

Certification of Competence To Practise as a Medical Laboratory Scientist

Name of Applicant:	
Registration Number:	
Date of Commencing Employment:	
Has more than one supervisor been allocated to this applicant (Circle One)	
Yes	No
Name of Supervisor: _____ Registration Number: _____	
Scope of Practice:	
<p>As supervisor for the above applicant, I hereby certify that he/she has completed a minimum of six/nine (delete one) months fulltime equivalent work experience since registration as a medical laboratory scientist (that was completed within five years of gaining qualification) and can perform the skills as listed below to the standard of a medical laboratory scientist. Please note when there has been more than one supervisor, each supervisor is to complete a Certification of Competence to Practise as a Medical Laboratory Scientist form</p>	
Date:	
Signature:	
Laboratory:	
Address:	
Phone:	
Supervisor Signature	COMPETENCIES
	Follows procedures for the collection, storage, retrieval and disposal of biological specimens appropriate to the discipline
	Performs and reports routine tests appropriate to the discipline
	Follows laboratory protocols and displays an awareness of the boundaries of her/his knowledge and responsibilities
	Organises and manages his/her daily work schedule in an effective and efficient manner
	Demonstrates clarity and precision in written oral communications
	Works in collaboration with other health professionals
	Demonstrates a working knowledge of medical laboratory safety requirements
	Demonstrates a holistic approach to laboratory quality assurance and quality control
	Applies the professional code of ethics to practice and takes responsibility for acts performed in practising the medical laboratory science profession