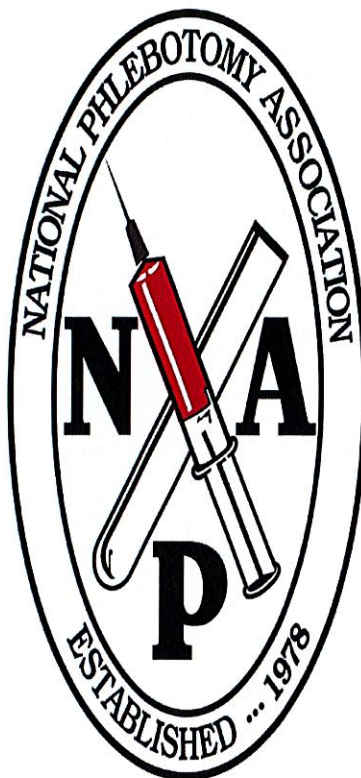


SITE TESTING GUIDELINES

January 2023



**1809 Brightseat Road
Landover, MD 20785**

(301) 386-4200

(301) 386-4203

certification@nationalphlebotomy.org

www.nationalphlebotomy.org



SITE TESTING GUIDELINES

Each year a minimum of two (2) examination dates is required. *The National Phlebotomy Association will provide all proctors who have complied with NPA's required training and regulations.*

PROCEDURES

1. The Certification Application Handbook can be downloaded from NPA website at **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.

All applications are to be mailed in one packet along with the \$170 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 Sheets must be submitted with applications. **Certification fees are non-refundable and non-transferable.**

2. No application will be accepted without full payment or a voucher.
No personal checks are accepted. Company checks are accepted.
3. **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.
4. All applications must be filled out and signed by the student and school coordinator.

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

EXAMINATION PREPARATION

- NPA Board Instructions will be emailed to applicants prior to the scheduled examination date by the school coordinator.
- Each applicant must have picture identification (driver's license, work ID or passport) with the applicant's name as it appears on the application. **NO ONE WILL BE PERMITTED TO TEST WITHOUT A PICTURE ID.**

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 \$ _____ (\$170.00 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

JAN. _____

FEB. _____

MAR. _____

APR. _____

MAY _____

JUN. _____

JUL. _____

AUG. _____

SEPT. _____

OCT. _____

NOV. _____

DEC. _____

*ALTERNATE DATES

*JAN. _____

*FEB. _____

*MAR. _____

*APR. _____

*MAY _____

*JUN. _____

*JUL. _____

*AUG. _____

*SEPT. _____

*OCT. _____

*NOV. _____

*DEC. _____

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.