

This form must be submitted on the following link: [Upload Here](#)



# Clinical Skills Verification Form (CSV)

American Education Certification Association AECA

To be filled out by Facility Manager, Supervisor, RN, Doctor or equivalent on behalf of the candidate.

Candidate Name: \_\_\_\_\_ Candidate City/ State: \_\_\_\_\_

Candidate Email: \_\_\_\_\_ Candidate Phone: \_\_\_\_\_

AECA Provisional Certification Number (IF APPLICABLE): \_\_\_\_\_

Candidate Duties: enlist duties performed by the candidate

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•	•
•	•
•	•
•	•

Grade the Candidate on the scale of 1 to 5 based on the following: (Circle that applies)

	1: Needs Improvement	2: Satisfactory	3: Fair	4: Good	5: Excellent
1. Punctual	1	2	3	4	5
2. Subject Matter Knowledge	1	2	3	4	5
3. Hands on Clinical Skills	1	2	3	4	5
4. Team work	1	2	3	4	5
5. Communication	1	2	3	4	5
6. Ethics & Morals	1	2	3	4	5
7. Professionalism	1	2	3	4	5

The above-named candidate has successfully completed the Phlebotomy Technician Certification requirements of 40 Live Sticks.

40 Live Sticks	Facility Manager, Supervisor, RN, Doctor or equivalent signature
• 30 Venipunctures	
• 10 Dermal Punctures	

Is the candidate applying to convert a provisional certification to a full certification?  Yes  No

Verification Statement by Supervisor: Minimum Clinical Skill Competency Requirements: By signing this form, I am verifying the candidate named above is competent (safe, consistent, and successful) in the performance of job tasks as a Phlebotomy Technician, as documented in the case above and Phlebotomy Log Sheets and understand that AECA relies on information provided by me, and that submission of this form is required to fulfill the requirements of a full phlebotomy technician certification by the above named candidate. Your signature, identification and contact information is required for acceptance of this form by AECA.

Supervisor Name: \_\_\_\_\_ Supervisor Job Title: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Facility Email: \_\_\_\_\_

Please submit the 40 Live Sticks Phlebotomy Log Sheet Along with this form.

SECTION 1: CANDIDATE INFORMATION

SECTION 2: CANDIDATE ELIGIBILITY

**Recommendation: Type in your recommendation (optional)**

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*Information of Person Providing Recommendation for Candidate:*

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Credentials:** \_\_\_\_\_

**Date of Recommendation:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

***Duplicate this page for additional recommendations***



American Education Certification Association

Phlebotomy Clinical Skills – Log Sheet

Student's Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

<b>1 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>2 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>3 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>4 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>5 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>6 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>7 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>8 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>9 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>10 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			

Total Successful Venipuncture \_\_\_\_\_ / page

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Total Successful Dermal Puncture \_\_\_\_\_ / page

SHEET NUMBER (CIRCLE): 1 2 3 4

Check sign in appropriate boxes	
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Minimum number of Venipunctures required: 30 Live Under Supervision (Must be recorded on this Log Sheet)

Minimum number of Dermal punctures required: 10 Live Under Supervision (Must be recorded on this Log Sheet)



**American Education Certification Association**  
**Phlebotomy Clinical Skills – Log Sheet**

Student's Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

<b>1 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>2 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>3 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>4 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>5 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>6 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>7 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>8 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>9 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>10 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date: / /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			

Total Successful Venipuncture \_\_\_\_\_ / page

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Total Successful Dermal Puncture \_\_\_\_\_ / page

SHEET NUMBER (CIRCLE): 1 2 3 4

Check sign in appropriate boxes	
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**American Education Certification Association**  
**Phlebotomy Clinical Skills – Log Sheet**

Student's Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

<b>1 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>2 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>3 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>4 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>5 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>6 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>7 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
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<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>9 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			
<b>10 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
<b>Venipuncture</b>	<b>Dermal Puncture</b>			

Total Successful Venipuncture \_\_\_\_\_ / page

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Total Successful Dermal Puncture \_\_\_\_\_ / page

SHEET NUMBER (CIRCLE): 1    2    3    4

Check sign in appropriate boxes	
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<b>2 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
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<b>3 . T y p e o f S t i c k</b>		<b>Successful</b>	<b>Unsuccessful</b>	<b>Supervisor Signature</b>  Date:    /    /
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<b>Venipuncture</b>	<b>Dermal Puncture</b>			
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<b>Venipuncture</b>	<b>Dermal Puncture</b>			

Total Successful Venipuncture \_\_\_\_\_ / page

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Total Successful Dermal Puncture \_\_\_\_\_ / page

SHEET NUMBER (CIRCLE): 1    2    3    4

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# STEPS TO FOLLOW

## For Candidates applying to convert the Provisional Certification to Full Certification.

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Step 1: Download this form

- Clinical Skills Verification Form &
- Phlebotomy Log Sheet

Step 2: Have the facility at which you completed your hands on skills fill the Clinical Skills Verification Form along with documented Phlebotomy Log Sheets.

Step 3: Submit both the

- Clinical Skills Verification Form (Filled & Signed) &
  - Phlebotomy Log Sheet (with documented 40 Live sticks)
- on the following link: [Click Here](#)

*Should you have any questions, email us at [info@aecacert.com](mailto:info@aecacert.com)*