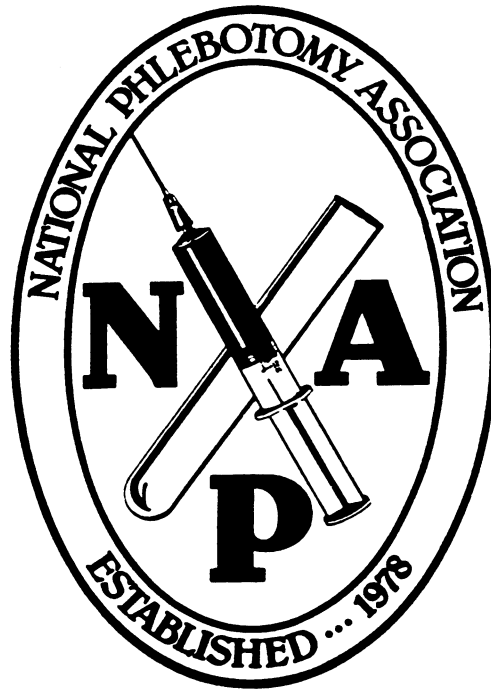


APPLICATION HANDBOOK



1901 Brightseat Road
Landover, MD 20785

(301) 386-4200

(301) 386-4203

www.nationalphlebotomy.org

Check Out The Job/Career Link
Check Out The Education Link
for Exam Preparation

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 Division
National Phlebotomy Association, Inc.
Revised July 2016

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National Phlebotomy Association, Inc.

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 (CNA, MA, RN, LPN, EMT, etc.) who have attended an Allied Health Program that includes venipuncture techniques and a clinical practical with documented evidence of attendance (transcript or certificate of completion) must be submitted with Application. NPA requires a minimum of 200 hours of theory and clinical in order to qualify to sit for the NPA exam.

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 on company letterhead verifying the length of time of your experience from your employer or supervisor should accompany your application and certification fee of \$130.00. Please include supervisor's email address.
4. Upon receipt of all required documents, NPA will forward your Proficiency Examination Form to your employer. You will be notified of your application status.
5. Upon receipt of your completed Proficiency Examination Form from your employer, the application process will continue. Please allow 4 to 6 weeks for the final portion 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

If you are scheduled for the National Phlebotomy Association Certification Examination and wish to reschedule, you will need to contact NPA's National Office ten working days prior to the scheduled exam date. Failure to contact NPA ten working days prior to exam date will result in the fees becoming non-refundable and non-transferable if you are absent on the examination date. If testing through your school, contact your school coordinator to reschedule who will notify the National Phlebotomy Association.

REFUND

If you choose not to take the National Phlebotomy Association Certification Examination after being processed, you must contact NPA's National Office within ten working days. You will receive a partial refund not to exceed \$95.00 to be mailed 30 days after notice of withdrawal from taking the National Phlebotomy Association Certification Examination.

PERSONAL AND MEDICAL EMERGENCIES

Without an excused emergency that has been approved by the Certification Board of the National Phlebotomy Association, fees for missed examinations are non-refundable and non-transferable. **THERE WILL BE NO EXCEPTIONS!**

Refunds for the National Phlebotomy Association Certification Board is on a case-by-case basis relevant to personal and medical emergencies. A written description of your situation and copies of documents of proof should be mailed to:

National Phlebotomy Association, Inc.
1901 Brightseat Road
Landover, MD 20785

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 then 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 Examination is administered in two-parts (Practical and Written).

ADMISSION

If the applicant is attending a Phlebotomy/Medical Assistant Training Program and the exam is being sponsored by your training center, follow the instructions of your training center.

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

Contact your school coordinator for test results. You will receive your score in the mail 8 to 10 weeks beginning the following month after the exam. **NPA will not release test score results 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 encouraged to complete 1.8 Continuing Education Units (18 CEU's) on a yearly basis for any health-related topic.

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.

INSTRUCTOR CERTIFICATION QUALIFICATIONS

CERTIFIED INSTRUCTOR

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

1. You have been 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 are currently performing as an Instructor for a period of one (1) year or more with proof of course outline (Waiver Clause)
3. You must have academic 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).

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. **On the job training does not qualify you to become a Certified Phlebotomy Instructor.**

STATEMENT

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.

Any person or organization who tries to duplicate any part of this program must have written permission from the National Phlebotomy Association. If any group or organization, association or agency who wishes to duplicate NPA's written certification standards and intends to proclaim their certification or phlebotomist in any form is in violation of the **Patent and Copyright Laws.**

The National Phlebotomy Association is not limiting anyone in the Allied Health Fields who wishes to implement a certification program, however, NPA does require approval before any group can duplicate in any form.

NATIONAL PHLEBOTOMY ASSOCIATION, INC.

1901 Brightseat Road
Landover, MD 20785

CERTIFICATION APPLICATION

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

APPLICATION FEE: \$130.00

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

**NPA 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

Please check the number(s) that applies to you

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

TYPE OR PRINT CLEARLY

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

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 EDUCATION PROGRAM (Completion by Instructor or Director only)

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 education 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.

Reclamation Clause Applicants Only:

1. Must submit a letter of recommendation on company letterhead from supervisor along with application
2. Agree that NPA can forward to your supervisor a Proficiency Examination Form

All Applicants Must Sign:

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

THIS SECTION MUST BE SIGNED BY COORDINATOR AND/OR DIRECTOR

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

(Instructor)

(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"/>
SCHOOL TYPE	STATE	SCHOOL	TEST FEE	DEGREE CODE
<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"/>

SECTION II (Please use Pen or #2 Pencil)

(MUST BE FILLED OUT)

PLEASE INDICATE LAST NAME, FIRST NAME, MIDDLE INITIAL

ADDRESS

CITY (COUNTRY, IF FOREIGN) STATE ZIP

NO PERSONAL CHECKS ACCEPTED

ALL RIGHTS RESERVED PROPERTY OF THE NATIONAL PHLEBOTOMY ASSOCIATION INC.