Individual Non-Medical Authoriser (NMA) Sign-Off Record

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| **Approval to progress with Non-Medical Authorisation** |
| Staff member name: |       |
| As the NMA I confirm I have completed an appropriate training programme, portfolio, and have been signed off by a clinical assessor as an independent NMA practitioner: |
| Print Name: |       | Signature: |  |
| As the clinical lead\* for this department, I approve NMA within this clinical area and support the above staff member’s application to become a NMA practitioner: |
| Print Name: |       | Signature: |  |
| As the manager of this ward / clinical area, I approve NMA within this clinical area and support the above staff member’s application to become a NMA practitioner: |
| Print Name: |       | Signature: |  |
| **SNBTS NMA Programme (completion by clinical assessor)** |
| Identified staff member has completed the SNBTS NMA programme? | Yes | [ ]  | No | [ ]  |
| As the clinical assessor of the identified staff member above, I can confirm that the above staff member is competent to practice as a Non-Medical Authoriser having completed the SNBTS NMA Education Programme and a portfolio of practice: |
| Print Name (Clinical Assessor): |       |
| Signature (Clinical Assessor): |  |
| **Final Lothian Transfusion Committee Approval (completion by LTC Chair)** |
| Staff member added to local register for NMAs in NHS Lothian? | Yes | [ ]  | No | [ ]  |
| On behalf of NHS Lothian I, as the Chair of the Lothian Transfusion Committee, can confirm that the above staff member has met the requirements to practice as a Non-Medical Authoriser (NMA) as laid out in the NHS Lothian Authorisation of Blood Components by Non-Medical Authorisers Policy: |
| Print Name (LTC Chair): |       |
| Signature (LTC Chair): |  |

\*See Authorisation of Blood Components by Non-Medical Authorisers Policy for definition of clinical lead