



Advanced Prescribed Procedure Certification Program Checklist

Please Note: a separate form must be completed and submitted for each procedure.

Contact Information

Facility

Address

Contact Person

Telephone

Email Address

Procedure

- ☐ Manipulation or repositioning of a cannula balloon.
- ☐ Chest needle insertion, aspiration, reposition, and removal
- ☐ Chest tube insertion, aspiration, reposition, and removal
- ☐ Bronchoscopic tissue sample for the purpose of bronchoalveolar lavage and endobronchial brushing.
- ☐ Intraosseous needle insertion.
- ☐ Subcutaneous electrode placement for intraoperative and perinatal fetal monitoring.

Patient Population

- ☐ Adult
- ☐ Pediatric
- ☐ Neonatal

Submission

- ☐ Initial
- ☐ Revision to an approved program
- ☐ Date of previous submission (if applicable): _____

Authorization

- ☐ The procedure is an advanced procedure below the dermis as defined by O. Reg 596/94, Part VII and the procedure is authorized by the CRTO for performance by Respiratory Therapists.
- ☐ The procedure is being performed by Members of the CRTO who are permitted to perform advanced prescribed procedures (I.e., General certificate of registration).
- ☐ Performance of the procedure by RTs has been approved in a policy by the Member's facility.

Curriculum

1. The certification curriculum considers the following:

- ☐ Hours of instruction
- ☐ Methods of instruction
- ☐ Assessment of knowledge and experience

2. The certification curriculum content includes:

- ☐ Performance based objectives
- ☐ Nature and purpose of the procedure
- ☐ Conditions specific to the individual institution/facility under which the
- ☐ procedure is to be performed
- ☐ Associated anatomy, physiology, pathophysiology and pharmacology
- ☐ Indications and contraindications
- ☐ Risk factors and potential complications
- ☐ Management of complications
- ☐ Technique - demonstration, supervised training, skill evaluation

Quality Assurance

- ☐ The initial certification process requires the member to demonstrate that he/she possesses the appropriate clinical competence for all components of the procedure.
- ☐ The certification process has a system for initial instruction, evaluation and re-evaluation (recertification).
- ☐ A re-certification (minimum schedule of every 2 years) process is in place that includes a hands-on demonstration of competence and may include a review of related experience and a verbal/written evaluation of knowledge.

Records

- ☐ Records: The process identifies the individual(s) within the institution who is (are) responsible for certifying and re-certifying those members performing the procedure.
- ☐ Records of instruction, certification and re-certification are maintained and retained by the institution.

NAME (please PRINT)

TITLE

SIGNATURE

DATE (MM/DD/YYYY)