|  |  |  |
| --- | --- | --- |
| **PART A** |  | **PRACTITIONER DECLARATION RECERTIFICATION AUDIT 2022** |
| Name of Practitioner: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Registration Number: |  | 30-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Scope of Practice: |  | Medical Laboratory Scientist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CPD Programme Enrolled in: (if applicable) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Text

Description automatically generated

Part A and B must be completed, scanned, and emailed along with the documents listed below to mscaudit@medsci.co.nz by **19 August 2022**

PRACTITIONER DECLARATION

Please circle your answers

|  |  |  |
| --- | --- | --- |
| I have received a satisfactory performance review which confirms that I am clinically competent to practise as a Medical Laboratory Scientist. | Yes | No |
| I comply with the Code of Ethics. | Yes | No |
| I believe I am physically and mentally competent to practice. | Yes | No |
| **I have provided the Council with the following documents:** |  |  |
| • A logbook detailing the CPD activities I have completed in the 12 months up to 31 December 2021 | Yes | No |
| • Three documents as evidence of the completion of the CDP activity including two evidential documents related to substantive CPD activities | Yes | No |
| * Two reflective statements relating to clinical, ethical, and culturally appropriate practice | Yes | No |
| • My employment history for the 12 months up to 31 December 2021, including a brief description of the duties for each position I have held. | Yes | No |

Signature: Date:

Please label all documents with your name and registration number.

Text

Description automatically generated

**PART B**

**SUPERVISOR/EMPLOYER DECLARATION**

**RECERTIFICATION AUDIT 2022**

To be completed by a senior registered practitioner within your scope.

Name of Practitioner:

Registration Number: 30-\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle your answers

|  |  |  |
| --- | --- | --- |
| The practitioner has received a satisfactory performance appraisal that demonstrates competence within the last 12 months in the stated scope of practice. | Yes | No |
| I am satisfied that the practitioner complies with the Code of Ethics. | Yes | No |
| I am satisfied that the practitioner is physically and mentally fit and competent to practise. | Yes | No |

Name:

Position:

|  |  |
| --- | --- |
| Registered as Health Practitioner with: |  |
| Registration Number: |  |
| Scope of Practice: |  |

Signature:

Date: