\_\_\_\_

\*SEPT. \_\_\_\_\_

OCT. \_\_\_\_\_

\*OCT. \_\_\_\_\_

NOV. \_\_\_\_\_

\*NOV. \_\_\_\_\_

DEC. \_\_\_\_\_

\*DEC. \_\_\_\_\_

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**Signature of Director and/or Instructor**

Please return this sheet to NPA as soon as you have selected your date(s) in order to secure a definite place on NPA's calendar. If there are any conflicting dates, you will be informed by NPA immediately so that you may reschedule.

# STATEMENT OF AGREEMENT

TO: *The National Phlebotomy Association  
1809 Brightseat Road  
Landover, MD 20785*

*I, \_\_\_\_\_, hereby agree not to  
Site Name  
expose the National Phlebotomy Association's Certification Examination  
in any part.*

*I will not discuss the content of the test with any party in any capacity.*

*I will also follow all of the directions that NPA will provide for me.*

*I will not talk to any person concerning the examination or copy any of the  
information.*

*Should I have any comments or suggestions concerning the procedure of the  
examination, I will write them exclusively to the National Office.*

*I agree to be a testing site with the National Phlebotomy Association. I agree to  
schedule at least two (2) examination dates as required by the National  
Phlebotomy Association.*

\_\_\_\_\_  
*Program Representative Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*NPA Representative Signature*

\_\_\_\_\_  
*Date*