



Crosswalk Verification for Phlebotomy (certified) - HEAL 1080 - 3 cr.

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

1. \_\_\_\_\_ Received credits for training – official transcript is provided for transfer.
2. \_\_\_\_\_ Training was not taken for credit. Proof of the following is provided for review:
  - A. \_\_\_\_\_ Documentation showing 40 hours of classroom, 100 hours in a facility, and 100 draws.
    - i. Includes dates, is printed on letterhead, and is signed by an administrator or instructor
  - B. \_\_\_\_\_ Original current certificate issued by the certifying agency.
  - C. \_\_\_\_\_ Current or recent (within last year) work experience as a phlebotomist.
3. \_\_\_\_\_ Student must have the required documentation before seeking the program faculty advisor signature.

I have confirmed that all the above requirements have been satisfied and the documentation is attached.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Approving Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_