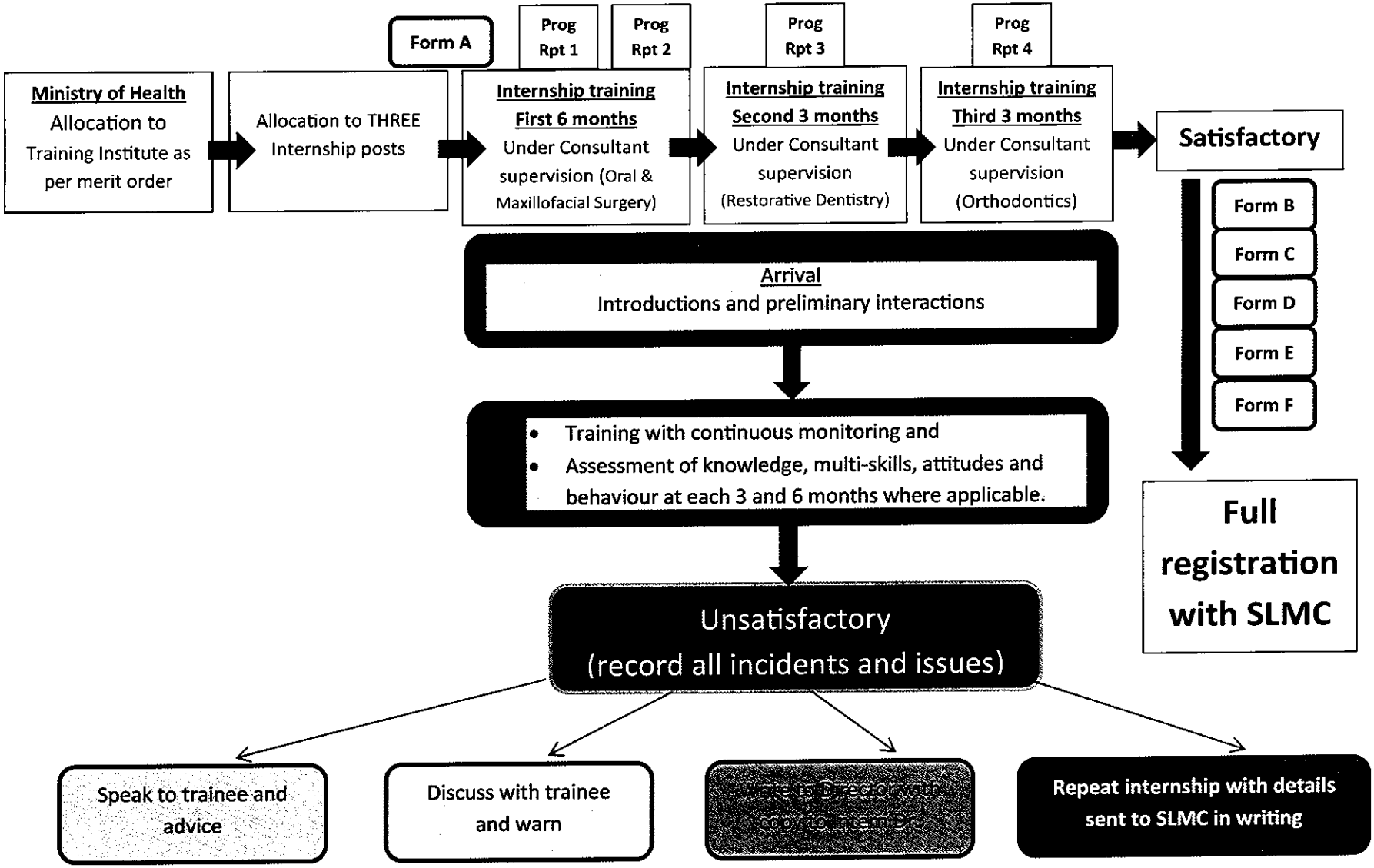
EVALUATION BOOK FOR INTERNSHIP (DENTAL)

SRI LANKA MEDICAL COUNCIL

31, Norris Canal Road, Colombo 10.
Tel : 0112691848, FAX : 0112674787
e-mail : slmc@lankabellnet.com
web : www.srilankamedicalcouncil.org

June, 2018

Process for certification of satisfactory completion of Internship of Dental Graduates.



SRI LANKA MEDICAL COUNCIL

NOTICE TO DENTAL GRADUATES WHO HAVE OBTAINED PROVISIONAL REGISTRATION

1. You are advised to take note of the contents in the document "Guidelines for Internship (Dental)" by the SLMC.

2. You are provided with the "Evaluation of Internship" forms attached to this document. These forms should be duly completed and signed by the Consultants at the end of the 3rd, 6th, 9th and 12th months of internship. They should be then certified by the Medical Director/Medical Superintendent of the hospital.

3. The "Evaluation of Internship" documents should be submitted to the Sri Lanka Medical Council as instructed below with the application for FULL REGISTRATION.

Instructions to interns on how to fill these forms

(i) On accepting the internship, you should complete all the information requested in the SLMC in **Form 'A'**

(ii) Once Form 'A' is completed, you should sign this form which should be then counter-signed by the Head of institution and handed over or posted to the SLMC within one week of commencing internship. It is advisable to have a photocopy of this completed form 'A' with you for future reference.

(iii) To ensure safe delivery of the form 'A' to the SLMC, you are advised to send it under registered cover.

(iv) Every (3) months you should send your progress report under registered cover to the SLMC. Altogether there are four (4) progress reports you should have sent at the time of completing your internship.

(v) Your full registration will not be processed without the progress reports from all three consultants who have supervised your internship.

(vi) Your registration will be processed only when you have completed the above requirements.

AFTER COMPLETING INTERNSHIP

The following forms given at the end of this document should be duly completed and returned to the SLMC office.

1. Application for Full Registration **(Form 'B')**
2. Certified Internship Certificate of Experience **(Form 'C')** to be completed and certified by the Consultants under whom you served internship and counter-signed by the Medical Superintendent or Director of the hospital.
3. Certificate of Good Character **(Form 'D')**
4. Two copies (2) of the **unsigned** Medical Practitioners' oath **(Form 'E')** to be signed in the presence of the Registrar, Assistant Registrar, Designated Member, Vice President or President of the Sri Lanka Medical Council. One copy is to be retained by the council and the other copy to be kept with you.
5. Application for the Doctor's Identity Card **(Form 'F')**
6. Bank receipts for making payments for Full Registration and Doctor's Identity Card.

❖ Disciplinary Action

Interns are under the disciplinary control of the Sri Lanka Medical Council during the period of provisional registration. If an intern has been reported or he/she has been alleged to have committed an act which amounts to serious professional misconduct, the council can take action under the provisions of the Medical Ordinance. Hence, any serious act involving professional duties should be brought to the attention of the Council. A preliminary inquiry may be held by the Head of the institution to which the intern is attached and the report forwarded to the Director General of Health Services and the Sri Lanka Medical Council. Approval of the Council should be obtained before any further disciplinary action is taken.

❖ Dealing with adverse incidents / Extension of the Period of Internship

To obtain full registration with the SLMC the intern should be certified as satisfactory in knowledge, clinical skills and professional behavior.

The internship period of an intern may be extended if the work and conduct of the intern is not satisfactory. If the Consultant notices that the work and conduct of the intern is not up to expected standards, he/she may

(a) first warn the intern verbally and advise the intern

(b) if no improvement is shown and there are serious lapses the Director of the Institution should be informed in writing

(c) In the event of a very serious incident notice of extension of internship should be given in writing to the intern through the Head of Institution

(d) a copy of the notice is sent to the Sri Lanka Medical Council

(e) **Defer issuing form 'C'** (Certificate of Internship Experience) until the Intern is competent to be certified.

The intern should be informed of the extension of internship before the due date of completion of internship and not delayed till after the date of completion of internship.

The extended period of internship should be commenced immediately after the due date of completion of the relevant internship appointment. ie: if applicable at the end of the first appointment or soon after the second appointment. However, internship should be completed before engaging the person, in any other capacity as a medical officer.

The entries in the grading given in the evaluation form at the appropriate time could assist in supporting the decision.

❖ Confidentiality

If the supervising specialist wishes to send the evaluation forms directly to the SLMC, they may do so by sending the SLMC copy under confidential registered cover. They are advised to retain the consultant's copy for future reference.

SLMC Provisional Registration No: .....

FORM A

INFORMATION SHEET
TO BE POSTED TO THE SRI LANKA MEDICAL COUNCIL
ON REPORTING FOR INTERNSHIP

FULL NAME OF INTERN : .....

.....

NAME WITH INITIALS: .....

HOME ADDRESS : .....

.....

E-MAIL ADDRESS : ..... MOBILE NO : .....

NATIONAL IDENTITY CARD NO :..... SEX : .....

DEGREE AND UNIVERSITY : .....

..... YEAR OF GRADUATION: .....

COMMON MERIT LIST NO : ..... MONTH / YEAR : .....

DATE OF COMMENCEMENT OF INTERNSHIP : .....

ALLOCATION OF APPOINTMENTS

1) SPECIALITY : ORAL & MAXILLOFACIAL SURGERY (6 Months)

   NAME OF CONSULTANT : ..... PERIOD : .....

2) SPECIALITY : RESTORATIVE DENTISTRY (3 MONTHS)

   NAME OF CONSULTANT : ..... PERIOD : .....

3) SPECIALITY : ORTHODONTICS (3 MONTHS)

   NAME OF CONSULTANT : ..... PERIOD : .....

.....

1). SIGNATURE OF THE DIRECTOR / MS/DMO OF THE HOSPITAL

.....

SIGNATURE OF INTERN

.....

2). SIGNATURE OF THE DIRECTOR / MS/DMO OF THE HOSPITAL

DATE : .....

.....

3). SIGNATURE OF THE DIRECTOR / MS/DMO OF THE HOSPITAL

SLMC COPY

PROGRESS REPORT – OMF Surgery appointment 1

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment: From ..... To .....

Name of the consultant:.....Specialty: **Oral & Maxillofacial Surgery**

Grading evaluation: [First three months of 6 months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	1-3 Months	Remarks/Comments
1. Clinical history, physical examination and documentation*		
2. Management of health related problems and emergencies*		
3. Ward procedures and administration*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history, thorough physical examination and their entry in the B.H.T. / clinic notes in sufficient detail, developing a clinical summary e.g. description of injuries which may be required for medico-legal purposes, writing daily status, instructions of superiors, operation / procedure notes, etc.
2. Includes diagnosis, requesting relevant investigations, prescribing treatment and management.
3. Includes writing diagnosis cards, transfer forms, notifications, issuing medical certificates and death declarations, requesting temporary leave for a patient, permission to perform pathological post-mortems, diagnosis of illness on discharge, cause of death, medico-legal procedures: requesting inquests, cases to be referred to the Police /JMO, whether a patient is smelling of or under the influence of alcohol.
4. Includes performance of venepuncture, arterial puncture, endotrachial intubation and CPR, catheterization of bladder, suturing and dressing of wounds, IV infusion, blood grouping, cross matching and transfusion, assisting at major surgery, performing minor surgery under supervision.
5. Includes punctuality, dress code, interpersonal relationships, communication with patients and relations, code of ethical and professional conduct, patient empathy, willingness to learn/work, awareness of limitations, participation in academic and social activities
6. Additional comments on the back of this page
7. Received my evaluation certificate.

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Intern's Signature

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Name of the Consultant	Seal	Signature	Date
.....	.....	.....	.....
Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions:

PROGRESS REPORT – OMF Surgery appointment 1

CONSULTANT'S COPY

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:.....Specialty: **Oral & Maxillofacial Surgery**

Grading evaluation: [First three months of 6 months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	1-3 Months	Remarks/Comments
1. Clinical history, physical examination and documentation*		
2. Management of health related problems and emergencies*		
3. Ward procedures and administration*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history, thorough physical examination and their entry in the B.H.T. / clinic notes in sufficient detail, developing a clinical summary e.g. description of injuries which may be required for medico-legal purposes, writing daily status, instructions of superiors, operation / procedure notes, etc.
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Head of Institution	Seal	Signature	Date

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Reporting adverse issues (specify details) and remedial actions:

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Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:.....Specialty: **Oral & Maxillofacial Surgery**

Grading evaluation: [First three months of 6 months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	1-3 Months	Remarks/Comments
1. Clinical history, physical examination and documentation*		
2. Management of health related problems and emergencies*		
3. Ward procedures and administration*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history, thorough physical examination and their entry in the B.H.T. / clinic notes in sufficient detail, developing a clinical summary e.g. description of injuries which may be required for medico-legal purposes, writing daily status, instructions of superiors, operation / procedure notes, etc.
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Intern's Signature

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Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions:

SLMC COPY

PROGRESS REPORT – OMF Surgery appointment 2

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:.....Specialty: **Oral & Maxillofacial Surgery**

Grading evaluation: [First three months of 6 months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	4-6 Months	Remarks/Comments
1. Clinical history, physical examination and documentation*		
2. Management of health related problems and emergencies*		
3. Ward procedures and administration*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history, thorough physical examination and their entry in the B.H.T. / clinic notes in sufficient detail, developing a clinical summary e.g. description of injuries which may be required for medico-legal purposes, writing daily status, instructions of superiors, operation / procedure notes, etc.
2. Includes diagnosis, requesting relevant investigations, prescribing treatment and management.
3. Includes writing diagnosis cards, transfer forms, notifications, issuing medical certificates and death declarations, requesting temporary leave for a patient, permission to perform pathological post-mortems, diagnosis of illness on discharge, cause of death, medico-legal procedures: requesting inquests, cases to be referred to the Police /JMO, whether a patient is smelling of or under the influence of alcohol.
4. Includes performance of venepuncture, arterial puncture, endotrachial intubation and CPR, catheterization of bladder, suturing and dressing of wounds, IV infusion, blood grouping, cross matching and transfusion, assisting at major surgery, performing minor surgery under supervision.
5. Includes punctuality, dress code, interpersonal relationships, communication with patients and relations, code of ethical and professional conduct, patient empathy, willingness to learn/work, awareness of limitations, participation in academic and social activities
6. Additional comments on the back of this page
7. Received my evaluation certificate.

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Intern's Signature

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Name of the Consultant	Seal	Signature	Date
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Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions:

CONSULTANT'S COPY

PROGRESS REPORT – OMF Surgery appointment 2

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:..... Specialty: **Oral & Maxillofacial Surgery**

Grading evaluation: [First three months of 6 months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	4-6 Months	Remarks/Comments
1. Clinical history, physical examination and documentation*		
2. Management of health related problems and emergencies*		
3. Ward procedures and administration*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history, thorough physical examination and their entry in the B.H.T. / clinic notes in sufficient detail, developing a clinical summary e.g. description of injuries which may be required for medico-legal purposes, writing daily status, instructions of superiors, operation / procedure notes, etc.
2. Includes diagnosis, requesting relevant investigations, prescribing treatment and management.
3. Includes writing diagnosis cards, transfer forms, notifications, issuing medical certificates and death declarations, requesting temporary leave for a patient, permission to perform pathological post-mortems, diagnosis of illness on discharge, cause of death, medico-legal procedures: requesting inquests, cases to be referred to the Police /JMO, whether a patient is smelling of or under the influence of alcohol.
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Intern's Signature

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Name of the Consultant	Seal	Signature	Date
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Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions:

INTERN'S COPY

PROGRESS REPORT – OMF Surgery appointment 2

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:.....Specialty: **Oral & Maxillofacial Surgery**

Grading evaluation: [First three months of 6 months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	4-6 Months	Remarks/Comments
1. Clinical history, physical examination and documentation*		
2. Management of health related problems and emergencies*		
3. Ward procedures and administration*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history, thorough physical examination and their entry in the B.H.T. / clinic notes in sufficient detail, developing a clinical summary e.g. description of injuries which may be required for medico-legal purposes, writing daily status, instructions of superiors, operation / procedure notes, etc.

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7. Received my evaluation certificate. .....

Intern's Signature

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Name of the Consultant	Seal	Signature	Date
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Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions:

SLMC COPY

PROGRESS REPORT – Restorative Dentistry

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:..... Specialty: **Restorative Dentistry**

Grading evaluation: [Three months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	Grade	Remarks/Comments
1. Clinical history, physical examination and documentation*		
2. Management of relevant patient problems and emergencies*		
3. Preventive skills*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history, thorough physical examination and their entry in the clinic notes in sufficient detail, developing a clinical summary e.g. description of injuries which may be required for medico-legal purposes, writing daily status, instructions of superiors, procedure notes, etc.

2. Includes diagnosis, requesting relevant investigations, prescribing treatment and management.

3. Preventive skills: Should be able to educate, assess risk, and provide preventive advice for common dental problems such as dental caries, periodontal disease, dental trauma and tooth substance loss

4. Be able to
   - carry out direct restorative procedures on patients with dental caries, tooth substance loss or developmental anomalies
   - assess, screen and to carry out the initial management of periodontal disease
   - carry out simple endodontic procedures
   - elicit a history, examination, diagnosis and provide emergency and initial management of a patient with traumatized dentition
   - rehabilitate an edentulous and partially dentate patients with simple prostheses

5. Includes punctuality, dress code, interpersonal relationships, communication with patients and relations, code of ethical and professional conduct, patient empathy, willingness to learn/work, awareness of limitations, participation in academic and social activities

6. Additional comments on the back of this page

7. Received my evaluation certificate.

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Intern's Signature

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Name of the Consultant	Seal	Signature	Date
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Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions:

PROGRESS REPORT – Restorative Dentistry

CONSULTANT'S COPY

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:..... Specialty: **Restorative Dentistry**

Grading evaluation: [Three months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	Grade	Remarks/Comments
1. Clinical history, physical examination and documentation*		
2. Management of relevant patient problems and emergencies*		
3. Preventive skills*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history, thorough physical examination and their entry in the clinic notes in sufficient detail, developing a clinical summary e.g. description of injuries which may be required for medico-legal purposes, writing daily status, instructions of superiors, procedure notes, etc.
2. Includes diagnosis, requesting relevant investigations, prescribing treatment and management.
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   - assess, screen and to carry out the initial management of periodontal disease
   - carry out simple endodontic procedures
   - elicit a history, examination, diagnosis and provide emergency and initial management of a patient with traumatized dentition
   - rehabilitate an edentulous and partially dentate patients with simple prostheses
5. Includes punctuality, dress code, interpersonal relationships, communication with patients and relations, code of ethical and professional conduct, patient empathy, willingness to learn/work, awareness of limitations, participation in academic and social activities
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Intern's Signature

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Name of the Consultant	Seal	Signature	Date
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Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions

INTERN'S COPY

PROGRESS REPORT – Restorative Dentistry

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:..... Specialty: **Restorative Dentistry**

Grading evaluation: [Three months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	Grade	Remarks/Comments
1. Clinical history, physical examination and documentation*		
2. Management of relevant patient problems and emergencies*		
3. Preventive skills*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history, thorough physical examination and their entry in the clinic notes in sufficient detail, developing a clinical summary e.g. description of injuries which may be required for medico-legal purposes, writing daily status, instructions of superiors, procedure notes, etc.

2. Includes diagnosis, requesting relevant investigations, prescribing treatment and management.

3. Preventive skills: Should be able to educate, assess risk, and provide preventive advice for common dental problems such as dental caries, periodontal disease, dental trauma and tooth substance loss

4. Be able to
   - carry out direct restorative procedures on patients with dental caries, tooth substance loss or developmental anomalies
   - assess, screen and to carry out the initial management of periodontal disease
   - carry out simple endodontic procedures
   - elicit a history, examination, diagnosis and provide emergency and initial management of a patient with traumatized dentition
   - rehabilitate an edentulous and partially dentate patients with simple prostheses

5. Includes punctuality, dress code, interpersonal relationships, communication with patients and relations, code of ethical and professional conduct, patient empathy, willingness to learn/work, awareness of limitations, participation in academic and social activities

6. Additional comments on the back of this page

7. Received my evaluation certificate. .....

Intern's Signature

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Name of the Consultant	Seal	Signature	Date
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Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions:

SLMC COPY

PROGRESS REPORT – Orthodontics

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:.....Specialty: **Orthodontics**

Grading evaluation: [Three months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	Grade	Remarks/Comments
1 Clinical history, examination and documentation*		
2. Management of relevant patient problems *		
3. Treatment planning and prioritization*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history thorough clinical examination and their entry in the clinic notes in sufficient detail, developing a clinical summary, instructions of superiors, procedure notes, etc.
2. Includes, requesting relevant investigations in order to arrive at a diagnosis, identification of a problem list, under the supervision of the consultant orthodontist.
3. Includes the development of required knowledge for identification of different treatment options for the given patient and appropriate referral.
4. Includes performance of assisting at major procedures and performing minor procedures under supervision.
5. Includes punctuality, dress code, interpersonal relationships, communication with patients and relations, code of ethical and professional conduct, patient empathy, willingness to learn/work, awareness of limitations, participation in academic and social activities
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Intern's Signature

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Name of the Consultant	Seal	Signature	Date
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Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions:

PROGRESS REPORT – Orthodontics

CONSULTANT'S COPY

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:.....Specialty: **Orthodontics**

Grading evaluation: [Three months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	Grade	Remarks/Comments
1 Clinical history, examination and documentation*		
2. Management of relevant patient problems *		
3. Treatment planning and prioritization*		
4. Practical skills*		
5. Ethics and attitudes*		

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Reporting adverse issues (specify details) and remedial actions:

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Intern's Signature

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Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions

FORM B

APPLICATION FOR FULL REGISTRATION AS DENTAL SURGEON

OFFICE USE ONLY
REG. NO:.....

SRI LANKA MEDICAL COUNCIL

DECLARATION FOR REGISTRATION AS DENTAL SURGEON

Only those who hold Degree of Bachelor of Dental Sciences or equivalent qualification recognized by the Sri Lanka Medical Council under section 43 (1A) could apply for registration.

PLEASE FILL THE FORM IN BLOCK CAPITAL LETTERS

FULL NAME : .....

.....

MAIDEN NAME : .....

.....

(Name before Marriage – Females only)

ADDRESS : .....

.....

DEGREE OBTAINED B.D.S. OR D.M.D. : .....

NAME OF UNIVERSITY / DENTAL FACULTY : .....

.....

N.I.C No : ..... **DATE OF BIRTH** :.....

PROVISIONAL REGISTRATION NO : .....

CONTACT TELEPHONE NO : (Residence) ..... **MOBILE NO** : .....

E-MAIL ADDRESS : .....

....

DATE **SIGNATURE OF APPLICANT**

.....

Signature & Stamp (Seal) of Justice of Peace (J.P.) or Commissioner of Oaths

INSTRUCTIONS

Please forward the following:-

1. The duly completed application form attested by a Justice of Peace (JP).
2. The enclosed SLMC payment voucher certified by the bank for sum of Rs. 6000/= paid to any branch of the **Bank of Ceylon** to the SLMC Account No. **0000371208** and customer's copy of the payment slip of the Bank of Ceylon.
3. One (1) recent passport size (colour) photograph on good quality matt paper taken within three months and certified by the Justice of Peace (JP) on the reverse.
4. Original and one (1) photocopy of the Degree Certificate issued by the Faculty of Dental Sciences of your University (The original degree certificate will be returned to you after it is certified by the SLMC). **No certified copies will be accepted**.
5. Original and one (1) photocopy of your Birth Certificate (Original Birth Certificate will be returned to you after it is certified by the SLMC).
6. The completed Certificate of Experience {Certificate of Internship (Dental)} - Original only.
   a) Those who have gone on Maternity Leave during the period of internship employment should produce a copy of the child's birth certificate (Original and a Photocopy) and a letter from the Director/Head of the Institution/Hospital certifying the period of maternity leave with the approval from the Director General Health Services. (Vide page 22, 21 of Guidelines for Internship)
   b) Please ensure that the dates of three appointments do not overlap with each other. The date of commencement of the subsequent appointment should be on the day after conclusion of the previous appointment. Any alteration of dates in the internship certificate will not be accepted by the SLMC.
7. The Medical Practitioner's Oath should be signed in the presence of the Registrar and one copy of the oath will be returned to you.
8. The enclosed Certificate of Good Character should be duly completed by the Head of Medical Institution, where employed for the internship or the Medical Consultant of the Ministry of Health or University.
9. The full registration is done according to the name on the Degree Certificate. If the name stated on the degree certificate is incorrect it should be corrected before applying for registration.
10. It usually takes six weeks for the Certificate of Registration to be ready. When collecting the registration certificates it is mandatory to handover the Provisional Identity Card issued by the SLMC. You should sign the ledger and collect the certificate of Registration and Identity Card personally. It will not be posted and it will not be handed over to any other person. Exceptional situation will be dealt with by the SLMC only after due consideration.

Registrar
SRI LANKA MEDICAL COUNCIL
31, NORRIS CANAL RD
COLOMBO 10
15th February, 2018

Telephone No : 0112691848
Fax : 0112674787
E-mail : slmc@lankabellnet.com
Web : www.srilankamedicalcouncil.org

FORM C

CERTIFICATE OF EXPERIENCE
INTERNSHIP CERTIFICATE (DENTAL)

The Director of the Hospital in which the first period of the Internship has been served should complete Part A, before the second part of the internship is to be served. If the second /third part of the internship is done in the same Institution, the form should be retained by the Medical Director /MS/DMO concerned and forwarded to the Registrar, Sri Lanka Medical Council on the day following the completion of the full internship together with the Application specified by the Medical Ordinance (Chapter 105), Medical (Amendment) Act No 16 of 1965 and Medical (Amendment) Act No. 1 of 2017.

PART A

I, certify that .....

.....

(Full Name in Block Capitals)

of (Hospital Address) .....

(Permanent Address) .....

.....

has satisfactorily completed a recognized appointment as a resident intern in the field:

.....

(Name of Speciality: Oral & Maxillofacial Surgery / Restorative Dentistry / Orthodontics)

For the period of six / three months from: .....

to : .....

in terms Section 43 A (3)(a) of Medical Ordinance (Chapter 105) and Medical (Amendment) Act No. 1 of 2017.

.....
Name of the Consultant with Qualifications

.....
Signature of Consultant & Date

Rubber Stamp of the Consultant (Seal)

.....
Name of the Director of the Hospital

.....
Institution

.....
Signature of Medical Director & Date

Rubber Stamp of the Director (Seal)

PART B

I, certify that .....

.....

(Full Name in Block Capitals)

of (Hospital Address) .....

(Permanent Address) .....

.....

has satisfactorily completed a recognized appointment as a resident intern in the field:

.....

(Name of Speciality: Oral & Maxillofacial Surgery / Restorative Dentistry / Orthodontics)

For the period of six / three months from: .....

to : .....

in terms Section 43 of Medical Ordinance (Chapter 105) and Medical (Amendment) Act No. 1 of 2017.

.....
Name of the Consultant with Qualifications

.....
Signature of Consultant & Date

Rubber Stamp of the Consultant (Seal)

.....
Name of the Director of the Hospital

.....
Institution

.....
Signature of Medical Director & Date

Rubber Stamp of the Director (Seal)

On completion of the third part of the internship **(Part C),** this certificate should be duly perfected and handed over to the Registrar, Sri Lanka Medical Council with the application for Full Registration.

PART C

I, certify that .....

.....

(Full Name in Block Capitals)

of (Hospital Address) .....

(Permanent Address) .....

.....

has satisfactorily completed a recognized appointment as a resident intern in the field:

.....

(Name of Speciality: Oral & Maxillofacial Surgery / Restorative Dentistry / Orthodontics)

For the period of six / three months from: .....

to : .....

in terms Section 43 of Medical Ordinance (Chapter 105) and Medical (Amendment) Act No. 1 of 2017.

.....
Name of the Consultant with Qualifications

.....
Signature of Consultant & Date

Rubber Stamp of the Consultant (Seal)

.....
Name of the Director of the Hospital

.....
Institution

.....
Signature of Medical Director & Date

Rubber Stamp of the Director (Seal)

PART D

I am satisfied that Dr. ..... has fulfilled the conditions required by in terms Section 43 A (3)(a) of Medical Ordinance (Chapter 105) and Medical (Amendment) Act No. 1 of 2017.

Date : .....

.....
REGISTRAR
SRI LANKA MEDICAL COUNCIL

FORM D

Character Certificate

(To be submitted to the Sri Lanka Medical Council for the purpose of registration as a Dental Surgeon by the Medical Ordinance (Chapter 105) and Medical (Amendment) Act No. 1 of 2017.)

I, ...

(Full name of person certifying)

of (Address) : .....

.....

Certify that (Full name of applicant) : .....

.....

is known to me personally and I am aware that he/she is seeking Full Registration as Dental Surgeon with the Sri Lanka Medical Council.

I certify that he / she is of Good Character.

Date : .....

.....

Signature

(Rubber Stamp / Seal)

Designation: .....

.....

FORM E

DENTAL SURGEONS' OATH

(SLMC copy)

Note

- Use capital letters.
- To be signed in the presence of the Registrar/ Asst. Registrar/ President/ Vice President/ Designated Member of the Sri Lanka Medical Council.

I, Dr (full name) .....

of (Address) .....

at the time of being admitted as a member of the medical profession.

I solemnly pledge myself to dedicate my life to the service of humanity.

The health of my patient will be my primary consideration and I will not use my profession for exploitation and abuse of my patient.

I will practice my profession with conscience, dignity, integrity and honesty.

I will respect the secrets which are confided in me, even after the death of my patient.

I will give my teachers the respect and gratitude which is their due.

I will maintain by all the means in my power, the honour and the noble traditions of the medical profession.

I will not permit considerations of religion, nationality, race, party politics, caste or social standing to intervene between my duty and my patient.

I will maintain the utmost respect for human life from its beginning even under threat and,

I will not use my medical knowledge contrary to the laws of humanity.

I make this promise solemnly, freely and upon my honour.

....

Signature Date

The Oath was administered by the Registrar/ Asst. Registrar/ President/ Vice President/ Designated Member of the Sri Lanka Medical Council.

.....

Signature of Registrar/ Asst. Registrar/ President/ Vice President/ Designated Member

FORM E

DENTAL SURGEONS' OATH

(Personal copy)

Note

- Use capital letters.
- To be signed in the presence of the Registrar/ Asst. Registrar/ President/ Vice President/ Designated Member of the Sri Lanka Medical Council.

I, Dr (full name) .....

of (Address) .....

at the time of being admitted as a member of the medical profession.

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I make this promise solemnly, freely and upon my honour.

....

Signature Date

The Oath was administered by the Registrar/ Asst. Registrar/ President/ Vice President/ Designated Member of the Sri Lanka Medical Council.

.....

Signature of Registrar/Asst. Registrar/President/Vice President/ Designated Member

APPLICATION FOR A SLMC ID CARD

PHOTO (PASSPORT SIZE)

DOCTORS

PLEASE FILL IN BLOCK CAPITALS (Use 01 cage for comma or dot.)

SECTION:

INITIALS AND LAST NAME : [Example: - A.A. SILVA ✓ A.A. Silva × A.A.Silva ×)

SLMC REG. NO:

QUALIFICATIONS: [Example:- MBBS (COLOMBO)✓ MBBS (COL) ×]

1
2
3
4
5

ADDRESS

	Example
Line01	No 01 ,
Line02	AMANDA, SANKAPALA ROAD,
Line03	PILIYANDALA,
Line04	HORANA.

NIC NO:

[Example: 858095132 V]

SIGNATURE:

DATE:

CONTACT NO

Please write in SLMC copy

APPLICATION FOR A SLMC ID CARD

PHOTO (PASSPORT SIZE)

DOCTORS (SLMC Copy)

PLEASE FILL IN BLOCK CAPITALS (Use 01 cage for comma or dot.)

SECTION:

INITIALS AND LAST NAME : [Example: - A.A. SILVA ✓ A.A. Silva × A.A.Silva ×)

SLMC REG. NO:

QUALIFICATIONS: [Example:- MBBS (COLOMBO)✓ MBBS (COL) ×]

1

2

3

4

5

ADDRESS

	Example
Line01	No 01 ,
Line02	AMANDA, SANKAPALA ROAD,
Line03	PILIYANDALA,
Line04	HORANA.

NIC NO:

[Example: 858095132 V]

SIGNATURE:

DATE:

CONTACT NO

Please write in SLMC copy

Printed by Ananda Press, Colombo. Tel: 2774793 E-mail: anandapress65@gmail.com