

Agenda Item 4

Enclosure 2

Paper RC 9 / 02

REGISTRATION COMMITTEE

**CERTIFICATE OF COMPETENCE IN THE
ADMINISTRATION OF LOCAL ANAESTHETICS**

From : Secretary to the Committee

The Health Professions Council

Certificate of Competence in the Administration of Local Anæsthetics

This is to certify that

(Registration Number CH_____)

**has successfully completed a course in podiatry
(approved for the time being by the statutory regulatory body)
which included training in the administration of local anæsthetics
approved for use by State Registered Chiropodists
(under the provisions of the Medicines Act 1968
and subsequent related Statutory Instruments)
and thus has been granted this Certificate of Competence
with effect from**

**Signed _____
(Chairman of the Education &
Training Committee)**

**Signed _____
(Chief Executive & Registrar)**