



Cerumen Removal Management Certification Policy Criteria and Extractions Log Form

Name of Applicant: _____

Name of Monitor: _____

Location of Training: _____

Date of Training Completion: _____

Cerumen Extraction Requirements:

Applicant must complete twenty (20) supervised **patient** cerumen extractions
Please Include the date and Monitor's initial for each extraction.

Monitor must attest that the applicant can do the following:

- Complete a consent form and complete medical history with patient
- Perform a proper otoscopy to determine the presence of cerumen and if whether it can be removed comfortably and safely.
- Observe any abrasions, infections, abnormal growths, perforations of the tympanic membrane, or other relevant disorders.
- Determine if procedure should proceed or referred to family physician.
- Know the appropriate method of cerumen extraction based on otoscopy and medical history.
- Establish a protocol if cerumen extraction results in abrasion, laceration, in the event of an emergency or if medical assistance is needed
- Sound knowledge of infection control procedures.

Completion Date _____ Monitor's Signature _____

Completion Date _____ Applicant's Signature _____

Verification Date: _____ Chair Cerumen Removal Training: _____