Appendix 2: EPA completion forms



department date stamp

Entrustable Professional Activity Completion Form

EPA 1: performing an anaesthetic preoperative assessment

This is to certify that (name):	
GMC number:	College reference number (CRN):
•	hat they have reached the required level of supervision is entrusted to perform an anaesthetic preoperative
Final signoff must be done by one consultant ana	esthetist
Assessor name:	
Assessor signature:	
GMC number:	Date:
Hospital or	