



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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MEDICAL LICENCIATES INTERNSHIP ROTATION FORM

1. Details of Internship Rotations:

Rotation Area	Duration of Rotation			Full Names of Supervisor	NRC Number	Specialist Licence No.	Signature
	No. of Months	Start date	End Date				
Internal Medicine							
General Surgery							
Obstetrics and Gynaecology							
Paediatric and Child Health							

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

.....
DATE STAMP