

Credentialing, A Certificate of Competency

Name of Student: _____

School: _____

Name of Medical Procedure: _____

Brief Description of Procedure: _____

Name of staff member: _____

Name of Parent undertaking to train staff member: _____

Name of Medical Professional Present (Nurse/Doctor): _____

Brief Description of Training Program: _____

1. _____

2. _____

3. _____

4. _____

This is to certify that _____ has demonstrated competency

(Name of Staff Member)

in the above procedure for _____

(Student's Name)

Date: _____

Acknowledge: Parent _____

Nurse/Doctor _____

Principal _____

Staff member _____

Date of required revision of training or retraining: _____

I have assisted in training _____ in this procedure.

(Name of Staff Member)

Yours sincerely _____

(Parent's signature)

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We are committed to protecting the information we collect and use by compliance with the obligations provided under the *Personal Information Protection Act 2004*.

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Department of Education Tasmania

Postal Address: GPO Box 169
Hobart Tas 7001

Telephone: 1800 816 057

Facsimile: (03) 6233 6520

Email: ServiceCentre@education.tas.gov.au