

APPLICATION HANDBOOK



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Check Out Jobs Link
Check Out Practice Exam
Under Schools Link

6/26/2020

PREFACE

This edition of the National Phlebotomy Association General Information Handbook is designed to provide you with basic information about the certification process and the Association policies. Your application will be reviewed. Therefore, each candidate will be eligible to take the examination with the capacity to successfully completing this exam.

Each candidate will be knowledgeable of the examination process and policies by carefully reviewing the information contained in this document. Please retain the booklet for your reference and return the Certification Application to the National Phlebotomy Association.

Best Wishes.

Certification and Compliance Department

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INTRODUCTION

The field of allied health care has expanded tremendously during the last several years. This expansion has increased career opportunities for many that previously only dreamed of contributing to the health care of others.

On the other hand, this expansion has led to great variability in the quality of care available. As the need for professionals increased, particularly in allied health positions, the standards of service delivery and technical knowledge and skills were sometimes lowered, or at best, not comparable from institution to institution.

In response to these phenomena, many of the allied health fields organized professional organizations to promote training and high standards of service delivery. These organizations also established mechanisms for recognizing those who had achieved acceptable levels of performance and assuring comparable standards among institutions.

The National Phlebotomy Association (NPA) created the industry in 1978 in Washington, DC. NPA provides a certification examination in the field of phlebotomy and maintains a Board of Registry of all those who successfully complete the certification process. Certification by NPA has the same prestige and benefits for the Phlebotomist as does certification by any other professional organization for its members. Certification by NPA will aid job placement for Phlebotomist and the general level and quality of phlebotomy care will be enhanced.

TRAINING PROGRAM APPLICATION

Individuals who have attended an Allied Health Program that included venipuncture techniques and a clinical practical with documented evidence of attendance. The program must award 16.0 continuing education units or be offered as a course with at least 160 contact hours of lecture time excluding the phlebotomy practical. The training program must include at least 200 hours of practical experience either with mannequins or clinical practicum or a combination of both. The program elements must meet the NPA curriculum requirements.

OFFICIAL DOCUMENTS

Phlebotomy Students: A transcript evaluation indicating completion of the required courses. A copy of your program should be in your student file. All documents must be in our office before you can be scheduled for the examination. You may include any certificate of achievement.

RECLAMATION CLAUSE ELIGIBILITY

In November of 1989, the NPA Board of Directors voted to approve an amendment to the by-laws for certification that became effective on January 1, 1990. The amendment allows the Phlebotomist and other health care workers that have phlebotomy within their job description to become certified through the Reclamation Clause. The guidelines are as follows:

1. Applicant must be currently employed with phlebotomy duties included in their job description.
2. Applicant must have one (1) year or more of working experience. It must be a minimum of one (1) year of paid or volunteer experience. Clinical experience is not acceptable.
3. A letter verifying the length of time of your experience from your employer or supervisor should accompany your application and certification fee of \$160.00.
4. Upon receipt of all required documents, You will be notified of your application status. A Proficiency Examination Form must be completed.
5. Upon completion of the Proficiency Examination Form, please allow 4 to 8 weeks for completion of the application process.

ABSENTEES

If you are scheduled for the National Phlebotomy Association Certification Examination and are absent on the scheduled date, the fees will then become non-refundable and non-transferable.

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.

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CERTIFICATION EXAMINATION FEE

The National Phlebotomy Association Certification Examination Fee is **non-refundable and non-transferable**.

RECLAMATION CLAUSE REFUND POLICY

Applications are processed in accordance with the Reclamation Clause Guidelines. Once the application has been evaluated and the applicant has been found eligible for certification, the fees will become **non-refundable and non-transferable**.

If an applicant does not pass the proficiency examination, they will have to take the national boards and pay another certification fee. This policy will be strictly enforced.

EXAMINATION DAY

The National Phlebotomy Association Certification Written Examination is a two-hour timed examination.

ADMISSION

EVERYONE must bring a picture ID (such as driver's license, work ID, passport or student ID) and a No. 2 pencil.

Report to the examination site at least thirty (30) minutes before the scheduled time. Allow ample time to find parking and the examination room. Before the exam starts, relax and calm yourself.

RELEASE OF SCORES

You will receive your score in the mail 8 to 10 weeks beginning the following month after the exam. **No test score results will be given over the telephone.** The passing score is 70% (combination of written and practical parts of the exam). A certificate and wallet size card will be forwarded to NPA's new Certified Phlebotomist Technologist (CPT). Certification is valid for one (1) year. Every year, you must renew your certification. One (1) month before your certification anniversary date, NPA will send you an invoice; but it is your responsibility to maintain your certification. **If you do not receive an invoice, you are still responsible for renewing your certification on time.** Certified Phlebotomists are required to complete 1.8 Continuing Education Units (CEU's) on a yearly basis.

RE-EXAMINATION

Should you fail the certification exam, you may reapply within two to three months after the first exam. A full application and certification fee is required. You are allowed three (3) times to pass the exam. If you are unsuccessful after three attempts, you are no longer eligible for further examination by the National Phlebotomy Association, Inc.

APPEALS MECHANISM

Complaints and appeals must be submitted to the NPA Board of Registry in writing within 30 days following an incident or notification. A decision will be made within 90 days.

CERTIFIED PHLEBOTOMY INSTRUCTOR (CURRENTLY TEACHING) QUALIFICATIONS

The Instructor program guidelines have always been developed into NPA's continuing education guide, however, the Association has concentrated on program and individual certification since 1978 to date. In 1995, the Board of Directors developed the Instructors Program and approved the following By-laws and Certification Program.

In order to become a Certified Instructor, you will have to be qualified under one of the following categories:

1. You are currently performing as an Instructor for a period of one (1) year or more in an Allied Health academic classroom setting with proof of course outline (Waiver Clause)
2. You must have knowledge in the field of Phlebotomy and/or one of the Allied Health Fields: (Medical Assistant, Medical Technology, Medical Technician, Registered Nurse, Licensed Practical Nurse, Respiratory Therapist, Certified Phlebotomist, Certified Nursing Assistant and Laboratory Assistant).
3. Individuals in the field of Phlebotomy or any one of the Allied Health Fields must have completed all programs showing proof with a Certificate or Degree and are Licensed or Certified by one of the recognized National Organizations.

NATIONAL PHLEBOTOMY ASSOCIATION, INC.

1809 Brightseat Road
Landover, MD 20785

CERTIFICATION APPLICATION

IMPORTANT
Please read the rules and regulation carefully
before completing the application

APPLICATION FEE: \$160.00

Pay by Money Order, Company or Certified Checks Only
Applications will not be processed if not filled
out completely, signed and accompanied with stated fee.

NO PERSONAL CHECKS ACCEPTED

Fees are Non-Refundable and Non-Transferable

**OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE**

Received by: _____

Amount \$: _____

Ck. or Mo.#: _____

Date: _____

Purpose: _____

CPT: _____

Exam Date: _____

Grade: _____

I WISH TO TAKE THE EXAMINATION IN THE CENTER CLOSEST TO:

_____ (City) _____ (State)

Have you applied previously for NPA Certification Yes No

If Yes, Date: _____

Language: English
 Spanish

Exam Preparation go to NPA website, click Education Link

Applicant Need Special Help
 Yes No

Please check the number(s) that applies to you

1. Attended Phlebotomy Training Programs 3. Reinstatement CPT # _____
2. Reclamation Clause (Article XIII NPA By-Laws) 4. Instructor Certification _____

PLEASE TYPE OR PRINT CLEARLY TO INSURE ACCURACY OF INFORMATION

| | | | |
|--|--|---|------|
| Name: (Last, First and Middle Name (Maiden)) | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth | Race |
| Address: Street | City | State | Zip |
| Telephone Numbers (include area code) Home: () Work: () | | Social Security Number (Mandatory) | |
| Email Address (Mandatory): | | | |

A. ACADEMIC EDUCATION

HIGH SCHOOL: _____ YEAR OF GRADUATION: _____

| NAMES AND ADDRESSES OF COLLEGE(S), UNIVERSITY(IES) ATTENDED | TYPE OF DEGREE | MAJOR FIELD | GRADUATION | |
|---|----------------|-------------|------------|------|
| | | | MONTH | YEAR |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

B. ACCREDITED EDUCATIONAL PROGRAM

Name of Program _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Name of Program Director _____

Length of Course (in months) _____

Date of Entrance _____ (Month) _____ (Day) _____ (Year)

Date of Completion _____ (Month) _____ (Day) _____ (Year)

Total Course Hours _____

If you are attending a accredited educational program in phlebotomy which required a transcript evaluation prior to entrance into the program, your institution must send a copy of your transcript to complete your application. This document is required to establish your eligibility.

C. EMPLOYMENT (From present to past)

| TITLE | INSTITUTION | ADDRESS | DATES |
|-------|-------------|---------|-------|
| | | | |
| | | | |
| | | | |

PRESENT JOB DESCRIPTION (Be as specific as possible)

D. **ADDITIONAL INFORMATION**

(List position held and dates of employment giving laboratory director and complete address)

E. Please list below the name and address of two people who are likely to know your address at all times. Preferably, give names of permanent location of relatives or friends; people through whom we can trace you if necessary.

| | | | | | |
|----|--------|-----------|--------|---------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| | (Name) | (Address) | (City) | (State) | (Zip) |
| 2. | _____ | _____ | _____ | _____ | _____ |
| | (Name) | (Address) | (City) | (State) | (Zip) |

I understand this application will be subject to the rules and regulations of the National Phlebotomy Association, Inc. All statements contained herein are true and correct to the best of my knowledge. I understand the penalty for false statements includes disqualification of examination and/or revocation of certification for a period of one (1) year. Recertification is based on continuing education and payment of recertification fee.

All Applicants Must Sign:

Signature: _____
(Sign Name In Full) (Date)

APPLICATION FOR NPA ACCREDITED PROGRAMS ONLY

| | |
|---|--------|
| I attest that the above-named applicant is currently enrolled and expected to complete his/her NPA Accredited Education Program prior to the date of the examination. I agree to notify NPA promptly if the applicant fails to complete this program. | |
| _____ | _____ |
| (Education Coordinator) | (Date) |
| _____ | _____ |
| (Program Director) | (Date) |

**NPA REGISTRY
SPECIAL INSTRUCTIONS**

DO NOT RECORD ANY INFORMATION IN SECTION I. FILL IN SECTION II OF DATA FORM BELOW USING A PEN OR #2 PENCIL. DATA ENTERED HERE WILL BE MADE A PART OF YOUR PERMANENT COMPUTER RECORD.

SECTION I

| | | | | | | | | | | | | | | | | | |
|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| (FOR OFFICE USE ONLY) | | | | | | | | | | NEW 1 | CHANGE 2 | PENDING 3 | WITHDRAWN 4 | | | | |
| SOCIAL SECURITY NUMBER | | | | | | | | | | EXAM | | TEST DATE | | TEST CENTER CODE | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SCHOOL TYPE | | | STATE | | SCHOOL | | TEST FEE | | | DEGREE CODE | | RELEASE | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SPECIAL | | | | | | | | | | | | | REPEAT | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION II (Please use Pen or #2 Pencil)

(MUST BE FILLED OUT)

| | | | | | | | | | | | | | | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| PLEASE INDICATE LAST NAME, FIRST NAME, MIDDLE INITIAL | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ADDRESS | | | | | | | | | | | | | | | | | | | |
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| CITY (COUNTRY, IF FOREIGN) | | | | | | | | | | STATE | | | | | ZIP | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NO PERSONAL CHECKS ACCEPTED | | | | | | | | | | | | | | | | | | | |
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