

## 7HSK2058

### Musculoskeletal Injection Therapy Module

#### Pre and co-requisites required for the course

Here is a check list of the pre & co-requisites necessary for the course, for which you will need to provide documented evidence to accompany your UH application.

Name

Evidence of	Tick Yes/No	Comment
Current HCPC registration		HCPC registration number
Evidence of current appropriate indemnity insurance to practice (CSP membership or other appropriate certificate of indemnity).		CSP certificate can be located on the CSP Website, once logged in at: <a href="http://csp.org.uk/evidence-professional-liability-insurance">csp.org.uk/evidence-professional-liability-insurance</a>
A signed letter/dated letter of evidence of appropriate Hepatitis B immunisation from applicants employing Occupational Health Department or General Practitioner		<u>Use template provided by UH</u>
A signed/dated letter from a qualified practitioner who has agreed to prescribe the necessary drugs for injection therapy		<u>Use template provided by UH</u>
A signed/dated letter from a suitably qualified mentor who will supervise and examine injection therapy in the workplace.		<u>Use template provided by UH</u>
A signed/dated letter from their employer stating student will be allowed to use injection therapy in the workplace & will have access to relevant clinical cases to achieve the practical experience of injection under mentor supervision.		<u>Use template provided by UH</u>
Evidence of current adult basic life (level 2) support training		Evidence should demonstrate applicants full name, date, extent and currency of training (certificate or equivalent)
Funding secured		Letter if necessary or self-statement if self-paying

#### Additional comments from applicant

**Student signature**

**Date**

**University of Hertfordshire**

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