**Confirmation of Core Level Equivalence Certificate**

This is to certify that: Enter names here

|  |  |  |  |
| --- | --- | --- | --- |
| GMC number | \*\*\*\*\*\*\* | College Reference Number | \*\*\*\*\*\* |

* has completed the core level units of training by demonstrating achievement of the minimum clinical learning outcomes as defined by ‘Annex B in The CCT in Anaesthetics’ from the Royal College of Anaesthetists and;
* passed the FRCA Primary Examinationon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year).

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

(*Regional or Deputy Regional Adviser in Anaesthesia)*

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