**Confirmation of Intermediate Level Equivalence Certificate**

This is to certify that: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GMC number |  |  |  |  |  |  |  | College Reference Number |  |  |  |  |  |  |

* has demonstrated intermediate level competencies as defined by ‘Annex C in The CCT in Anaesthetics’ from the Royal College of Anaesthetists; and
* has passed the FRCA Final Examinationon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year).

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

(*Regional or Deputy Regional Adviser in Anaesthesia)*

**The Regional or Deputy Regional Adviser must sign this certificate.**