



CalRegional

PHLEBOTOMY TECHNICIAN
EXTERNSHIP BOOKLET

(800) 927-5159 • www.calregional.com

CPT09032019



Externship Booklet

This Externship Booklet includes important guidelines and documents for students to successfully complete their externship. Students are required to bring their Externship Booklet with them to class and to their externship each day. For more information, refer to the Student Handbook.

Students need to complete the information below:

Student Name:	
Address:	
Phone:	
School/Program Attended:	

Externship Site Name:	
Address:	
Phone:	
Preceptor Name:	
Externship Start Date:	
Externship End Date:	

Students will be required to attend externship sites during the hours assigned. If the student declines a scheduled externship and/or the externship coordinator is unable to contact the student, or the student is dropped from the externship site for any reason, the student will be dropped from the program and not be eligible for a certificate or refund of any kind.

100% attendance is required at externship. Students must notify their externship site and their externship coordinator if they have an emergency and have to miss a day. If a student does not call and does not show up they are automatically dropped from the program.

COMPLETION CHECKLIST - Complete and check off each box before sending in your externship booklet.

- Minimum 40 hours of externship
- Externship Sign-in Log
- Puncture Log (50 Venipuncture-2 arterial draw observations and 10 Skin Punctures)
- Student Externship Evaluation - Completed by proctor
- Evaluation of Clinical Setting – Completed by student
- CSPPT Form signed by a licensed lab supervisor (CPT, MD, DO, PA, RN, CLB, CLS) turned in to your preceptor on the last day of externship
- Keep a copy for of your externship booklet for your records.**
- Scan and email a pdf of your externship booklet to externships@calregional.com or fax it to 707-927-0131.

EXTERNSHIP BOOKLET DEADLINE

Students are required to turn in a completed Externship Booklet within 14 days of the last day of externship. **Students who do not turn in their Externship Booklet within 14 days of the last day of externship may be dropped from the program and will not be issued a certificate or be eligible for a refund.**

A NOTE TO THE PRECEPTOR

We appreciate your contribution to the success of our students. This booklet contains all of the paperwork required for the student to complete externship. Please contact CalRegional at (800) 927-5159 if you have any questions or concerns. Here is a list of what we ask of you:

- **Student's Schedule:** Verify the student's externship schedule.
- **Externship Sign-In Log:** Sign off on the dates and hours the student has completed on a daily basis.
- **Puncture Log:** Sign off on all venipunctures, arterial observations and skin punctures performed by the student.
- **Student Evaluation Form:** Complete at the end of the externship.
- **"CSPPT" Form:** Signed by licensed laboratory supervisor. Please collect these forms on the last day of externship, scan and email the forms to externships@calregional.com.

Thank you again for your participation.

Health Care Portability and Accountability Act (HIPAA) Form

Dear Student,

Confidentiality: You are required to maintain confidentiality of patient information in accordance with state and federal law. No student will have access to or have the right to review any medical record, except where necessary in the regular course of the program. The discussion, transmission, or narration in any form by students of any patient information obtained in the regular course of the program is forbidden except as permitted by law. Please review and sign this Health Insurance Portability and Accountability Act (HIPAA) form.

HIPAA STATEMENT

Notification of privacy practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA) was distributed and discussed during the classroom portion of this program. It is your responsibility as a student to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position in the allied healthcare field.

Please review the HIPAA notification thoroughly and keep it with your Externship Booklet.

I have read and understand the HIPAA regulations. (Please Print and Sign Your Name)

Print Name

Signature

Date

Externship Sign-in Log

Student Name: _____

	DATE	LOCATION	HOURS SPENT	PRECEPTOR'S SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

A total of 40 hours is needed to complete the course. Attach additional sheets if needed.

Puncture Log – Part One

Student Name:	
Program Location:	

TYPE			METHOD			
VP	SP	A.OB	VV	SYR	WI	L
Venipuncture	Skin Puncture	Arterial Observation	Venipuncture Vacuum	Syringe	Winged Infusion	Lancet

	DATE	SITE	TYPE	METHOD	TYPE OF PATIENT	PRECEPTOR'S SIGNATURE
1.			VP			
2.			VP			
3.			VP			
4.			VP			
5.			VP			
6.			VP			
7.			VP			
8.			VP			
9.			VP			
10.			VP			
11.			VP			
12.			VP			
13.			VP			
14.			VP			
15.			VP			
16.			VP			
17.			VP			
18.			VP			
19.			VP			
20.			VP			
21.			VP			
22.			VP			
23.			VP			
24.			VP			
25.			VP			
26.			VP			
27.			VP			
28.			VP			
29.			VP			
30.			VP			
31.			VP			
32.			VP			
33.			VP			

Puncture Log – Part Two

Student Name:	
Class Location:	

TYPE			METHOD			
VP	SP	A.OB	VV	SYR	WI	FP
Venipuncture	Skin Puncture	Arterial Observation	Venipuncture Vacuum	Syringe	Winged Infusion	Finger Puncture

	DATE	SITE	TYPE	METHOD	TYPE OF PATIENT	PRECEPTOR'S SIGNATURE
34.			VP			
35.			VP			
36.			VP			
37.			VP			
38.			VP			
39.			VP			
40.			VP			
41.			VP			
42.			VP			
43.			VP			
44.			VP			
45.			VP			
46.			VP			
47.			VP			
48.			VP			
49.			VP			
50.			VP			
1.			SP			
2.			SP			
3.			SP			
4.			SP			
5.			SP			
6.			SP			
7.			SP			
8.			SP			
9.			SP			
10.			SP			
1.			A.OB			
2.			A.OB			

Attach additional sheet if needed.

Student Externship Evaluation Form - Proctor

The Student Externship Evaluation should be filled out by the student's preceptor on or before the last day of externship. Fill in the student information below and ask your preceptor to complete the form.

Student Name:			
Extern Site:			
Start Date:		End Date:	

Please evaluate the above named student in the following areas. Guidelines are as follows:

4 = excellent	3 = above average	2 = average	1 = needs improvement
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PERFORMANCE

The student demonstrates:

Phlebotomy Technician Student					
Ability to learn and retain information	4	3	2	1	N/A
Correct techniques in paperwork procedures	4	3	2	1	N/A
Knowledge of collection/preparation of specimens	4	3	2	1	N/A
Set-up and clean-up of patient care areas	4	3	2	1	N/A
Sufficient speed in completing task	4	3	2	1	N/A
Care of instruments and equipment	4	3	2	1	N/A

ATTITUDE

The student demonstrates:

Phlebotomy Technician Student					
Interest in improving	4	3	2	1	N/A
Ability to learn new procedures	4	3	2	1	N/A
Punctuality/Attendance	4	3	2	1	N/A
Positive attitude	4	3	2	1	N/A

INITIATIVE

The student demonstrates:

Phlebotomy Technician Student					
Ability to complete tasks	4	3	2	1	N/A
Undertaking of responsibilities	4	3	2	1	N/A
Anticipation of doctor 's / coworker's needs	4	3	2	1	N/A

NEATNESS

The student demonstrates:

Phlebotomy Technician Student					
Neatness in accomplishing work	4	3	2	1	N/A
Professionalism in personal appearance	4	3	2	1	N/A

PATIENT/STAFF RELATIONS

The student demonstrates:

Phlebotomy Technician Student					
Ability to put patients at ease	4	3	2	1	N/A
Cooperation with staff	4	3	2	1	N/A
Ability to function under stress	4	3	2	1	N/A
Use of correct terminology	4	3	2	1	N/A

Please provide additional information on the student below.

Student appears to show strength in these areas:

Student could benefit from suggestions for improvement in these areas:

The overall appraisal of the student:

Outstanding _____ Above Average _____ Average _____ Unsatisfactory _____

Signature:			
Print Name:		Date	
Title:		Phone:	
Email address:			
Site Name:			
Address			

Evaluation of Clinical Setting - Student

This form should be filled out by the **student** on or before the last day of the externship.

Instructions: Read each statement and mark your response on this form.

Phlebotomy Technician Externship Site	4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable				
	4	3	2	1	N/A
1. The ability to complete all required draws in the time provided					
2. The staff provided positive feedback.					
3. There were sufficient resources (personnel and supplies) available.					
4. Site staff created a supportive learning environment.					
5. If hiring, the site would be a great place to work.					
6. I am overall satisfied with my externship.					

CSPPT Form

After you complete your externship, you will need to complete the attached CSPPT form and have it signed by a licensed lab supervisor at the externship site.

Please Note: The CSPPT Form needs to be filled out correctly. See the attached example for more information.

CSPPT Form Instructions:

Laboratory Information: This section needs to include the complete name and address of the laboratory along with the lab's associated CLIA number. Please provide an email address and phone number for the location as well.

Trainee Information: This section is where you include your information. All student information needs to be clear and accurate. If the information differs when you apply for state licensing, the license will be denied.

Signature: The site's licensed supervisor must include his/her full name, title and license number like the example below and sign the form.

Bob Example/CPT-1/CPT00009173 Signature

TURN IN YOUR CSPPT TO YOUR PRECEPTOR ON THE LAST DAY OF EXTERNSHIP. DO NOT KEEP YOUR CSPPT FORM.

It will be checked for accuracy and a digital copy will be returned to you with your certificate of completion.

Scan and email a pdf of your externship booklet to externships@calregional.com or fax it to 707-927-0131.

Once your paperwork is submitted, please allow 7-10 days for processing and to obtain your Certificate of Completion.

If you have any questions, contact CalRegional at (800) 927-5159.

CALIFORNIA PHLEBOTOMY PRACTICAL TRAINING

Laboratory Information:

Name of Laboratory: GCC Laboratory

Laboratory Address: SITE ADDRESS

Laboratory Email: info@gcclaboratory.com

Laboratory Telephone: (800) 927-0954

Laboratory CLIA Certificate #: 05D1078088

Laboratory CLIA Certificate type: COW | PPMP | COC | COA (Circle One)

Trainee Information:

Trainee Name: Student Information

Trainee Address: _____

Trainee Telephone: (____) _____ - _____

Dates of Training: from _____ to _____ Externship Start to End Dates

<input type="checkbox"/>	LPT	The above named individual has completed a minimum 25 successful skin punctures
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The above named individual has had a minimum of 40 hours of practical instruction in phlebotomy, in clinical phlebotomy in accordance with the California Business and Professions Code, Section 1220 (d)(1) or (d)(2)(A) and Title 17, California Code of Regulations, Section 1035.1 (f)(1 – 7), and has demonstrated proficiency in the following areas:

1. Selection of blood collection equipment appropriate to test requisitions,
2. Preparation of the patient and infection control,
3. Venipuncture from patients of varying ages, weights, health and obesity status,
4. Skin puncture from patients of varying ages, including pediatric/geriatric, and of varying health/obesity status,
5. Post puncture care,
6. Processing of blood containers after collection, including centrifugation,
7. Proper disposal of needles, sharps, and medical waste.

Additionally, this individual has completed the following procedures on actual clinical patients of varying ages, obesity, health conditions, or degree of difficulty:

<input checked="" type="checkbox"/> CPT 1 Minimum 50 successful venipunctures Minimum 10 successful skin punctures. Observation of arterial punctures.	<input type="checkbox"/> CPT 2 Meets requirements as CPT1 and has a minimum of 1040 hours on- the-job experience in phlebotomy in previous five years. Has completed a minimum of 20 arterial punctures pursuant to Business and Professional Code 1220(d)(1) or (d)(2)(A).
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Under the onsite supervision of (MD, DO, PA, RN, CLB, CLS, CPT):

<u>Preceptor Name/Title/License Number</u>	<u>Preceptor Signature</u>	<u>Last day of Externship</u>
Name / Title / License Number (Please Print)	Signature	Date

Name of Phlebotomy Program: “Leave Blank”