

MEDICAL AND DENTAL PROFESSIONS BOARD

COMMITTEE FOR MEDICAL SCIENCE

**EVALUATION OF TRAINING FACILITIES FOR INTERN MEDICAL
BIOLOGICAL SCIENTISTS**

**INFORMATION: LABORATORIES APPLYING TO BE EVALUATED FOR
ACCREDITATION FOR INTERN TRAINING**

Please complete the attached form and provide information on the disciplines in which you wish to apply to be evaluated for accreditation for training of intern medical biological scientists.

1. PARTICULARS OF TRAINING FACILITY / AFFILIATION	
University / Private Institution	
Head of facility:	
Address:	
E-mail:	
Telephone:	Fax:

2. PARTICULARS OF TRAINING LABORATORY AND TRAINING COORDINATOR	
Training Laboratory	
Coordinator of Training Programme	
Address:	
E-mail:	
Telephone:	Fax:

3. DISCIPLINE FOR WHICH APPLICATION IS MADE	
Anatomical Pathology	
Cell Biology	
Clinical Biochemistry	
Genetics	
Haematology	
Immunology	
Microbiology	
Molecular Biology	
Pharmacology	
Physiology	
Radiation Biology	
Reproductive Biology	
Virology	