

CERTIFICATION OF COMPETENCE (IV CANNULATIONS)

I am providing this reference for _____ (name of applicant), and their registration number is: 30-0_____ and they work in the area of _____.

My Name

.....

My registration number

.....

My Position Title

.....

Name of department

.....

Email Address

.....

I certify the following declarations are true:	Please tick each Statement, or comment if not true
The practitioner is a registered medical laboratory technician, or medical laboratory pre-analytical technician	
The practitioner holds a current annual practising certificate	
The practitioner has undergone specific IV cannulation training within the particular health provider service	
There are support mechanisms in place to ensure their ongoing competence is regularly reviewed.	

DECLARATION

I confirm that the above information is true to the best of my knowledge.

Signed

Date

Note: Under Section 172 of the Health Practitioners Competence Assurance Act 2003 every person commits 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