CTSI Professional Competency Framework

Verification Sampling Report Form

Candidate Name _____ Candidate Number _____

Authority _____

Assessor _____

Verifier _____

Type of visit:

Regional Meeting	☐
Surgery	☐
Single Authority Visit	☐
Remote Verification	☐

Type of evidence sampled:

Work-based evidence	☐
Assessor Observation	☐
Witness Observation	☐
Questioning	☐
Witness Testimony	☐
Other (please state below)	☐

Sampling Method used (tick)			
Records only	☐	Records & Evidence	☐
Has Assessor Performance been monitored during the building of this portfolio?			
Yes	☐	No	☐
If Yes, please tick appropriate box			
Observation	☐	Assessor Interview	☐	Candidate Interview	☐
Is the candidate deemed competent?		Yes	☐	No	☐

	Yes	**No**
Did the assessor directly observe the candidate?	☐	☐
Have all of the assessment criteria been met?	☐	☐
Have all of the required activity been met?	☐	☐
Has knowledge and understanding assessed?	☐	☐
Is work product evidence available?	☐	☐
Are the candidate's assessment records being completed on an ongoing basis?	☐	☐
Has the assessor confirmed authenticity, sufficiency, accuracy, consistency and validity?	☐	☐
Are the Internal Verifier's records being completed on an ongoing bases?	☐	☐
Were you able to follow a clear audit trail through the Portfolio Building Process?	☐	☐

Summary of Findings:

Feedback and action points:

 Verifier Name:

Region:

Date

Sign off once all action points are being / have been addressed

*I confirm that **all action points** as above have now been completed and requirements satisfied.*

Name: Signature: Date: