

## CERTIFICATION OF COMPETENCE AND EXPERIENCE

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

The Medical Sciences Council requires an applicant for registration as an Anaesthetic Technician to have sufficient relevant and specialised anaesthetic technology experience.

I am providing this reference for \_\_\_\_\_ (name of applicant) who is applying for New Zealand registration as a practitioner under the Health Practitioners Competence Assurance Act 2003.

**My Name**

\_\_\_\_\_

**My Position Title**

\_\_\_\_\_

**Email Address**

\_\_\_\_\_

**I certify that the applicant has completed the following amount of time working in anaesthetic technology**

**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 professionals 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 practice	
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 knowledge.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

### Use of Reference

The information and opinion you provided will be treated as confidential to the Medical Sciences Council of New Zealand. It will be used for the purpose of consideration of the suitability of the candidate to be registered under s.16 of the Health Practitioners Competence Assurance Act 2003.

### Privacy Act 2020

Any reference you provide may be made available to the candidate on request under the provisions of the Privacy Act 2020.