

## Employer Endorsement

### Cervical Screening for Healthcare Professionals Course

I \_\_\_\_\_ of \_\_\_\_\_  
Employer's full name Practice/Organisation

endorse my employee \_\_\_\_\_  
Employee's full name

to register and participate in the Cervical Screening for Healthcare Professionals course, comprising of a 2.5 day face-to-face workshop (including practical speculum examination with clinical teaching associates) and theoretical assessment. I understand that as a part of the course, my employee will be required to complete the **practical component** (Clinical Attachment) in the workplace under supervision. It is a requirement of the Clinical Attachment to achieve a minimum **15 supervised cervical screens** within 6 months from the theory component. All cervical screens must have results recorded and signed off in the employee's supplied Clinical Portfolio.

#### **Please tick the below boxes:**

- I confirm that upon successful completion of this training course, cervical screening will be within the scope of practice of my employee.
- I acknowledge that all 15 cervical screens will be achieved under the supervision of an \*Endorsed Clinical Preceptor (no additional cost) in my own workplace

\*Endorsed Clinical Preceptor is approved by True for suitability to facilitate training upon receiving completed application. Application downloadable from website.

#### **Nurse Clinical Preceptor**

1. Current AHPRA number
2. Certificate of recognised Cervical Screening course or previous Pap Smear Registry Authorisation.
3. Demonstration of advanced and current competency in cervical screening. Requirements include minimum 2 years experience as a cervical screening provider with evidence of 20 cervical screening tests over a 6 month period yielding < 5% unsatisfactory results and, where test progresses to cytology, the majority having an ECC component present. This evidence of advanced competency may be retrospective; via a report from the pathology provider or completion of template enclosed.

#### **Medical Officer Clinical Preceptor**

1. Current AHPRA number
2. Demonstration of advanced and current competency in cervical screening. Requirements include minimum 2 years experience as a cervical screening provider with evidence of 20 cervical screening tests over a 6 month period yielding < 5% unsatisfactory results and, where test progresses to cytology, the majority having an ECC component present. This evidence of advanced competency may be retrospective; via a report from the pathology provider or completion of template enclosed.

\_\_\_\_\_  
Employer's signature

\_\_\_\_\_  
Date