

APPLICATION FOR RPL ASSESSMENT HLT32607 CERTIFICATE III IN PATHOLOGY**COPY TO BE RETAINED BY RPL ASSESSOR & RPL ADMINISTRATOR****Course for which RPL is sought:** Certificate III in Pathology **Course Code:** HLT 32607**Student Number:** _____ **Time/Date of Assessment:** _____**Given Name:** _____ **Family Name:** _____**Panel (if applicable)** _____
_____**Decision(s)** _____

Units of competency (List)	Unit	RPL Sought	✓Accepted X Denied
BSBMED201A Use basic medical terminology	C		
BSBFLM303A Contribute to effective workplace relationships	C		
HLTOHS300A Contribute to OHS processes	C		
HLTIN301A Comply with infection control policies and procedures in health work	C		
HLTFA301B Apply First Aid	C		
HLTHIR301A Communicate and work effectively in health	C		
HLTPAT304B Collect pathology specimens other than blood	ME		
HLTPAT305B Operate efficiently within a pathology and specimen collection environment	ME		
HLTPAT306B Perform blood collection	ME		
HLTPAT308B Identify and respond to clinical risks associated with pathology specimen collection	ME		
HLTPAT407B Perform electrocardiography (ECG)	E		
HLTRAH302A Undertake home visits	E		
HLTPAT301B Receive and prepare pathology specimens	E		
BSBCMN208A Deliver a service to customers	E		

Legend: C = Core Unit; ME = Mandatory Elective; E = Elective

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Additional Information required (details): _____

Date additional information received: _____

Names (Please print) and signature(s) of assessor :

Name: _____ date: _____

Signature: _____

Name: _____ date: _____

Signature: _____

Name: _____ date: _____

Signature: _____