

How to submit portfolio forms



SCST

Declaration to Submit Preceptorship Evidence Record

A minimum of 6 weeks' notice must be provided to the SCST to indicate your Preceptorship Evidence Record will be submitted for evaluation for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology).

Healthcare Science Practitioners details:

Full name	
SCST Membership Number	
RCCP / AHCS Registration Number	
Hospital address & contact number	

In making this declaration to submit the PER to the SCST for evaluation there must be an agreement between the HSP, preceptor and manager that the named HSP has demonstrated an all-round proficiency in their role and that this can be supported by the PER that will be submitted for review. This application is further supported in the HSPs full preceptorship evidence portfolio which could be requested by the SCST Board of Assessors in support an application.

Preceptorship start date	
2 year maximum preceptorship deadline date	
Proposed electronic submission date	

Signature and Date:

HSP		
Preceptor		
Manager		

For completion by SCST only

Date declaration received:

Approved for application: YES / NO

Date HSP details verified:

HSP notified of decision: YES / NO



SCST

Preceptorship Evidence Record Checklist

This checklist should be completed in advance of submitting the PER to the SCST for evaluation. It should be used to establish that the correct, high quality evidence has been submitted that supports that HSPs application for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology).

	HSP Signature	Date
Declaration to Submit Preceptorship Evidence Record form sent to SCST		
Approval of Declaration to Submit PER received from SCST		
Preceptorship Programme Agreement completed		
All patient identifiable data are removed from the evidence in line with the Data Protection Act		
Completion of all paperwork for the evidence submitted		
All Preceptorship Programme Review Meeting records provided		
Agreement of Proficiency form completed and signed		
I declare that the submission of this evidence has been made in good faith that all sections have been completed		

	Preceptor Signature	Date
Preceptors approval of PER content and quality		

Agreement of Proficiency

From the moment they are registered, a Healthcare Science Practitioner is autonomous and accountable. To this end they are responsible for the clinical work they undertake, and are responsible to ensure they work within the remit of their role and competence.

By completing the preceptorship programme the Healthcare Science Practitioner in Cardiac Science has demonstrated the application of their academic and work-based training during the PTP to clinical practice in the workplace as an autonomous healthcare science employee.

The preceptorship programme develops attitude, behaviours, critical thinking and clinical practice that are required of the Healthcare Science Practitioner.

The signing of this form signifies that the Healthcare Science Practitioner, Preceptor and Manager agree that the HSP has met a level of proficiency that is supported by the evidence submitted in the PER. The PER is ready for evaluation for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology).

ROLE	NAME	SIGNATURE	DATE
HSP			
Preceptor			
Manager			

