

Entrustable Professional Activity Completion Form EPA 2: general anaesthesia for an ASA I/II patient having uncomplicated surgery

This is to certify that (name):

GMC number:

College reference number (CRN):

Has presented evidence that demonstrates that they have reached the required level of supervision for this entrustable professional activity and is entrusted to perform general anaesthesia for an ASA I/II patient having uncomplicated surgery at supervision level 2B.

Final signoff must be done by one consultant anaesthetist

Assessor name:

Assessor signature:

GMC number:

Date:

