



Directorate Nursing Services

INTRAVENOUS THERAPY COURSE

For Qualified Nurses

This form needs to be duly filled with the appropriate signatures, and rubber stamps of authorised persons only. This form is a proof of attendance for all didactic sessions, and clinical assessment. Once the form is filled, it needs to be forwarded to the Education Liaison Unit at your place of work.

Lecture Day 1

Date: _____

Venue: _____

Duty/Off _____

Signature _____

Rubber stamp

Clinical Assessment

Date: _____

Venue: _____

FULL Name and Grade of Assessor

Lecture Day 2

Date: _____

Venue: _____

Duty/Off _____

Signature _____

Rubber stamp

Name of Participant _____

Ward/Entity _____

ID _____

Contact No. _____

Email: _____