



Medical Assistant Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

## Forensic Phlebotomist Training Attestation

Complete this form if you completed a forensic phlebotomy training program supervised by a Washington State licensed health care practitioner as defined under [RCW.18.360.010](#). The health care practitioner who supervised the phlebotomy training program must sign and date this as proof of completion.

<b>Applicant's Demographics:</b>		
Name: First	Middle	Last
Credential #	Date of Birth:	
Address		
City	State	Zip Code
<b>Washington State Licensed Supervising Health Care Practitioner Attestation:</b>		
<p>The forensic phlebotomist shall receive training, evaluation(s), and assessment of knowledge skills to determine minimum level competency.</p> <p>I, _____ certify that _____            (Forensic phlebotomy training program's supervising health care practitioner) (Forensic phlebotomist name)            completed training as required by <a href="#">WAC 246-827A-0030</a>.</p> <p>_____            Signature of health care practitioner</p> <p>_____            Date (mm/dd/yyyy)</p> <p>_____            License Number</p> <p>_____            Expiration Date (mm/dd/yyyy)</p>		

**Submit completed form with original signatures to the address above.**