

RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

CONFIRMATION OF ENTRUSTMENT FORM

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: training@ranzcp.org

	ine Ludcation department	at the coneger training	Cranzopiorg		
ST3-POA-AOP-EPA6 – Neuropsychological testing, neuroimaging and rating scales (COE form)					
Area of practice	Psychiatry of old age	EPA identification	ST3-POA-AOP-EPA6		
Stage of training	Stage 3 – Advanced	Version	v0.8 (EC-approved 10/04/15)		
Title	Neuropsychological testing, neuroimaging and rating scales.				
Description	The trainee demonstrates an ability to apply and interpret cognitive screening tests to a high level and is able to explain the utility and limitations of such tests. The trainee demonstrates an understanding of the techniques, interpretation, utility and limitations of neuropsychological testing completed by a psychologist in the assessment of older people.				
	The trainee utilises neuroimaging reports, in combination with neuroanatomical knowledge, to contribute to a sophisticated assessment. The trainee identifies findings that are relevant to older people on CT and MRI images.				
		pret it in a sophisticated r	he clinical situation, apply it competently to nanner and discuss the utility and		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION In my opinion, this trainee can be trusted to perform the a supervision. I am confident the trainee knows when to as timely manner. The trainee has completed three related	sk for additional help and will seek	assistance in a
Supervisor Name (print)		
Supervisor RANZCP ID: Signature		Date
PRINCIPAL SUPERVISOR DECLARATION (if different from I have checked the details provided by the entrusting sup		
Supervisor Name (print)		
Supervisor RANZCP ID: Signature		Date
TRAINEE DECLARATION I have completed three related WBAs in preparation for t training document only and cannot be used for any other		s is a RANZCP
Trainee name (print)	. Signature	Date
DIRECTOR OF (ADVANCED) TRAINING DECLARATION I verify that this document has been signed by a RANZC	P-accredited supervisor.	
Director of (Advanced) Training Name (print)		
Director of (Advanced) Training RANZCP ID:	Signature	. Date
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