

Technician Certification Form

Medical Laboratory Technician

(relevant New Zealand experience)

TO BE COMPLETED BY A NEW ZEALAND SUPERVISOR

The Board requires an applicant for registration as a medical laboratory technician to have sufficient relevant laboratory experience. The duration of laboratory experience required will depend on the nature of that experience. Some overseas-qualified applicants may be required to work under supervision in New Zealand in addition to their laboratory experience outside of New Zealand.

The applicant must be of good character, and have good communication skills including proficiency in the English language.

Applicant's Name: _____

Name Of Supervisor: _____

Supervisor's Registration Number: _____

Position of Supervisor: _____
(Must be a registered health practitioner with an appropriate scope of practice, but not a medical laboratory technician)

Laboratory: _____

Address: _____

Phone: _____

As supervisor of the above applicant I hereby certify that he/she has completed _____ years and _____ months fulltime (or equivalent) work in a medical laboratory and can perform the skills listed below under the direction of a registered health practitioner with an appropriate scope of practice. I support his/her registration as a medical laboratory technician.

Sign in each box

Follows procedures for the collection, storage, retrieval and disposal of biological specimens	
Performs tasks, record information and follows quality assurance procedures in accordance with established protocols	
Follows laboratory policies and procedures and displays an awareness of the boundaries of his/her knowledge and responsibilities	
Organises and manages his/her daily work schedule in an effective and efficient manner	
Demonstrates the ability to comprehend and communicate in English	
Works in collaboration with other health professionals	
Takes into account the socio-cultural values of others	
Demonstrates a working knowledge of medical laboratory health and safety requirements	
Applies the Board's Code of Competencies and Standards for the Practice of Medical Laboratory Science and takes responsibility for acts performed in practising his/her profession	

Signature of Supervisor: _____ Date: _____

Job Title: _____