Organisation name Site or unit		FORM Staff Verification Register	
Document ID	STF-FRM-001	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Form · STF-FRM-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 1.1

1. Purpose

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

2. How to complete

- 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. Checks

Item to check	Standard reference
Name and role	Recorded [EC]
Issuing body and licence or certificate number (not the document itself)	Recorded [EC]
Verification date and by whom	Recorded [EC]
Next recheck date	Recorded and not overdue [EC]
Scope of practice confirmed	Yes [EC]

4. Evidence

Reference	Note
E-009	ASF Expert Committee consensus.

5. Change history

Version	Date	What changed	Approval
1.0	—	First approved version	Approved by the ASF Expert Committee

6. References

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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