



Sengkang Health

SingHealth

Nursing Department

Performance Record for Clinical Privileging

**Privileged Skills:** Application / Removal of Plaster Cast

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Ward/Unit:** \_\_\_\_\_

**Employee No:** \_\_\_\_\_

**Date of Training:** \_\_\_\_\_

**Training Endorsements:**

Assessment	Completed on	Assessor Endorsement	
Theory Assessment			
	Date	Name Stamp	Signature
Practical Assessment <i>Performance standards:</i> <i>NU-CNC-652</i>			
	Date	Name Stamp	Signature

The above applicant has met all requirements and is privileged to perform:

- Application of Plaster Cast
- Removal of Plaster Cast

**Endorsed by Unit Manager:**

\_\_\_\_\_  
*Name & Signature*

\_\_\_\_\_  
*Date*

*\*\*Submit completed forms to Nursing Education & Development*

### Clinical Performance Log for Privileging

S/No.	Procedure	Date	Assessor Endorsement	
			Name	Signature
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