

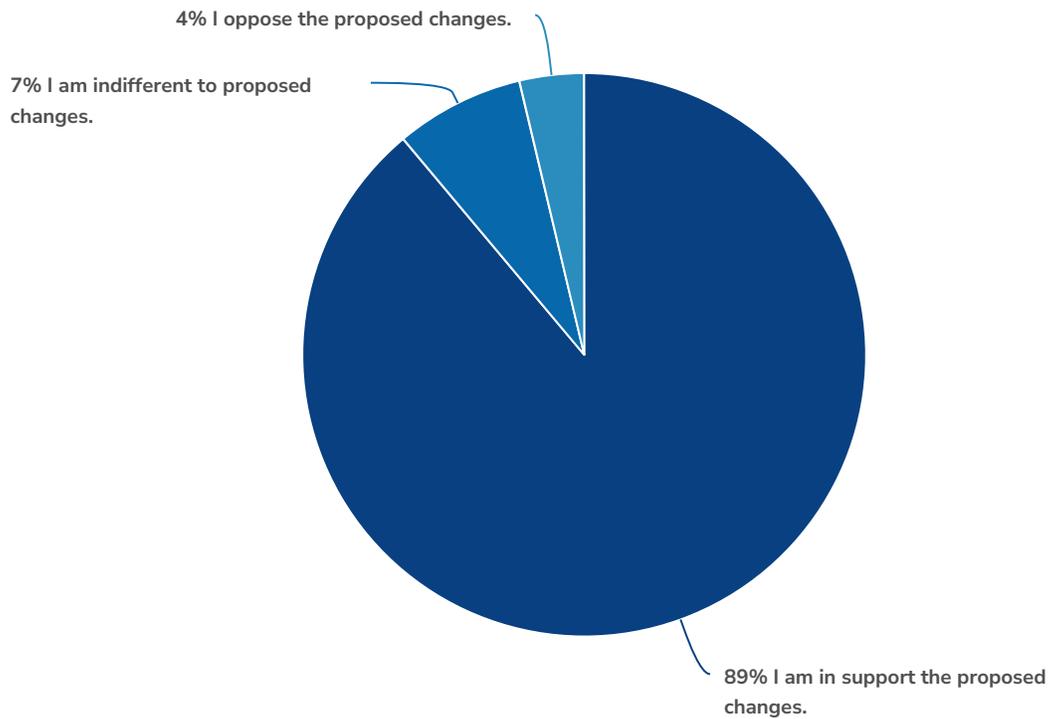
Report for Fall 2025 Public Comment

Response Counts



Totals: 33

2. 2024 Standards I.B.1.d - in regard to the proposed standard change, please select an option below.



Value	Percent	Responses
I am in support the proposed changes.	88.9%	24
I am indifferent to proposed changes.	7.4%	2
I oppose the proposed changes.	3.7%	1

Totals: 27

3. 2024 Standards I.B.1.d - if you have additional commentary in support or in opposition to the change, please submit it below.

ResponseID Response

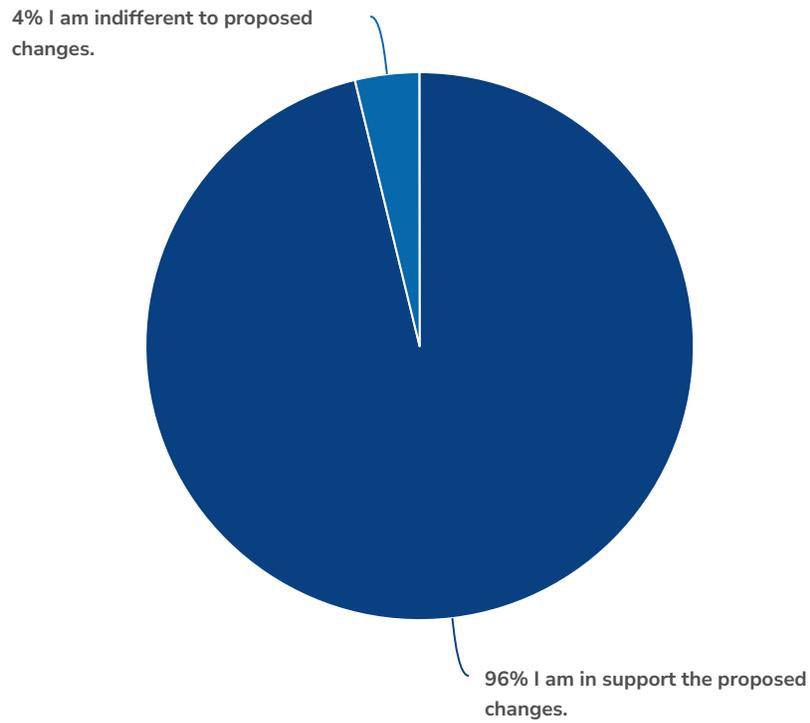
4 I agree this is redundant and should be removed.

7 Residency training is typically completed after degree completion. This does not apply to DCLS programs in which students complete their clinical training while in the program. Also, specifically using the term "residency" restricts programs from defining their clinical training terminology. Instead of using the term "residency", the standards can utilize the term "clinical training" or "clinical practice"

9 Thank you!

25 No comments.

4. 2024 Standards IV.A.1.n - in regard to the proposed standard change, please select an option below.



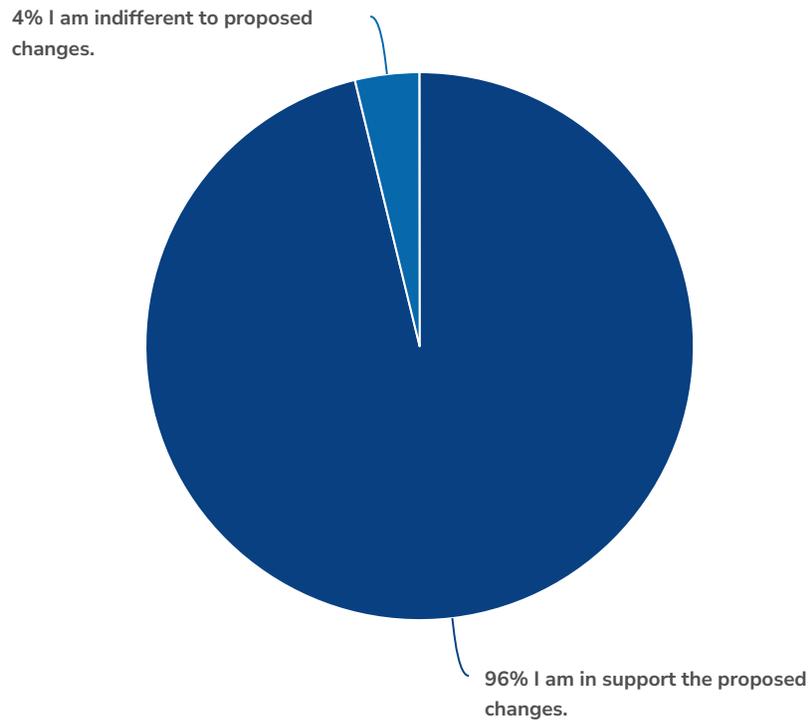
Value	Percent	Responses
I am in support the proposed changes.	96.2%	25
I am indifferent to proposed changes.	3.8%	1

Totals: 26

5. 2024 Standards IV.A.1.n - if you have additional commentary in support or in opposition to the change, please submit it below.

ResponseID	Response
9	Thank you!
25	No comments

6. 2024 Standards VI.H - in regard to the proposed standard change, please select an option below.



Value	Percent	Responses
I am in support the proposed changes.	96.2%	25
I am indifferent to proposed changes.	3.8%	1

Totals: 26

7. 2024 Standards VI.H - if you have additional commentary in support or in opposition to the change, please submit it below.

ResponseID

Response

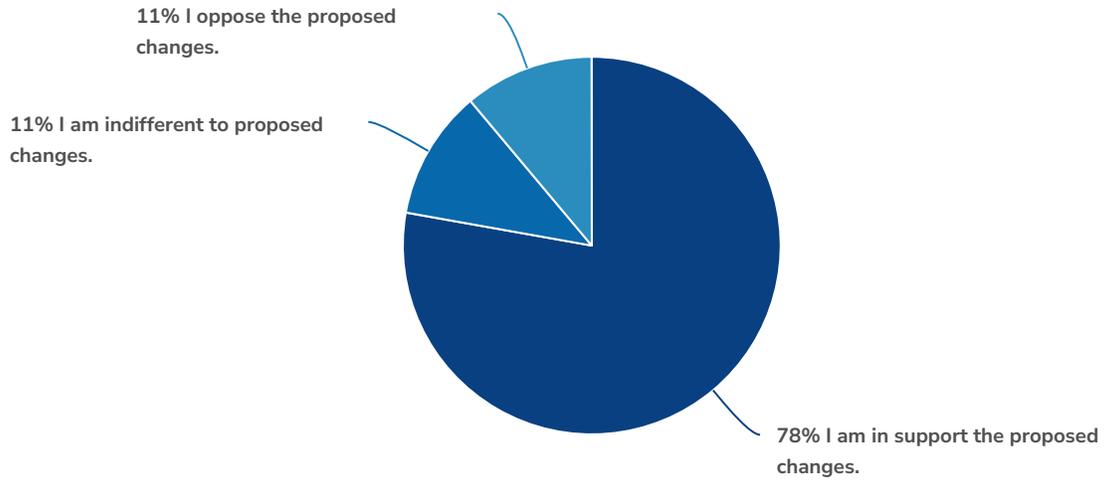
4

This is an excellent clarification.

25

No comments.

8. 2024 Standards PBT Standard VIII - in regard to the proposed standard change, please select an option below.



Value	Percent	Responses
I am in support the proposed changes.	77.8% 	21
I am indifferent to proposed changes.	11.1% 	3
I oppose the proposed changes.	11.1% 	3

Totals: 27

9. 2024 Standards PBT Standard VIII - if you have additional commentary in support or in opposition to the change, please submit it below.

ResponseID **Response**

- | | |
|----|--|
| 1 | While I am fine with moving the learning experience to section B, I am not in support of reducing the number of successful sticks required. The main role of a phlebotomist is specimen collection, let's make sure they are proficient with multiple patient populations. The removal of hours, although not noted in the document, allows for flexibility and the option for students to prove proficient quicker. |
| 3 | Is ASCP also reducing their required number of successful, unaided venipunctures? The ASCP route 2 documentation requires 100 clinical hours and 100 unaided, successful venipunctures. |
| 7 | Instead of just Advocacy for the DCLS Profession, this standard can be strengthened by promoting advocacy for all lab professions. Recommendation: Advocacy for the MLS Profession or Advocacy for laboratory professionals. |
| 14 | I like this proposed change because successful unaided collections is more measurable as a learned experience than a specified number of hours in a clinical experience. |
| 17 | Happy to hear/see the PARC recommendations passed with the board to lower the amount of sticks and to change the language, it looks good! |
| 20 | In the current Standard VIII A. 3, it states that a minimum of 100 hours of clinical experiences is required but in the proposed change it does not indicate a minimum number of hours. |
| 25 | No comments. |

ResponseID Response

33

While I support the removal of the minimum 100 hours of clinical experience, I am writing to oppose changing the minimum requirement of 100 successful unaided collections to 50. I believe it should be maintained at 100 successful unaided collections. I have been the director of a phlebotomy program at Denver Health for 8 years and our goal is to provide competent phlebotomists who are ready for entry-level to provide patient-centered care. We require students to have a minimum of 40 classroom hours, 100 clinical hours, 100 successful venipunctures, 10 capillary sticks and 10 heel sticks. I worked closely with our phlebotomy supervisors (in-patient and out-patient) to continually assess these requirements. They continue to be adamant about the 100 minimum successful venipuncture requirement (as well as our capillary and heel stick requirements). They feel that it allows students adequate experience for entry level. The time it takes for students to get to 100 successful venipunctures varies by student. Excellent students can achieve that in apx. 1 week (8 hour days) while average students may take 2-3 weeks (8 hour days). They train at both in-patient and out-patient settings. They can see how difficult in-patient collections can be given their unique conditions – IV use, limb restrictions, some unconscious, infection control policies, not ambulatory, etc. – versus out-patient collections of ambulatory and more healthy patients. While I believe these experiences can be gained in fewer than 100 clinical hours, maintaining 100 successful venipunctures allows students a meaningful experience. I have witnessed students in our program from other phlebotomy programs that required fewer than 100 sticks and it was clear they were not as competent as graduates from our program. We even had a California-licensed phlebotomist, where the requirement is 40 successful venipunctures, who was not comfortable in their initial hours of clinical training. They clearly required more practice to achieve a sense of competence. Based on my experience, I am urging NAACLS to maintain 100 successful unaided venipunctures as the minimum standard for accredited phlebotomy programs. I believe this produces more competent entry-level individuals with a patient-centered focus.