National Association of Allied Health Professionals – (A division of Doctor's Help)

Board of Certification Application for Certified Phlebotomy Technician (CPT)

6196 Oxon Hill Road, Suite 170 – National Harbor MD 20745

301-637-2637

Application and other fees are non-refundable: CPT Application Fee $125 (Online Test Monitoring - option to take the certification test on your computer at home online add $35.00. Read computer requirements.) Total Amount Submitted – **Must include application. Add online monitoring fee if desired:** $ ____________ DH Applicants ($80)

Personal Information:

Date of Birth _____________ SSN___________________

Mr. ___ Mrs. ___ Ms. ___ Miss.____ Phone Number (required) ____________________

Last Name ______________________ First Name ____________________ MI ________

Email Address ____

Home Address ____

City____State___________Zip_________

Country (if foreign)____________________________ Gender (required) Female___ Male____

Prior NAAHP Certification (if applicable)

Category _________ Certification Number _________________

Path One: Phlebotomy Training Program Completion

Date Program Began________________ Date Program Ended__________________

____ __________________

Name of Institution Address Phone

Path Two: Phlebotomy Work Experience (within the last three years)

____ __________________ ______________

Company/Employer Position Year

____

Phone

____ __________________ ______________

Company/Employer Position Year

____

Phone

Total number of years of Phlebotomy work experience: ___________

Academic Education (Required)
High School Diploma/GED Month_____ Year_____

Name of Institution Attended:

____

Institution | City/State or County | Degree | Date Received

____

Institution | City/State or County | Degree | Date Received

Employment Information

____

Present Employer | Job Title | Date Started

____

Address | City | State | Zip Code

Contact Information: List two persons who are likely to know your address at all times.

____

Name | Address | City | State | Zip | Phone

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Name | Address | City | State | Zip | Phone

By submitting and signing this application, I acknowledge that this application will be reviewed and processed in accordance with the rules and policies adopted by the NAAHP Board of Certification. I agree to hold harmless the members, examiners, officers and agents of the NAAHP Board of Certification from any and all actions that they may take, or refrain from taking, pursuant to such rules and policies.

I certify that all information contained in this application, as well as any information that I submit in support of this application, is true and correct to the best of my knowledge and belief. I authorize representatives of the NAAHP Board of Certification to verify the accuracy of any information contained in, or supplied in support of, this application from any person or persons having knowledge of such information. I recognize that admission to take the certification examination, and certification if granted, are based on the correctness of the information contained in, and supplied in support of, this application. I further recognize that admission to take the certification examination and any certification I may have or be granted, may be revoked at any time, and that I may be barred from admission to take further certification examinations, if it is established that the information contained in, or supplied in support of, this application is inaccurate in any material respect, if I engage in any inappropriate conduct during the examination (such as giving or obtaining unauthorized information or aid), or if it is determined that I have misrepresented or misused any certification I may have or be granted. I understand that this examination and all test questions are the exclusive property of the NAAHP Board of Certification and are protected by copyright law. Because of the confidential and proprietary nature of these copyright materials, I agree not to retain, copy, disclose or reveal any part of these examination materials, unless previously authorized in writing by the NAAHP Board of Certification. I understand that the certificate of certification is time-limited for two years and that it must be renewed every two years for my certification to remain valid. Continuing education credit is required to maintain certification. I understand and agree that I will not use NAAHP certification designation after my name if I do not maintain a valid certification.

____ ____________________

Signature | Date