



**MEDICAL AND DENTAL PROFESSIONS BOARD
INTERN DUTY CERTIFICATE FOR COMPLETION OF A TWO YEAR INTERNSHIP TRAINING PROGRAMME**

NAME OF INTERN (Full names):

REG NO: IN

PLEASE COMPLETE IN BLACK BALLPOINT PEN.

NAME OF ACCREDITED FACILITY:

I, the undersigned, CEO/Medical Director of the above facility, hereby certify that the said intern has completed internship training in the specified domains of this facility for the periods specified, that he or she has fulfilled the prescribed requirements, and that all information furnished herein is correct.

Notes:

A. If the training of an intern had been **unsatisfactory**, a detailed statement should be submitted to the Internship Committee by the Head of the Clinical Domain and the CEO/Medical Director of the accredited facility as to the reasons why the training was considered to be unsatisfactory. If the domain was not completed satisfactorily, the domain should not be signed off.

B. Although this certificate may be signed by the CEO/Medical Director and Head of the Clinical Domain one month prior to completion of internship training, each intern is required to perform his or her duties in a satisfactory manner during the last month of his or her training, failing which the signed Intern Duty Certificate may be withdrawn. In such a case, the intern would be required to complete the additional period of internship training specified by the CEO/Medical Director and Head of the Clinical Domain.

DOMAIN	PERIOD		Months	Was Internship training completed satisfactorily		Signature of Head of Clinical Domain		
	From	To		Yes (Tick)	No (Tick)	NAME (print)	SIGNATURE	DATE
1. CLINICAL DOMAINS (4 months each)								
1.1 General Medicine If training Extended /Interrupted								
1.2 General Surgery including surgical trauma If training Extended /Interrupted								
1.3 Obstetrics and Gynaecology If training Extended /Interrupted								
1.4 Paediatrics If training Extended /Interrupted								
1.5 Family Medicine/Primary Care (3 months) When Mental Health falls between the 3 months If training Extended /Interrupted								
1.6 Mental Health (1 month) If training Extended /Interrupted								
2. CLINICAL DOMAINS (2 months each)								
2.1 Orthopaedics/Orthopaedic Trauma If training Extended /Interrupted								
2.2 Anaesthesiology If training Extended /Interrupted								
3. LEAVE TAKEN								
3.1 Annual leave	Total no. of days taken							
3.2 Maternity leave (if applicable)	Total no. of days taken							
3.3 Sick-leave	Total no. of days taken							
3.4.1 Other leave (specify type)	Total no. of days taken							
3.4.2 Other leave (specify type)	Total no. of days taken							

SIGNATURE OF HEAD OF INSTITUTION/CLINICAL SERVICES

SIGNATURE OF INTERN CURATOR

HOSPITAL STAMP

DATE

No alterations to this document will be accepted.