**Confirmation of Revalidation Form for**

**Non-Medical Authorisers**

A copy must be retained by the Transfusion Practitioner team and you must keep a copy for your own records.

To be completed by the Health Care Professional (HCP) undertaking non-medical authorisation:

|  |  |
| --- | --- |
| Name |  |
| Date of NMA course attended |  |
| Date of final signed off/previous revalidation |  |
| Date of revalidation |  |

I have received confirmation of revalidation from (select applicable):

 Clinical mentor

 Transfusion Practitioner

To be completed by the confirmer:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Role |  |
| Professional Registration number |  |
| Email address |  |
| Contact number |  |
| Date of confirmation discussion |  |

**Confirmation Checklist of Revalidation Requirements for Non-Medical Authorisation**

**Authorised blood components**

You have seen written evidence that satisfies you that the HCP has authorised a satisfactory number of blood components to maintain competency.

You have seen written evidence that the HCP’s annual review includes confirmation of continuing competency.

**Continuing professional development**

You have seen written evidence that satisfies you that the HCP has undertaken CPD relevant to their practice as a non-medical authoriser.

The HCP has confirmed they are up to date with their local transfusion training requirements and policy and have kept up to date with the SHOT annual summary reports

**Reflective discussion**

 You have completed and signed the form showing that the HCP has discussed their reflective accounts with their clinical mentor (or you have discussed these)

|  |
| --- |
| I confirm that the above-named HCP has demonstrated to me that they have complied with all of the NMA revalidation requirements listed above over the last three years. I agree to be contacted by the Hospital Transfusion Committee (HTC) to provide further information if necessary.  |
| Signature |
| Date: |