

In my judgement the pharmacist immuniser-in-training **DOES / DOES NOT** (*delete inapplicable term*) consistently demonstrates the knowledge, skills and attitude necessary to deliver safe and competent immunisation practice according to the Essential Immunisation Practice standards in the Skills Assessment Record.

I declare that:

I am a Medical Practitioner with a minimum of 2 years recent clinical experience administering National Immunisation Program vaccines, to all age groups (infants, children and adults)

OR

I am an experienced Nurse Immuniser authorised to practice in Tasmania and have a minimum of 2 years recent clinical experience administering National Immunisation Program vaccines, to all age groups (infants, children and adults) working under a current DHHS Approved Vaccination Program

OR

I am an experienced Pharmacist Immuniser authorised to practice in Tasmania and have a minimum of 2 years recent clinical experience administering influenza vaccines working under a current DHHS Approved Vaccination Program

Pharmacist Immuniser-in-Training name _____

Preceptor name _____

Preceptor signature _____

PIIT signature _____

Date _____