**Law Enforcement Phlebotomy Training Program**

**March 14th – 16th, 2025**

**Nampa, Idaho**

Name: (last, first):
Rank:
Agency:
Hire Date:
Current Assignment:
Work Telephone # (208)

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Law Enforcement Phlebotomy Program (LEPP) training is an important part of the impaired driving program. While waiting for an individual to respond to draw blood, vital evidence is slipping away. The LEPP is one way to gather evidence in a timely fashion that may otherwise be lost. Becoming a phlebotomist is a strenuous, time consuming process and should not be entered into lightly.

The following summarizes each phase.

**ACADEMIC TRAINING**This phase stars with 48 hours of pre-homework and reading assignments. The next step is classroom training. The classroom training will start with a “mid-course” exam based on the information contained in the pre-course homework. Classroom training is typically conducted over three days. During this time period, students will learn the practical and legal aspects of drawing blood. In addition, students will achieve and demonstrate practical proficiency by performing a minimum 25 successful blood draws in a classroom setting. Also, students must achieve a minimum of 80% on a comprehensive final examination.

**CLINICAL PHASE**After successfully completing the academic portion, students must complete the clinical phase. Students will be assigned a specific location to complete the practical portion of the training. During this phase, students will be required to complete a minimum of 100 successful blood draws.

**To be considered for Phlebotomy training, the applicant must meet the following required criteria:**

##### In order to qualify for acceptance to LEPP training, applicants must have the following:

##### Be a commissioned officer who is off probation with his/her agency.

* 1. Cannot be under investigation or have pending disciplinary action.
		1. Exceptions to this will be handled on a case-by–case basis.

##### Minimum of two (2) years of experience after basic training. (Reserve time can count but must be approved by the LEPP State Coordinator on a case-by-case basis).

* 1. Have a recommendation from one or more of the following:
1. A currently certified Drug Recognition Expert
2. Prosecutor
3. Agency head

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* 1. Individuals who do not meet one or more of the requirements above can be admitted into LEPP training on case-by-case basis.
		1. Individuals must submit an application to the State Coordinator with a letter(s) of recommendation and an explanation of how his/her acceptance would be beneficial to the LEPP and their department.
		2. Provide current Curriculum Vitae documenting all impaired driving training and other training pertaining to the LEPP.
			1. This can include EMT, RN, Para-Medic or other types training in healthcare related fields.

To assist in the selection of quality personnel for the Idaho LEPP training, please complete the following information:

Date of SFST Training       Date of SFST Instructor Training (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of ARIDE Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

Date of DRE Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of DRE Instructor Training (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summarize your prior assignments related to, or of interest to, the LEPP:

Summarize your formal education, work or practical experience, and training that may be related to, or may be of interest to, the LEPP (EMT training, college, etc.)

How do you expect LEPP training to benefit you and your Department?

If there is anything else you think the LEPP selection committee should know about your interest in the LEPP program, use this space:

Explain your past court testimony history:

I have read the requirements of this training program and I recommend this employee for LEP training.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commanding Officer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return the completed form to:

Sgt. Chris Glenn

Idaho Statewide Impaired Driving Coordinator

700 S. Stratford,

Meridian, ID 83642

Or e-mail to chris.glenn@isp.idaho.gov

Contact me with any questions at

208-884-7212