



CMS 07

APPLICATION TO SERVE AS MEMBER OF THE EVALUATION PANEL FOR MEDICAL SCIENCE INTERNSHIP TRAINING

MEDICAL AND DENTAL PROFESSIONS BOARD: MEDICAL SCIENCE

The purpose of this document is to invite experienced medical scientist to be part of the evaluation panel to assist in dual assessment on both intern medical science training facilities and the assessment of board-approved competency-cased examination (Portfolio of evidence).

The guideline includes the following documents:

- CMS 07.01 Information on compliance criteria and term of office: Member of the Evaluation panel for Medical Science Internship. Please read this section prior to the completion of the CMS 07 form.

Policies to be read in conjunction with this document includes:

- Policy regarding the training of intern medical scientists – CMS A
Policy regarding the criteria for accreditation of facilities for internship training in Medical Science – CMS B
Guideline for the submission and assessment of the Portfolio of Evidence – CMS 02 MBS / MBS RB / PH / GC
Guideline on assessment and moderation of the Portfolio of Evidence: Intern Medical Scientists – CMS H

Please complete this application and provide additional information which may be relevance in the selection process

Table with 2 columns and 10 rows for personal details including application type, name, contact numbers, email, qualifications, and HPCSA registration.

Discipline registered in	<input type="checkbox"/> Medical Biological Science <input type="checkbox"/> Genetical Counselling <input type="checkbox"/> Medical Physics
Professional category (applicable in Medical Biological Science)	<input type="checkbox"/> Anatomical Pathology <input type="checkbox"/> Clinical Biochemistry <input type="checkbox"/> Genetics <input type="checkbox"/> Haematology <input type="checkbox"/> Immunology <input type="checkbox"/> Microbiology <input type="checkbox"/> Molecular Biology <input type="checkbox"/> Microbiology <input type="checkbox"/> Reproductive Biology <input type="checkbox"/> Virology
Date of first registration as Medical Scientist in this discipline (and category if applicable)	
¹ Involvement in a medical science internship program :	Number of years as part of a training team: ____ Number of years as a supervisor: ____
² Number of successful interns trained during your involvement in the training program	
Involvement in any other academic program? If yes, please provide details	
Previous involvement in a HPCSA accreditation visit? If yes, provide details.	
Previous involvement in the assessment of Portfolio of Evidence (PoE) . If yes, provide details	<input type="checkbox"/> Assessor Number of Portfolio of evidences: ____ <input type="checkbox"/> Moderator Number Portfolio of evidences: ____
Application as an evaluator: Attach an abbreviated CV which include background on training provided	
For capacity building candidates: A recommendation by the <i>Head of the training Department/Supervisor</i> is required (fill section below or attach a recommendation letter (max 1 page - signed and stamped)	

^{1,2} This may be the cumulative number of all experience / training programs in intern medical science.

Full name of applicant: _____

Signature of applicant: _____

Date: _____

