

**Authorized Staff's Self-Appraisal of Competency Statement**

I have the knowledge, skill and judgement to perform the Added Nursing Skill (ANS):

**Establishment of Intravenous Access and Conversion to Intravenous Lock Device**

Name: \_\_\_\_\_  
*(printed)*

Signature: \_\_\_\_\_  
*(include professional designation)*

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Year Month Day*