

Independent & Supplementary Non-Medical Prescribing  
HEA00151H HEA00120M

## Confirmation of Proficiency

I confirm that the **NAMED** applicant is capable of safe and effective practice at the level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing in the following areas:

- clinical/health assessment
- diagnostics/care management
- planning and evaluation of care

Please use **BLOCK capitals** and ensure handwritten content is legible.

<b>Name of Applicant</b>	
<b>Applicants PSRB Pin number</b>	
<b>Name of Person Declaring Proficiency</b>	
<b>Relationship to Applicant</b> (i.e. Designated Prescribing Practitioner, Clinical Manager etc)	
<b>Length of time known in this capacity</b>	
<b>Professional, Regulatory, Statutory body registration of signatory</b> (GMC/HCPC/NMC etc)	
<b>PSRB Pin Number</b>	

It is the applicant's responsibility to ensure the information required in this form is complete and legible before submission. Failure to do so may result in the application being rejected.