

SUPERVISOR EVALUATION FORM

From: **Instructor** **Supervisor** **Evaluator**

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Name (please print)

AMT ID Number (if known)

AMT has received an application for certification from the above-named applicant. Your cooperation in evaluating this candidate for certification with American Medical Technologists will be appreciated.

Did the applicant receive this experience in school? Yes No **AND**

Did the applicant successfully complete the academic course of instruction? Yes No

OR

Was the applicant employed as a phlebotomist? Yes No

OR

Was the applicant performing phlebotomy duties? Yes No

Please explain: _____

Date of Instruction / Employment: From: _____ To: _____ (Exact dates please)

Please evaluate the following areas as applicable:	Excellent	Good	Fair	Poor
Venipuncture Collection				
Patient Care				
Medical Office Tasks				
Specimen Handling				
Ethics				
General				
Character of Applicant				
Aseptic Practice				
Other				

Has the applicant performed at least 50 successful venipunctures and at least 10 capillary punctures on human sources?

Yes No

Do you feel the applicant is qualified for certification as a phlebotomy technician? Yes No

If no, please explain: _____

Signature: _____ Title: _____ Date: _____