

**CERTIFICATE OF PROFICIENCY  
PHLEBOTOMY**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Advisor \_\_\_\_\_

AY2023-24

**Possible Prerequisites:** None Required

**First Semester (8 credit hours)**

			Semester	Hours	Grade	ACTS
PHL	1101	CPR & First Aid		1		
PHL	1102	Phlebotomy Clinical		2		
PHL	1105	Phlebotomy		5		

**Total Credit Hours: 8**

**Minimum Required Credit Hours (8)**

**Expected Graduation Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ADDITIONAL NOTES:**

1. Successful Background Check (administered in the program)
2. Successful Urine Drug Screen (administered in the program)