

ARTP Spirometry Qualification

Patient Consent Form

Candidate Name: _____

As a participant in the ARTP Spirometry Qualification, I consent to being video recorded for the purpose of examination review by an ARTP assessor.

I understand that:

- The recording may be used to ensure quality assurance in the assessment process.
- The footage may also be utilized for training purposes to enhance assessor development and improve future examinations.
- My participation is voluntary, and I may withdraw my consent at any time before the assessment takes place.

"Patient" Name: _____

Date: _____

Signature: _____

****To sign please print this consent form, scan and then email back to your ARTP assessor.***