

CERTIFICATION OF COMPETENCE AND EXPERIENCE

To be completed by either a Medical Anaesthetist, Intensive Care Specialist, Charge Anaesthetic Technician, or Anaesthetic Technician Educator

I am providing this reference for New Zealand registration as a practitioner under the Health Practitioner	(name of applicant) who is applying for rs Competence Assurance Act 2003.
My Name	
My Position Title	
Email Address	
I certify that the applicant has completed the following amount of tir anaesthetic technology	me working in
YY/MM	
I certify that the applicant meets the following competencies	Please Sign each Statement
Acts in accordance with legal, professional and regulatory requirements	
Protects patients from physical danger and avoidable risk	
Communicates effectively with patients, colleagues, other health professional	ls and the public
Works collaboratively as a member of an anaesthetic team	
Takes the socio-cultural values of others into account in all aspects of daily pr	actice
Incorporates the principles of the Treaty of Waitangi into daily practice	
DECLARATION I confirm that the above information is true to the best of my knowledg	e.

they make any declaration or representation that, to their knowledge is false or misleading, and may be liable on

summary of conviction to a fine not exceeding \$10,000