

This is a true and accurate record of my education/practice.

Practice Hours : 40 Achieved / Not Achieved (circle one)

Signed: _____

Verified by: _____

Position: _____

Please retain Proof of Attendance Certificates and keep in a folder with this record.

All members of the New Zealand Sterile Services Association will aim to continually improve their practice and provide services according to AS/NZS 4187:2003.

Standard of Education

- Education must:**
- Be related to Sterile Services practice**
 - Have documented proof of attendance**
 - Include attendance at sessions focusing on topical issues**