

CERTIFICATION OF COMPETENCE AND EXPERIENCE

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

| | I requires an applicant for registration as a esthetic technology experience. | n Anaesthetic Technicia | n to have sufficient |
|---|--|--|-------------------------|
| I am providing this reference New Zealand registration as | for a practitioner under the Health Practitione | (name of applicant) who ers Competence Assuranc | |
| My Name | | | |
| My Position Title | | | |
| Email Address | | | |
| I certify that the applicant anaesthetic technology | has completed the following amount of ti | me working in | |
| үү/мм | | | |
| | | | |
| I certify that the applicant meets the following competencies | | | ase Sign each Statement |
| Acts in accordance with legal, | professional and regulatory requirements | | |
| Protects patients from physica | ıl danger and avoidable risk | | |
| Communicates effectively with | n patients, colleagues, other health professiona | als and the public | |
| Works collaboratively as a me | mber of an anaesthetic team | | |
| Takes the socio-cultural values | of others into account in all aspects of daily p | ractice | |
| Incorporates the principles of | the Treaty of Waitangi into daily practice | | |
| DECLARATION I confirm that the above info | rmation is true to the best of my knowledg | ge. | |
| Signed | Date | | |
| Note: Under Section 172 of the | e Health Practitioners Competence Assurance A | Act 2003 every person com | mits an offence if |

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