

Certification: Pediatric Chemotherapy Administration Tiers One, Two & Three				
Page 1 of 2				
Name:		PPS#:		
Unit:		Title:		
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UCDMC Policy and Procedure.				
Method of Instruction		Preceptor Verification of Skill: Method of Evaluation		
CP=Clinical Practice	P=Policy/ Procedure Review	N/A=Not applicable to specific patient care area	RD=Return Demonstration	
D=Demonstration	SP=Study Packet	O=Observation (in clinical setting)	T=Written Test	
E=Education Session	REF=Reference Information	OT=Online Test	V=Verbal	
OM=Online Module	only-Not assigned in UCL			
These skills will be considered complete when all below performance criteria are completed and have been scanned and emailed to: hs-cppn@ucdavis.edu				
		Method of Instruction:	Date	Initials
				Method of Evaluation:

Instructions: To complete this “Certification: Chemotherapy Administration Tiers One, Two & Three” form.

- If Tiers 2 and 3 are completed at separate times
 - When infusions for Tier 2 are complete scan and send form.
 - Then when completing Tier 3 requirements use the previously scanned form for Tier 2 to document completion and again scan and send to CPPN.

Tier One certification	Method of Instruction:	Date	Initials of Certified Chemotherapy Administration RN	Method of Evaluation:
Tier One Certification: Completion of: <ul style="list-style-type: none"> • APHON Pediatric Chemotherapy and Biotherapy Course #07255 	Attended ES			
Tier Two certification (#07444) Completes three Supervised Chemotherapy Administrations (to include one IV push or IV side arm vesicant through a central line). Supervision to be provided by a current Pediatric Chemotherapy certified RN.				
Chemotherapy Administration				
Site:	D			RD
Site:	D			RD
Site:	D			RD
Tier Three certification (#07476) Completion of Tier 2 requirements. A fourth supervised chemotherapy administration of peripheral vesicant observed by certified personnel. (performed within 3 months after completion of course)				
Completion of Tier Two Requirements				
Chemotherapy Administration				
Site:	D			RD
The above-named Registered Nurse has satisfactorily completed requirements for certification and is approved to administer chemotherapy according to: <ul style="list-style-type: none"> • 10001 Hazardous Drugs (HD) (Chemo) Safe Handling Preparation Administration Disposal of Waste Spill Procedures • 13066 Management of Extravasation of Vesicant/Irritant Non-Chemotherapeutic Agents 				

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SIGNATURE:

Signature and Printed Name of certified personnel who have initialed on this form:		
Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UCDMC Patient Care Standards, Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the certified skills as noted, and I have the knowledge of the resources available to answer questions.

Tier 2

Date	Printed Name	Signature

Tier 3

Date	Printed Name	Signature

Upon completion of each tier (2 or 3) SCAN Document and email to: hs-cppn@ucdavis.edu (See Instructions on Page 1)