

Self-Appraisal of Competency Statement

Oral Management of Hypoglycemia Medical Directive

To be completed by Designated Staff

Hotel Dieu Hospital Kingston General Hospital

I have completed the “*Education Process*” as defined in the Medical Directive:

_____ *Print Title of Medical Directive*

and have the knowledge, skill and judgment to initiate this Medical Directive.

Name: _____
(printed)

Signature: _____
(include professional designation)

Date: _____ / _____ / _____
Year Month Day

Please return the completed self-appraisal of competency statement to your
Manager/Designated Educator.

To be completed by Manager/Designated Educator

I have received the completed self-appraisal of competency statement.

Manager/Designated Educator Signature: _____

Date: _____ / _____ / _____
Year Month Day

Distribution:
Original: Designated Staff
Copy: Manager/Designated Educator