

**LCA SACT prescription verification by pharmacists:  
Passport ACCREDITATION Certificate**

Name of Pharmacist .....GPhC number: .....

Base Hospital: .....

Level of Practitioner: .....

LCA Accredited to verify SACT for the following specialist areas:

Solid tumour	<input type="checkbox"/>	Haemato-oncology	<input type="checkbox"/>
Oral SACT	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>
First cycles	<input type="checkbox"/>	Clinical trials	<input type="checkbox"/>

**This pharmacist is competent\* to verify SACT according to the specialties detailed above across the LCA.**

Name (Block capitals): .....(List of assessors held centrally by the LCA)

Signature of Trust LCA-approved assessor: .....

Date of accreditation\*\* : .../.../.....

*\*This certificate is only valid in conjunction with completed supervised prescription logs which should be presented for review when requested*  
*\*\*This certificate is valid for a period of **twelve months** from the date of accreditation. Re-accreditation is required in order to maintain LCA-approved competency*