

### Procedure Certification Form

Name of Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Location (circle one):                      UCI                      LBVA                      LBM                      Other \_\_\_\_\_

Procedure (**specify site** if indicated below): \_\_\_\_\_

List of Procedures below (**boldfaced** procedures required by ABIM to sit for boards)

- **Arterial Blood Draw**
- Arterial Line Placement
- Arthrocentesis (**specify joint**)
- Central Line Insertion (**specify site**: Subclavian, IJ, Femoral)
- I&D of Abscess
- Lumbar Puncture
- NG Tube Insertion
- **Pap Smear & Endocervical Culture**
- Paracentesis
- **Peripheral IV**
- Thoracentesis
- Urinary Catheter Insertion
- **Venous Blood Draw**

Name of Evaluator (Print) \_\_\_\_\_ MD/DO    RN    Other \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date: \_\_\_\_\_

**Please scan and submit to Brianne Tsunezumi ([tsunezub@hs.uci.edu](mailto:tsunezub@hs.uci.edu)) when complete.**

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