



IUD COMPETENCY FORM for CNPBC Certification

Date: \_\_\_\_\_

N.D. \_\_\_\_\_ License #: \_\_\_\_\_
(print name)

Supervising Physician: \_\_\_\_\_
(print name)

Place of Training: \_\_\_\_\_

- 1. The N.D. demonstrates competence in gynecological exams. Y N
2. The N.D. shows adequate skill in freezing for IUD insertion. Y N
3. The N.D. demonstrates competence in sounding a uterus. Y N
4. The N.D. shows competence in inserting a copper IUD. Y N
5. The N.D. shows competence in inserting an LNG-IUS . Y N
6. The N.D. shows competence in removing an IUD. Y N
7. The N.D. understands IUD risks factors and can utilize judgment in how to treat for IUD related risks. Y N

The N.D., under my supervision, performed \_\_\_\_\_ (number) successful IUD insertions (minimum 8 needed for certification) and \_\_\_\_\_ (number) successful IUD removals (minimum 1 needed for certification).

The N.D acknowledges by signature below that the CNPBC requires a minimum of 12 IUD insertions per year in order to maintain certification.

The N.D. acknowledges by signature below that they either have an in-house ultrasound, or have access to a referral ultrasound site, in order to become certified in IUD insertions.

(signature of supervising physician)

(print name)

(signature of naturopathic physician)