



NBHP - Examination Application

Candidate's Full Name:

Address:

City _____ State _____ ZIP _____

Daytime Phone Number: _____ Other Number: _____

E-Mail address: _____

Exam Date/Location Requested: _____

Please check the appropriate eligibility level box below. Incomplete applications will not be accepted. *Proof of graduation must include school name, date of graduation and type of degree received.

ELIGIBILITY OPTIONS (please select one of the following, and include all required documentation/fees):

Current Student - Enrolled in an NBHP approved school.

- You must be a High School graduate or hold equivalent credentials, such as a GED.
- You must have been trained at an authorized training school
- You must submit a copy of your Certificate of Completion, or official signed transcript.
- You must have applied within 1 year of the graduation date of your Training program.

Graduate - Graduate of an NBHP approved school within the last 3 years.

- You must be a High School graduate or hold equivalent credentials, such as a GED.
- You must have been trained at an authorized training school

- You must submit a copy of your Certificate of Completion, or official signed transcript.

___ Experience - One full year as CPT, EKG, CMAA or PCT

- You must be a High School graduate or hold equivalent credentials, such as a GED.
- You must have full time employment in a clinical setting and
- Must submit Work Form or Letter of phlebotomy experience from current or previous employer
- You must submit a copy of your Phlebotomy Certificate of Completion, or official signed transcript Acceptable supporting documentation includes.

SPECIAL ACCOMMODATIONS:

If you are requesting special accommodations due to a physical or mental impairment or disability, you must first submit one of the following:

- A letter from physician stating disability or medical condition
- Documentation with proof of learning disability

FEES:

\$100.00 CPT Certification

\$100.00 EKG Certification

\$100.00 PCT Certification

\$100.00 CMAA Certification

\$150.00 Certified Phlebotomy Instructor

Select Form of Payment: Circle One

Money Order Visa MasterCard Discover

*If paying by money order, indicate the total amount enclosed here: \$_____ include your check with this paper application. *Payable to National Board of health Care Professional*

BILLING INFORMATION (Credit or Debit Cards)

Billing Address (only if different from applicant info):

Amount: \$ _____

Card Number: _____

City Security Code: _____

Expiration Date: _____

Signature (authorizes payment): _____

You Can also make your payment on the website

IMPORTANT: All applicants must sign the following statement: I do hereby acknowledge that all the information submitted in connection with my application to the certification program is true and correct to the best of my knowledge. I understand that falsified information on this application is grounds for denial of acceptance for examination or certification revocation and may bar me from future certifications or renewals.

I further acknowledge and agree that the NBHP may release my examination scores and credentialed status to agencies such as those which regulate the practice of Phlebotomy, PCT, EKG current/potential employers, NBHP recognized programmatic accreditation agencies and NBHP contracted vendors involved in the process of certification. I understand that NBHP certificates may also have their names and credentials published in various NBHP publications from time to time such as when the NBHP is congratulating new certificants, etc.

Printed Name of Applicant

Signature of Applicant

Date

Once approved, you will be contacted by NBHP staff by email to confirm your test date and time. This will happen within 48 hours of receipt of the application.

Retesting: Candidates who are unsuccessful in passing the examination may resubmit an application immediately; however, they are limited to taking three examinations in one calendar year. Candidates are required to resubmit an application and payment each time.

Refund: The fee for the examination is nonrefundable, candidates have up to 6 months to take the exam upon registering.

RETURN THIS FORM, ALL NECESSARY DOCUMENTATION AND ENTIRE FEE TO:

NBHP

P O Box 33308

Baltimore, MD 21218

or Email to cert@nationalbhp.com