

**AMERICAN CERTIFICATION AGENCY**  
**GUIDELINES FOR ADMINISTERING A PT CARE or PHLEBOTOMY TECHNICIAN**  
**CERTIFICATION EXAMINATION ON SITE**

**Qualifications for a Proctor**

1. The phlebotomy practical portion of the PCT and/or Phlebotomy Technician certification exam must be proctored by a hands-on Instructor, Phlebotomy Supervisor, or Lab Tech **knowledgeable of current phlebotomy practices and the most recent CLSI (formerly NCCLS) venipuncture guidelines (October 2007).**
2. The proctor must provide proof of performing venipunctures by submitting copies of certifications, curriculum vitae or resume, and one letter of reference documenting job duties as related to phlebotomy.
3. The proctor must be able to provide an objective assessment of the practical exam.
4. It is preferred that the proctor be a certified phlebotomist or a technician/technologist who performs phlebotomy regularly.

**Site Requirements**

1. A quiet, comfortable room that can be used for at least 2½ hours with no interruptions.
2. The proctor must stay in the room the entire time the applicant is taking the on line or written and practical examination.
3. Examinations must be returned to the American Certification Agency via a traceable means, e.g., certified mail, UPS, Fed Ex, no later than two days after the exam is taken.

**Please PRINT information requested.**

PROCTOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
PROCTOR SS# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ EMAIL: \_\_\_\_\_  
YEARS PERFORMING PHLEBOTOMY \_\_\_\_\_ CERTIFIED BY \_\_\_\_\_ CERTIFICATION # \_\_\_\_\_  
EXAM FACILITY: \_\_\_\_\_ PROCTOR TELE #: \_\_\_\_\_  
EXAM ADDRESS: \_\_\_\_\_ EXAM DATE: \_\_\_\_\_  
\_\_\_\_\_ FAX # \_\_\_\_\_ EXAM TIME: \_\_\_\_\_

CONTACT PERSON (SUPERVISOR, MGR, DTR) : \_\_\_\_\_ TITLE: \_\_\_\_\_  
CONTACT PERSON TELE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
SEND EXAM TO (NAME): \_\_\_\_\_  
@ THIS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**The information provided must be verified by the proctor's Laboratory Director, Manager or Supervisor**

Lab Dtr, Mgr or Supervisor: \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

DATE INFORMATION SUBMITTED: \_\_\_\_\_

**MAIL OR FAX COMPLETED FORM TO:** **AMERICAN CERTIFICATION AGENCY**  
**P.O. BOX 58, OSCEOLA, IN 46561**  
**PHONE: (574) 277-4538 FAX: (574) 277-4624**