APPLICATION HANDBOOK

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View Job Board

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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 and Compliance Department

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 who have attended an Allied Health Program that included venipuncture techniques and a clinical practical with documented evidence of attendance. The program must award 16.0 continuing education units or be offered as a course with at least 160 contact hours of lecture time excluding the phlebotomy practical. The training program must include at least 200 hours of practical experience either with mannequins or clinical practicum or a combination of both. The program elements must meet the NPA curriculum requirements.

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 verifying the length of time of your experience from your employer or supervisor should accompany your application and certification fee of $170.00.

4. Upon receipt of all required documents, A Proficiency Examination Form must be completed by supervisor.

5. Upon completion of the Proficiency Examination Form, please allow 4 to 8 weeks for completion of the application process.

ABSENTEES

If you are scheduled for the National Phlebotomy Association Certification Examination and are absent on the scheduled date, you must send an email to your school and email NPA at certification@nationalphlebotomy.org.

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.

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CERTIFICATION EXAMINATION FEE

The National Phlebotomy Association Certification Examination Fee is **non-refundable and non-transferable.**

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 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 Written Examination is a two-hour timed examination.

ADMISSION

EVERYONE must bring a picture ID (such as driver's license, work ID, passport or student ID).

Report to the examination site at least thirty (30) minutes before the scheduled time. Before the exam starts, relax and calm yourself.

RELEASE OF SCORES

You will notified by your school of your test score. Within 2 to 3 weeks, you will receive a letter of good standing via email. **NPA will not provide test score results over the telephone.** The passing score is 70% (combination of written and practical parts of the exam). **You will receive an email within 30 days with profile instructions to print your certification documents.** 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 email notification; but it is your responsibility to maintain your certification. **You must keep your email address updated, you are still responsible for renewing your certification on time.** Certified Phlebotomists are required to complete 1.8 Continuing Education Units (CEU's) on a yearly basis.

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.

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: $170.00
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
Fees are Non-Refundable and Non-Transferable

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: _____

Please check the number(s) that applies to you

☐ 1. Attended Phlebotomy Training Programs

☐ 2. Reclamation Clause (Article XIII NPA By-Laws

☐ 3. Reinstatement CPT # _____

PLEASE TYPE OR PRINT CLEARLY TO INSURE ACCURACY OF INFORMATION

Name: (Last, First and Middle Name (Maiden)	Sex ☐M ☐F	Date of Birth	Race
Address: Street	City	State	Zip
Telephone Numbers (include area code) Home: ( ) Work: ( )		Social Security Number (**Mandatory**)	
Email Address (**Mandatory**):			

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 EDUCATIONAL PROGRAM

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 educational 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.

All Applicants Must Sign:

Signature: _____ _____

(Sign Name In Full) (Date)

APPLICATION FOR NPA ACCREDITED PROGRAMS ONLY

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

(Education Coordinator) (Date)

[redacted]

(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

SCHOOL TYPE STATE SCHOOL TEST FEE DEGREE CODE RELEASE

SPECIAL REPEAT

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