



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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OPTOMETRIST 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	Licence No.	Signature
General Ophthalmic Clinic							
Optometry and Low Vision							
Diagnostics & Investigations							
General Outpatient 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

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 SIGNATURE

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 DATE STAMP