



## HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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### CLINICAL ANAETHETIST AND ADVANCED PARAMEDICAL, ANAETHETIST INTERNSHIP ROTATION FORM

#### 1. Details of Internship Rotations:

Rotation Area	Duration of Rotation			Supervisor			
	No. of Months	Start date	End Date	Full Names	NRC Number	Specialist Licence No.	Signature
Theatre (Including Remote Sedation)							
Intensive Care Unit							
Emergency Department							

Comments on the performance and conduct of the intern:

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I declare that the information given above is true and accurate to the best of my knowledge and I RECOMMEND/DO NOT RECOMMEND the applicant for full registration.

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FULL NAMES OF HEAD OF  
INTERNSHIP HOSPITAL

.....  
SIGNATURE

.....  
DATE STAMP