

# Entrustable Professional Activity Completion Template

*Fill out and sign off as a record of EPA progress and competency*

**EPA Number**

(eg Dietetics EPA 1):

This is to certify that (name):

HCPC number:

Employing organisation:

**Has presented evidence that demonstrates that they have reached the required level of supervision (level 4) for this entrustable professional activity**

**Final signoff must be by one experienced critical care AHP of the relevant profession**

Assessor name and employing organisation:

Assessor signature:

HCPC number:

Employing organisation:

Date:

