



# MedCerts

## 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 Team for review and approval - email to [clinicalsupportteam@medcerts.com](mailto: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	TYPE	SITE	PRECEPTOR'S SIGNATURE
1		CP		
2		CP		
3		CP		
4		CP		
5		CP		
6		CP		
7		CP		

<b>8</b>		<b>CP</b>		
<b>9</b>		<b>CP</b>		
<b>10</b>		<b>CP</b>		

Approver Signature \_\_\_\_\_

Date Signed \_\_\_\_\_