

<b>Certification: Adult Chemotherapy Administration Tiers One, Two &amp; Three</b>				
Page 1 of 2				
Name:		PPS#:		
Unit:		Title:		
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UCDMC Policy and Procedure.				
<b>Method of Instruction</b>		<b>Preceptor Verification of Skill: Method of Evaluation</b>		
CP=Clinical Practice	P=Policy/ Procedure Review	N/A=Not applicable to specific patient care area	RD=Return Demonstration	
D=Demonstration	SP=Study Packet	O=Observation (in clinical setting)	T=Written Test	
E=Education Session	REF=Reference Information	OT=Online Test	V=Verbal	
OM=Online Module	only-Not assigned in UCL			
These skills will be considered complete when all below performance criteria are completed and have been scanned and emailed to: <a href="mailto:hs-cppn@ucdavis.edu">hs-cppn@ucdavis.edu</a>				
		<b>Method of Instruction:</b>	<b>Date</b>	<b>Initials</b>
				<b>Method of Evaluation:</b>

**Instructions:** To complete this “Certification: Chemotherapy Administration Tiers One, Two & Three” form.

- If Tiers 2 and 3 are completed at separate times
  - When infusions for Tier 2 are complete scan and send form.
  - Then when completing Tier 3 requirements use the previously scanned form for Tier 2 to document completion and again scan and send to CPPN.

Tier One certification	Method of Instruction:	Date	Initials of Certified Chemotherapy Administration RN	Method of Evaluation:
<b>Tier One Certification:</b> Completion of: <ul style="list-style-type: none"> <li>• On-line ONS Chemotherapy and Biotherapy Course or</li> <li>• Another UCDMC approved course</li> </ul>				
<b>Tier Two certification (#05812)</b> Completes three supervised chemotherapy administrations for certification, one of which includes an IV push or side-arm vesicant administration through a central line observed by certified personnel. (performed within 3 months after completion of course)				
Completion of Tier One Requirements				
<b>Chemotherapy Administration</b>				
Site:	D			RD
Site:	D			RD
Site:	D			RD

**Certification: Adult Chemotherapy Administration Tiers One, Two & Three**

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<b>Name:</b>	<b>PPS#:</b>
<b>Unit:</b>	<b>Title:</b>

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Method of Instruction:	Date	Initials	Method of Evaluation:
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**Tier Three certification (#05813)** Completion of Tier 2 requirements. A fourth supervised chemotherapy administration of peripheral vesicant observed by certified personnel. (performed within 3 months after completion of course)

Completion of Tier Two Requirements			
<b>Chemotherapy Administration</b>			
<b>Site:</b>	<b>D</b>		<b>RD</b>

The above-named Registered Nurse has satisfactorily completed requirements for certification and is approved to administer chemotherapy according to:

- [10001 Hazardous Drugs \(HD\) \(Chemo\) Safe Handling Preparation Administration Disposal of Waste Spill Procedures](#)
- [13066 Management of Extravasation of Vesicant/Irritant Non-Chemotherapeutic Agents](#)

**SIGNATURE:**

**Signature and Printed Name of certified personnel who have initialed on this form:**

Initial:	Print Name:	Signature:

**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UCDMC Patient Care Standards, Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the certified skills as noted, and I have the knowledge of the resources available to answer questions.

**Tier 2**

Date	Printed Name	Signature
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**Tier 3**

Date	Printed Name	Signature
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Upon completion of each tier (2 or 3) SCAN Document and email to: [hs-cppn@ucdavis.edu](mailto:hs-cppn@ucdavis.edu) (See Instructions on Page 1)

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