

## 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)**

<b>Please evaluate the following areas as applicable:</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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: \_\_\_\_\_