SPECIMEN – IV/INFUSION COMPETENCY VERIFICATION LETTER

Example only; not proof of competency. Place the completed letter on employer letterhead and have a qualified supervisor or preceptor sign it. Replace all bracketed fields, remove this specimen header and note, and retain only skills personally observed and verified by the signer.

[Employer / Organization Letterhead]

[Month Day, Year]

To Whom It May Concern:

I am writing to confirm the clinical nursing competency and skills of [Nurse Full Name], [Nursing Credentials]. I have had the opportunity to directly observe and evaluate [Nurse Name]'s nursing practice within [Clinical Setting / Department] at [Employer / Organization Name].

[Nurse Name] has demonstrated competency and proficiency in the following clinical skills:

- **Implanted port access and de-access**, including appropriate sterile technique, flushing, and maintenance.
- **PICC line and midline catheter management**, including access, flushing, maintenance, and sterile dressing changes.
- **Peripheral IV insertion**, with demonstrated vascular access skills.
- **Venipuncture and blood specimen collection**.
- **Safe administration and monitoring of hazardous medications, including chemotherapy**, in accordance with established policies and safety standards.
- **Administration of non-hazardous intravenous therapies**, including IV antibiotics, hydration/IV fluids, and other prescribed infusions.
- **Blood and blood product administration**, including appropriate patient assessment and monitoring.

[Nurse Name] consistently demonstrates strong clinical skills, attention to patient safety, adherence to infection-prevention practices, and appropriate assessment and monitoring throughout treatment. [Nurse Name] is experienced in caring for patients requiring complex vascular access and infusion therapy and demonstrates professionalism and sound nursing judgment in practice.

Based on my direct experience working with [Nurse Name], I can confidently verify competency in the clinical skills outlined above and recommend [Nurse Name] for nursing positions requiring vascular access, infusion therapy, and medication administration expertise.

Please feel free to contact me should additional information or verification be required.

Sincerely,

[Supervisor / Preceptor Signature]
[Supervisor / Preceptor Full Name], [Credentials]
[Title / Role]
[Employer / Organization Name]
[Department / Service]
[Street Address]
[City, State, ZIP Code]
Email: [Professional Email Address]
Phone: [Professional Phone Number]
Date signed: [Month Day, Year]