



CALREGIONAL

PHLEBOTOMY TECHNICIAN
EXTERNSHIP BOOKLET

(800) 927-5159 • www.calregional.com

CPT0230104

Externship Booklet

This Externship Booklet includes important guidelines and documents for students to successfully complete their externship. Students are required to bring their Externship Booklet with them to class and to their externship each day. For more information, refer to the Student Handbook.

Students need to complete the information below:

| | |
|--------------------------|--|
| Student Name: | |
| Address: | |
| Phone: | |
| School/Program Attended: | |

| | |
|------------------------|--|
| Externship Site Name: | |
| Address: | |
| Phone: | |
| Preceptor Name: | |
| Externship Start Date: | |
| Externship End Date: | |

Students will be required to attend externship sites during the hours assigned. If the student declines a scheduled externship and/or the externship coordinator is unable to contact the student, or the student is dropped from the externship site for any reason, the student will be dropped from the program and not be eligible for a certificate or refund of any kind.

100% attendance is required at externship. Students must notify their externship site and their externship coordinator if they have an emergency and have to miss a day. If a student does not call and does not show up they are automatically dropped from the program.

COMPLETION CHECKLIST - Complete and check off each box before sending in your Externship Booklet.

- Minimum 40 hours of externship
- Externship Sign-in Log
- Puncture Log (50 Venipuncture-2 arterial draw observations and 10 Skin Punctures)
- Student Externship Evaluation - Completed by proctor
- Evaluation of Clinical Setting – Completed by student
- CSPPT Form signed by a licensed lab supervisor (CPT, MD, DO, PA, RN, CLB, CLS) turned in to your preceptor on the last day of externship
- Scan and email a pdf of your Externship Booklet to externships@calregional.com
- Keep a copy for of your Externship Booklet for your records**

EXTERNSHIP BOOKLET DEADLINE

Students are required to turn in a completed Externship Booklet within 14 days of the last day of externship. **Students who do not turn in their Externship Booklet within 14 days of the last day of externship may be dropped from the program and will not be issued a certificate or be eligible for a refund.**

A NOTE TO THE PRECEPTOR

We appreciate your contribution to the success of our students. This booklet contains all of the paperwork required for the student to complete their externship. Here is a list of what we ask of you:

- **Student's Schedule:** Verify the student's externship schedule.
- **Externship Sign-In Log:** Sign off on the dates and hours the student has completed on a daily basis.
- **Puncture Log:** Sign off on all venipunctures, arterial observations and skin punctures performed by the student.
- **Student Evaluation Form:** To be completed by preceptor at the end of the externship.
- **"CSPPT" Form:** Signed by licensed laboratory supervisor. Please collect these forms on the last day of externship, scan and email the forms to externships@calregional.com.

Please contact CALRegional at (800) 927-5159 if you have any questions or concerns.

Thank you again for your participation.

Health Insurance Portability and Accountability Act (HIPAA) Form

Dear Student,

Confidentiality: You are required to maintain confidentiality of patient information in accordance with state and federal law. No student will have access to or have the right to review any medical record, except where necessary in the regular course of the program. The discussion, transmission, narration, or communication of a patient's medical information obtained during the regular course of the program is forbidden except as permitted by law. Please review and sign this Health Insurance Portability and Accountability Act (HIPAA) form.

HIPAA STATEMENT

Notification of privacy practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA) was distributed and discussed during the classroom portion of this program. It is your responsibility as a student to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position in the allied healthcare field.

Please review the HIPAA notification thoroughly and keep it with your Externship Booklet.

I have read and understand the HIPAA regulations. (Please Print and Sign Your Name)

Print Name

Signature

Date

Externship Sign-in Log

Student Name: _____

| | DATE | LOCATION | HOURS SPENT | PRECEPTOR'S INITIALS |
|-----|------|----------|-------------|----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |

A total of 40 hours is needed to complete the course. Attach additional sheets if needed.

Puncture Log – Part One

| | |
|-------------------|--|
| Student Name: | |
| Program Location: | |

| TYPE | | | METHOD | | | |
|--------------|---------------|----------------------|---------------------|---------|-----------------|--------|
| VP | SP | A.OB | VV | SYR | WI | L |
| Venipuncture | Skin Puncture | Arterial Observation | Venipuncture Vacuum | Syringe | Winged Infusion | Lancet |

| | DATE | SITE | TYPE | METHOD | TYPE OF PATIENT | PRECEPTOR'S INITIALS |
|-----|------|------|------|--------|-----------------|----------------------|
| 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 | | | |
| 31. | | | VP | | | |
| 32. | | | VP | | | |
| 33. | | | VP | | | |

Puncture Log – Part Two

| | |
|-----------------|--|
| Student Name: | |
| Class Location: | |

| TYPE | | | METHOD | | | |
|--------------|---------------|----------------------|---------------------|---------|-----------------|-----------------|
| VP | SP | A.OB | VV | SYR | WI | FP |
| Venipuncture | Skin Puncture | Arterial Observation | Venipuncture Vacuum | Syringe | Winged Infusion | Finger Puncture |

| | DATE | SITE | TYPE | METHOD | TYPE OF PATIENT | PRECEPTOR'S INITIALS |
|-----|------|------|------|--------|-----------------|----------------------|
| 34. | | | VP | | | |
| 35. | | | VP | | | |
| 36. | | | VP | | | |
| 37. | | | VP | | | |
| 38. | | | VP | | | |
| 39. | | | VP | | | |
| 40. | | | VP | | | |
| 41. | | | VP | | | |
| 42. | | | VP | | | |
| 43. | | | VP | | | |
| 44. | | | VP | | | |
| 45. | | | VP | | | |
| 46. | | | VP | | | |
| 47. | | | VP | | | |
| 48. | | | VP | | | |
| 49. | | | VP | | | |
| 50. | | | VP | | | |
| | | | | | | |
| 1. | | | SP | | | |
| 2. | | | SP | | | |
| 3. | | | SP | | | |
| 4. | | | SP | | | |
| 5. | | | SP | | | |
| 6. | | | SP | | | |
| 7. | | | SP | | | |
| 8. | | | SP | | | |
| 9. | | | SP | | | |
| 10. | | | SP | | | |
| | | | | | | |
| 1. | | | A.OB | | | |
| 2. | | | A.OB | | | |

Attach additional sheet if needed.

Student Externship Evaluation Form - Proctor

The Student Externship Evaluation should be filled out by the student's preceptor on or before the last day of externship. Fill in the student information below and ask your preceptor to complete the form.

| | | | |
|---------------|--|-----------|--|
| Student Name: | | | |
| Extern Site: | | | |
| Start Date: | | End Date: | |

Please evaluate the above named student in the following areas. Guidelines are as follows:

| | | | |
|---------------|-------------------|-------------|-----------------------|
| 4 = excellent | 3 = above average | 2 = average | 1 = needs improvement |
|---------------|-------------------|-------------|-----------------------|

PERFORMANCE

The student demonstrates:

| Phlebotomy Technician Student | | | | | |
|--|---|---|---|---|-----|
| Ability to learn and retain information | 4 | 3 | 2 | 1 | N/A |
| Correct techniques in paperwork procedures | 4 | 3 | 2 | 1 | N/A |
| Knowledge of collection/preparation of specimens | 4 | 3 | 2 | 1 | N/A |
| Set-up and clean-up of patient care areas | 4 | 3 | 2 | 1 | N/A |
| Sufficient speed in completing task | 4 | 3 | 2 | 1 | N/A |
| Care of instruments and equipment | 4 | 3 | 2 | 1 | N/A |

ATTITUDE

The student demonstrates:

| Phlebotomy Technician Student | | | | | |
|---------------------------------|---|---|---|---|-----|
| Interest in improving | 4 | 3 | 2 | 1 | N/A |
| Ability to learn new procedures | 4 | 3 | 2 | 1 | N/A |
| Punctuality/Attendance | 4 | 3 | 2 | 1 | N/A |
| Positive attitude | 4 | 3 | 2 | 1 | N/A |

INITIATIVE

The student demonstrates:

| Phlebotomy Technician Student | | | | | |
|--|---|---|---|---|-----|
| Ability to complete tasks | 4 | 3 | 2 | 1 | N/A |
| Undertaking of responsibilities | 4 | 3 | 2 | 1 | N/A |
| Anticipation of doctor 's / coworker's needs | 4 | 3 | 2 | 1 | N/A |

NEATNESS

The student demonstrates:

| Phlebotomy Technician Student | | | | | |
|--|---|---|---|---|-----|
| Neatness in accomplishing work | 4 | 3 | 2 | 1 | N/A |
| Professionalism in personal appearance | 4 | 3 | 2 | 1 | N/A |

PATIENT/STAFF RELATIONS

The student demonstrates:

| Phlebotomy Technician Student | | | | | |
|----------------------------------|---|---|---|---|-----|
| Ability to put patients at ease | 4 | 3 | 2 | 1 | N/A |
| Cooperation with staff | 4 | 3 | 2 | 1 | N/A |
| Ability to function under stress | 4 | 3 | 2 | 1 | N/A |
| Use of correct terminology | 4 | 3 | 2 | 1 | N/A |

Please provide additional information on the student below.

Student appears to show strength in these areas:

Student could benefit from suggestions for improvement in these areas:

The overall appraisal of the student:

Outstanding _____ Above Average _____ Average _____ Unsatisfactory _____

| | | | |
|----------------|--|--------|--|
| Signature: | | | |
| Print Name: | | Date | |
| Title: | | Phone: | |
| Email address: | | | |
| Site Name: | | | |
| Address | | | |

Evaluation of Clinical Setting - Student

This form should be filled out by the **student** on or before the last day of the externship.

Instructions: Read each statement and mark your response on this form.

| Phlebotomy Technician Externship Site | 4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable | | | | |
|--|--|---|---|---|-----|
| | 4 | 3 | 2 | 1 | N/A |
| 1. The ability to complete all required draws in the time provided | | | | | |
| 2. The staff provided positive feedback. | | | | | |
| 3. There were sufficient resources (personnel and supplies) available. | | | | | |
| 4. Site staff created a supportive learning environment. | | | | | |
| 5. If hiring, the site would be a great place to work. | | | | | |
| 6. I am overall satisfied with my externship. | | | | | |

CSPPT Form

After you complete your externship, you will need to complete the attached CSPPT form and have it signed by a licensed lab supervisor at the externship site.

Please Note: The CSPPT Form needs to be filled out correctly. See the attached example for more information.

CSPPT Form Instructions:

Laboratory Information: This section needs to include the complete name and address of the laboratory along with the lab's associated CLIA number. Please provide an email address and phone number for the location as well.

Trainee Information: This section is where you include your information. All student information needs to be clear and accurate. If the information differs when you apply for state licensing, the license will be denied.

Signature: The site's licensed supervisor must include his/her full name, title and license number like the example below and sign the form.

Bob Example/CPT-1/CPT00009173 Signature

TURN IN YOUR CSPPT FORM TO YOUR PRECEPTOR ON THE LAST DAY OF EXTERNSHIP. DO NOT KEEP YOUR CSPPT FORM.

It will be checked for accuracy and a digital copy will be returned to you with your certificate of completion.

Scan and email a pdf of your externship booklet to externships@calregional.com.

Once your paperwork is submitted, please allow 7-10 days for processing and to obtain your Certificate of Completion.

If you have any questions, contact CALRegional at (800) 927-5159.