



qualified ✓
competent ✓
certified ✓

The Australian Council for Certification of Medical Laboratory Scientific Workforce

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Conditional Certification Declaration

This form should be completed by the applicant’s supervisor and scanned and uploaded with their application for Conditional Certification.

I(supervisor full name),

of(employing organisation)

declare that

.....(applicant full name)

is employed in the role of

.....(applicant position)

and has less than 2 years experience and that they are undertaking ongoing training and competency assessment.

Signed:(supervisor signature)

Date: