Blocks certification form

This document confirms that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First name, last name) has performed at least the following blocks:

* **150 neuraxial blocks**, including spinal, epidural, and combined spinal / epidural**.**
* **150 peripheral nerve blocks**, including
  + 75 upper limb nerve blocks including: interscalene, supraclavicular, infraclavicular, axillary and distal nerve blocks at elbow and wrist level.
  + 75 lower limb nerve blocks including: sciatic, femoral, popliteal and nerve blocks at the ankle level.
* **Various nerve blocks**, including paravertebral, intercostal, abdominal wall blocks, PECS, penile, caudal, and IVRA (Bier’s block)**.**

**To be signed in good faith by the head of department & the person in charge of the training**

Date:

Institution:

**Head of department:**

Name:

Phone number:

Email address:

Signature:

**Person in charge of the training:**

Name:

Phone number:

Email address:

Signature: