

NTEC Point-of-Care Glucose Testing – Certification Record for Non-Connected Glucometer Operator

Hosp/Dept/Ward: _____ Tel.: _____ Fax: _____

Name of Link Nurse: _____ 331 User Code: _____

Name / Model of POCT Glucometer: _____

Name of Operator	Rank	Date of Passing Quiz@iLearn	Date of Passing Internal QC Skill Assessment	Remarks