

Program & Instructor Renewal



American Society of Phlebotomy Technicians

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Renewal of Programs/Instructors

Due December 31st of EACH YEAR

Attached you will find a Program and Instructor Renewal application. The documents required for renewal are listed on each form. It is required that both the program and the instructor do a complete application for each year of renewal. ASPT needs to be sure that the program has not changed in content or length. The detailed lesson plans are our way of making certain that an approved program is being offered the same as when the initial approval was issued.

As for the instructor, ASPT requires that the instructor is still an approved member of ASPT, remains CPR certified and has the necessary hours of continuing education to be re-certified.

Please submit all of the attached forms along with detailed lesson plans and fees. Your program will be reviewed in a timely manner and certificated issued when the process is complete.

Fees for year 2017: (**Must accompany renewal forms**)

Program: \$150.00

Instructor: \$100.00

Attn: Forms Approval
Set Up Exam

We look forward to working with you and thank you for continually supporting your ASPT organization with wonderful continuing education for our members!



Helen Maxwell
ASPT Instructor and Director

****Check us out on Facebook!****

Program Renewal Page

Date: _____

NAME OF SCHOOL OR FACILITY: _____

Renewal for Facility or school YES _____ NO: _____

The following must be submitted for renewal:

Completed application YES: _____ NO: _____

Fees: \$150.00 YES: _____ NO: _____

DETAILED LESSON PLANS YES: _____ NO: _____

List of present instructors YES: _____ NO: _____

Pictures of facility (inside & outside) YES: _____ NO: _____

Name of training manual used _____

Scheduled program dates: YES: _____ NO: _____

Clinical hours _____

Class times _____

Class days _____

Numbers of weeks _____

Total hours _____

******Failure to submit ALL requested information will result in additional view charges**

NO REFUNDS WILL BE GIVEN

(OFFICE USE ONLY)

READER: _____ Date: _____

INSTRUCTOR RENEWAL PAGE

NAME OF INSTRUCTOR (S): _____ DATE: _____

RENEWAL FOR INSTRUCTOR (S) YES _____ NO _____

THE FOLLOWING MUST BE SUBMITTED FOR RENEWAL:

COMPLETED APPLICATION YES _____ NO _____

FEES: \$100.00 YES _____ NO _____

DETAILED LESSON PLANS YES _____ NO _____

PROOF OF CURRENT ASPT MEMBERSHIP YES _____ NO _____

PROOF OF CURRENT CPR YES _____ NO _____

INSTRUCTOR PROOF OF 6 HOURS CEU IN PREVIOUS YEAR YES _____ NO _____

******FAILURE TO SUBMIT ALL REQUESTED INFORMATION WILL RESULT IN ADDITIONAL REVIEW CHARGES.**

NO REFUNDS WILL BE GIVEN.

(OFFICE USE ONLY)

READER _____ DATE _____

American Society of Phlebotomy Technicians, Inc.

APPLICATION FOR PROGRAM APPROVAL (IF ANY CHANGES)

(Please print or type)

**If you are applying for MULTIPLE programs, please copy this form for EACH program approval.

1. Name of school/training program _____

2. Address and phone of school/training program _____

3. Title of course _____

4. Total number of students per class _____

5. Length of course _____ HOURS

Day (s) of week offered _____

6. Lecture time _____ HOURS

7. Simulated Lab time _____ HOURS

8. Clinical Externship time _____ HOURS

9. Names and addresses of all participating hospitals, laboratories, or doctors in the clinical externship setting. Please submit names with an information booklet for each facility.

1. _____

2. _____

3. _____

4. _____

(Use an extra page if more space is needed)

Person responsible for the trainees/program director

Name of title of individual completing this application

Signature of school/training program applicant and title

Address

Phone

Email

Date of Application

COMMENTS:

Reader: _____ Date: _____

Form A-1 (Program Approval)

American Society of Phlebotomy Technicians, Inc.

APPLICATION FOR INSTRUCTOR APPROVAL (IF ANY CHANGES)

(Please print or type)

**If you are applying for MULTIPLE instructor, please copy this form for EACH instructor approval.

1. Name and title of individual applying for approval

2. Address and phone of individual applying for approval

3. Name of school/training facility where training is held

Address

Phone

4. Title of course

5. Total number of students per class

6. Length of course _____ HOURS

Day (s) of week offered _____

7. Lecture time _____ HOURS

8. Simulated Lab time _____ HOURS

9. Clinical Externship time _____ HOURS

10. Names and addresses of all participating hospitals, laboratories, or doctors in the clinical externship setting.

*Use an extra page if more space is needed.

1. _____

2. _____

3. _____

4. _____

11. Person responsible for the trainees/program director

12. Applicant's schedule in the school/training facility

13. Applicant's duties/ responsibilities

Signature of applicant _____

Date of application _____