



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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EMERGENCY CARE OFFICER 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
Patient Evacuation Services							
Accidents and Emergency							
Obstetrics and Gynaecology							
RTA Response Centre							
Anaesthesia & Critical Care							

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

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SIGNATURE

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DATE STAMP