



NATIONAL BOARD OF HEALTHCARE PROFESSIONALS

Please complete the application and submit the required continuing education supporting documentation, attach copies of certificates received, and applicable fees.

I WISH TO APPLY FOR RECERTIFICATION AS: (REINSTATEMENT IS AVAILABLE FOR AT INITIAL FEE)

Phlebotomy Instructor – CPI, NBHP

Requirements:

- _Application
- _Photo ID
- _Copy of Licensure
- _Copy of detailed Syllabus

Please note that all instructors will be renewed every 2 years

Last Name	First Name	Middle Initial
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Address

Street	City	State	Zip
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Phone
Number

Email
Address _____

Last 4 Social Security Number _____

Date of Birth _____

Please note that all Instructors will renew every 2 years.

Please Check all that applies:

____ Two or more years as a Certified Phlebotomy Technician or Healthcare Professional

____ One year of verifiable experience teaching

Job title: _____

Phlebotomy School attended: _____

Years of experience: _____

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