

Checklist - Certificate in Nursing in Procedural Sedation

Applicants Name:	
Work Location:	
Grade:	
NMBI PIN:	

1. To be completed by the Director of Nursing

I confirm that _____ (applicant's name) has been approved to undertake the Certificate in Nursing in Procedural Sedation course and I confirm that the applicant named above will be employed in an appropriate setting in order to meet the needs of the programme for the duration of the programme.

Signed: _____ Date: _____

Designation: **Director of Nursing**

2. To be completed by Consultant Anaesthetist

I confirm that _____ (applicant's name) will have the required supervision from an appropriately qualified practitioner and final sign off will be at the grade of Consultant Anaesthetist.

Signed: _____ Date: _____

Designation: **Consultant Anaesthetist** **MCN:** _____

Nursing Preceptor _____ Date: _____

Signed: _____ NMBI PIN: _____

3. To be completed by the applicant:

I confirm that I have identified a suitably qualified clinical practice supervisor named above to assess and support me during my undertaking of the Certificate in Nursing in Procedural Sedation.

I confirm I have a current BLS Certificate and I am competent in IV Cannulation (Evidence Required)

Signed: _____ NMBI PIN: _____

Date: _____

NB: The facilitation of supervision and appropriate workplace access for the duration of the programme is the responsibility of the healthcare provider. The GMIT accepts no responsibility for a changes in circumstances in the practice setting that directly effects the students' ability to complete the programme within the defined timeframe.