

## Checklist B

### For the Performance of Advanced Prescribed Procedures Below the Dermis by Members of the CRTO

**Please note:** a separate form must be completed and submitted for each procedure.

<b>Contact Information:</b>	
Facility	
Address	
Contact Person	
Telephone	Fax
E-mail Address	
<b>Procedure:</b>	
<b>Insertion of cannula:</b>	
<input type="checkbox"/> radial artery	<input type="checkbox"/> umbilical artery
<input type="checkbox"/> femoral artery	<input type="checkbox"/> umbilical vein
<input type="checkbox"/> peripheral vein	<input type="checkbox"/> femoral vein
<input type="checkbox"/> Chest needle insertion, aspiration, reposition and removal	
<input type="checkbox"/> Chest tube insertion, aspiration, reposition and removal	
<b>Patient Population:</b>	
<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Neonatal	
<b>Submission:</b>	
<input type="checkbox"/> Initial	
<input type="checkbox"/> Revision to an approved program	
Date of Previous submission (if applicable): _____	
<b>Authorization:</b>	
<input type="checkbox"/> The procedure is being performed by members of the CRTO who are permitted to perform advanced prescribed procedures (ie. General certificate of registration).	

**Checklist B - For the Performance of Advanced Prescribed Procedures Below the Dermis by Members of the CRTO (continued)**

**Curriculum:**

1. The certification curriculum considers the following:

- Hours of instruction
- Methods of instruction
- Assessment of knowledge and experience

**Quality Assurance:**

- The initial certification process requires the member to demonstrate that he/she possesses the appropriate clinical competence for all components of the procedure.
- The certification process has a system for initial instruction, evaluation and re-evaluation (re-certification).
- A re-certification (minimum schedule of every 2 years) process is in place that includes a hands-on demonstration of competence and may include a review of related experience and a verbal/written evaluation of knowledge.

**Records:**

- The process identifies the individual(s) within the institution who is (are) responsible for certifying and re-certifying those members performing the procedure.
- Records of instruction, certification and re-certification are maintained and retained by the institution.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_