



**Please complete the following checklist:**

Listing of Structured Education Programme by Modules	Yes / No*
Self-directed Education & Critical Appraisal Exercise <i>(Mandatory for Higher Training)</i>	Yes / No*
Completion of Listing of Patient Seen in a Two-week Period in Community Based Basic / Higher Training	Yes / No*
Record of Supervisors / Mentor's Feedback	Yes / No*
Clinic Sit-in Consultation Sessions and Review of Consultation Video-recording	Yes / No*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

**1. Retrospective accreditation letter from BVTS** **Yes / No\***

**2. Evidence submitted by trainee** **Yes / No\***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Certificate of completion of basic/ higher training** **Yes / No\***

*\* delete as appropriate*