



RE: PERIPHERAL IV VERIFICATION AND PHLEBOTOMY

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In order to facilitate verification of a RN's proficiency and competency in peripheral IV insertion and phlebotomy, the following must be completed. **All information must be included.**

\_\_\_\_\_ RN, has demonstrated proficiency and competency in inserting peripheral IV's, monitoring and maintaining IV therapy, performing IV site care, and phlebotomy on the following patients:

**Peripheral IV insertion:** \_\_\_\_\_ Neonates \_\_\_\_\_ Pediatric \_\_\_\_\_ Adults

**Phlebotomy:** \_\_\_\_\_ Neonates \_\_\_\_\_ Pediatric \_\_\_\_\_ Adults

Verified by: (Signature) \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name, Address and phone number of verifying Facility**