BRITISH COLUMBIA | Ministry of Health

EMA LICENSING

INITIAL ENDORSEMENT
INTRAVENOUS EXPERIENCE LOG

First Name	Last Name	EMA License #

	Date YY / MM / DD	Call ID (Response # or Patient Care Rpt #)	Field	Clinical	Hospital/Clinic Name or Field Location (i.e. street/city)	# of Attempts (i.e. ②)	Cath. Size	Witness Name for Hospital/Clinic IV Starts (please print)	Witness Initial
1			☐	☐		1 2 3			
2			☐	☐		1 2 3			
3			☐	☐		1 2 3			
4			☐	☐		1 2 3			
5			☐	☐		1 2 3			
6			☐	☐		1 2 3			
7			☐	☐		1 2 3			
8			☐	☐		1 2 3			
9			☐	☐		1 2 3			
10			☐	☐		1 2 3			
11			☐	☐		1 2 3			
12			☐	☐		1 2 3			
13			☐	☐		1 2 3			
14			☐	☐		1 2 3			
15			☐	☐		1 2 3			
16			☐	☐		1 2 3			
17			☐	☐		1 2 3			
18			☐	☐		1 2 3			
19			☐	☐		1 2 3			
20			☐	☐		1 2 3			
21			☐	☐		1 2 3			
22			☐	☐		1 2 3			
23			☐	☐		1 2 3			
24			☐	☐		1 2 3			
25			☐	☐		1 2 3			
26			☐	☐		1 2 3			
27			☐	☐		1 2 3			
28			☐	☐		1 2 3			
29			☐	☐		1 2 3			

PLEASE NOTE: Patient names are not required - however a Patient Care Report number reference or unique identifier to allow for verification and follow-up is required for each field start. All clinical and training starts must be signed off by the witness. A qualified witness is an IV Tech, nurse or physician. For training starts only, the instructor or preceptor can act as the witness. Please record the location of all field starts - i.e. Lonsdale Ave, N Van, Victoria General Hospital, or Hwy 17, Victoria. Please keep a copy of this log for your records.

Please email to: getalicense@gov.bc.ca