

ACPAN Experience statement

To be successful for credentialing, you, your manager and consultant anaesthetist must sign the ACPAN Experience statement.

Hours of working experience	Date	Initial
You have completed a minimum 1900 hours of anaesthesia practice.		

The applicant has demonstrated competence in assisting in:

Emergency care	Date	Initial
Difficult airway.		
Can't intubate can't oxygenate (CICO).		
Cardiopulmonary Resuscitation.		
Cardioversion.		
Cardiac defibrillation.		
Massive blood transfusion.		
Anaphylaxis.		
Malignant hyperthermia.		

I, ANZCA credentialed anaesthetist, hereby certifies that details on this Clinical Criteria statement have been assessed in accordance to ANZCA guidelines, local policies and work instructions. The nurse has demonstrated that he/she is able to perform the task covered by the competency.

Signature anaesthetist	Name:	Date:

I, nurse manager of this nurse, hereby certifies that details on this Clinical Criteria statement have been assessed in accordance to ANZCA guidelines, local policies and work instructions. The nurse has demonstrated that he/she is able to perform the task covered by the competency.

Signature Nurse Manager	Name:	Date:



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I declare that I have read the document and that the dates and initials are complete, true and correct in every detail. I declare that I have the approval of the organisation to practice in the role as anaesthetic nurse. I understand that if I have stated anything that is false or misleading, the credentialing granted to me as a result of this application will be absolutely void.

Signature applicant	Name:	Date:

This statement is only valid while working for the nominated organisation. Conditions apply for transferring the competency to work with a different organisation.