



SECTION 1:
TO BE COMPLETED BY THE APPLICANT

Applicant name: _____ Registration number: 30-_____

Email address: _____ Mobile number: _____

Place of employment: _____

I wish to apply for expanded practice to be added to my annual practising certificate in:

IV Cannulation

DECLARATIONS:

I have:

A current annual practising certificate

I understand if I am selected for an expanded practice audit, I will need to provide evidence I have:

Performed a minimum of 20 IV cannulations within the preceding 12-months; and

Have successfully completed ongoing assessments of my IV cannulation competence and continue to be certified by the laboratory/healthcare facility.

Applicant's Signature _____ **Date** _____

Note: Under section 172 of the Health Practitioners Competence Assurance Act 2003, any person who commits an offence if they make any declaration or representation that, to their knowledge, is false or misleading, may be liable on summary of conviction to a fine not exceeding \$10,000.00.



SECTION 2:

TO BE COMPLETED BY THE TRAINING PROGRAMME SUPERVISOR

Name: _____ Registration number: _____

Email address: _____

Place of employment: _____

Position: _____

Expanded practice must focus on meeting patient needs and improving patient outcomes. Medical laboratory science practitioners working in an expanded role must have the required knowledge and skills, and have the necessary support to continue in that role.

DECLARATIONS:

_____ (applicant name) **has been formally assessed on their competence to perform IV cannulations:**

- Performed all steps of the procedure independently and according to laboratory/healthcare facility policy and protocols; and
- Has appropriate theoretical knowledge.

_____ (applicant name) **will undergo ongoing assessment of their IV cannulation competence to continue to be certified by the laboratory/healthcare facility.**

Signature _____ Date _____

Note: Under section 172 of the Health Practitioners Competence Assurance Act 2003, any person who commits an offence if they make any declaration or representation that, to their knowledge, is false or misleading, may be liable on summary of conviction to a fine not exceeding \$10,000.00.

Once completed, please email this form to the Council at msc@medsci.co.nz