

Certified Phlebotomy Technician (CPT) Clinical Documentation Log

Student Name			
Student Date of Birth		Student Email	

Clinical Site	
Site Manager/Supervisor Name	
Clinical Site Address	
Clinical Site Phone	
Clinical Site Email	

Instructions: This log is to be completed and signed by the clinical site's manager or supervisor ONLY. All logs are to be completed in full and emailed to MedCerts Clinical Externship Coordinator for review and approval – email to: clinicalsupportteam@medcerts.com.

Logs submitted without the required 30 venipunctures AND 10 capillary sticks, will not be accepted.

VENIPUNCTURE LOG: Must successfully complete a minimum of 30 venipuncture on live individuals.				
TYPE		METHOD		
VP	CP	EV	SYR	WI
Venipuncture	Capillary Puncture	Evacuated	Syringe	Winged Infusion
	DATE	TYPE	METHOD	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		

CAPILLARY LOG: Must successfully complete a minimum of 10 capillary punctures on live individuals				
	DATE		SITE	PRECEPTOR'S SIGNATURE
1		CP		
2		CP		
3		CP		
4		CP		
5		CP		
6		CP		
7		CP		

8		CP		
9		CP		
10		CP		

Approver Signature _____

Date Signed _____

Final Evaluation of Student

Completed by Experiential Learning Site **Preceptor/Supervisor**

Student Name: _____ **Experiential Learning Site:** _____
Supervisor Name: _____ **Phone Number:** _____

The student evaluation is completed by the preceptor/supervisor on or before the last day of the Experiential Learning.

Please evaluate the above-named student using the following guidelines:

4 = Excellent	3 = Above Average	2 = Average	1 = Needs Improvement
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The MedCerts Student demonstrates:	4	3	2	1	N/A
The ability to learn and retain information					
Sufficient speed in completion of tasks					
Interest in self-improvement					
Ability to adapt to new procedures					
Anticipation of provider's or coworkers' needs					
Professionalism in appearance					
Professionalism in attitude					
Dependability in attendance					
Cooperation with healthcare team and patients					

Student appears to show strengths in these areas:

Suggestions for areas of improvement:

No commitment required: Student would be a potential candidate if a position were available. _____

Signature of individual completing this evaluation: _____

Credentials & Title: _____ **Date:** _____

Supervisor/Trainer: Please return (via email or fax) to MedCerts within three days of Experiential Learning completion.

Email: clinicalsupportteam@medcerts.com **Fax:** 734-655-9445

Clinical Externship Coordinator

Date

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