



## CONTINUING COMPETENCY IN CHEMOTHERAPY

Year ending \_\_\_\_\_

Name: \_\_\_\_\_

Nursing Unit: \_\_\_\_\_

This is to confirm that in the past 12 months, I have:

- Given at least 50 chemotherapy drugs.
- Developed and followed a learning plan for expanding my knowledge and skills related to chemotherapy patient care. My Record of Education is attached.

Extra copies of the form at:

<http://www.bccancer.bc.ca/HPI/Nursing/Education/chemo/continuingcomp/Forms.htm>

RN Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please forward this form and your "Record of Education" to your Clinical Nurse Coordinator by February 28.***

**Record of Education for Continuing Competency in Chemotherapy**

**Year ending \_\_\_\_\_**

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

**Initial Certification Date: \_\_\_\_\_**

**Clinical area: \_\_\_\_\_**

<b>Date</b>	<b>Chemotherapy-Focused Educational Activity</b>