

Record of performance for applying for a Final Certificate of Competence in GI Endoscopy

Name of Trainee	
IMCRN	

1.) GASTROSCOPY (Delete as appropriate)	
Number of procedures to date (NQi Record) (NQi summary report appended)	
Completed FINAL Summative DOPS (appended - 'competent for independent practice')	YES / NO

2.) FLEXIBLE SIGMOIDOSCOPY (Delete as appropriate)	
Number of procedures to date (NQi Record) (NQi report appended)	
Completed Summative DOPS (appended - 'competent for independent practice')	YES / NO

3.) COLONOSCOPY (Delete as appropriate)	
Number of procedures to date (NQi Record) (NQi report appended)	
Completed FINAL Summative DOPS (appended - 'competent for independent practice')	YES / NO

TRAINEE I have submitted copies of the NQi Records and Summative DOPS evaluations and wish to receive final certification in GI endoscopy	SIGNATURE	DATE
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TRAINER I have assessed the above-named trainee and confirm that they now have satisfied the requirements for final certification	SIGNATURE	DATE
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TRAINING PROGRAMME DIRECTOR I have reviewed the documentation submitted and confirm that the requirements for final certification have been satisfied	SIGNATURE	DATE
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