



## HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Head Office: Plot No. 6640, Mberere Road, Olympia  
Kasama Office: Plot 1182, Lunzua Road, Central Town  
Ndola Office: Plot No. 26 Kenya Road North Rise  
Livingstone Office: No. 82 John Hunt Way, Off Airport Road  
P.O BOX 32554 Lusaka 10101, Zambia. [Tel: +260 211 236241](tel:+260211236241) Fax: +260 211 239317  
Email: [info@hpcz.org.zm](mailto:info@hpcz.org.zm) Website: [www.hpcz.org.zm](http://www.hpcz.org.zm)

### JUNIOR RESIDENT DENTAL SURGEONS INTERNSHIP ROTATION FORM

#### 1. Details of Internship Rotations:

Name of specialty	Duration of Rotation			Full Names of Supervisor	NRC Number	Licence No.	Signature
	No. of Months	Start date	End Date				
Dental Clinic							
Maxillofacial Clinic							
Hospital 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