Staff Verification Register

Document control | STF-FRM-001 | New; the register format is a table

Field	Content
Title	Staff Verification Register
Document ID	{{facility.code}}-STF-FRM-001
Version and status	1.0 | Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director date: _____
Approver and signature	{{roles.clinical_director.name}}, clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months after effective date)
Supersedes	None (new document)
Standards and criteria supported	Standard 1, criterion 1.1
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

1. Purpose

One line per member of staff, showing verification and recheck dates.

2. How to use

Complete one form per patient, per area or per period, as the purpose states. Tick Yes, No or N/A. Any No is actioned at once and reported to the person named in the procedure.

3. Items

#	Item to check	Standard [evidence]	Yes	No	N/A	Action if No
1	Name and role	Recorded [EC]	[ ]	[ ]	[ ]	Action and who to tell
2	Issuing body and licence or certificate number (not the document itself)	Recorded [EC]	[ ]	[ ]	[ ]	Action and who to tell
3	Verification date and by whom	Recorded [EC]	[ ]	[ ]	[ ]	Action and who to tell
4	Next recheck date	Recorded and not overdue [EC]	[ ]	[ ]	[ ]	Action and who to tell
5	Scope of practice confirmed	Yes [EC]	[ ]	[ ]	[ ]	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

Retention: {{facility.records_retention_years}} years, filed as set in the retention schedule (REC-POL-001).

4. Evidence

ID	Source	Link / status
E-009	ASF Expert Committee consensus.	see source

EC = ASF Expert Committee consensus.