

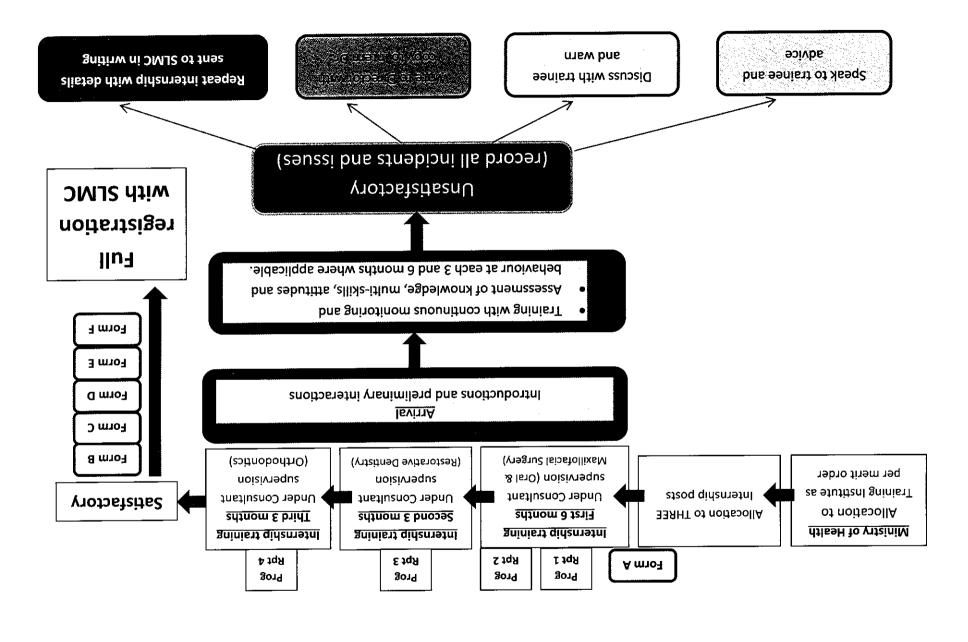
EVALUATION BOOK FOR INTERNSHIP (DENTAL)

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 <u>unsigned</u> Medical Practitioners' oath (Form 'E') to be signed in the presence of the Registrar, Assistant Registrar, Designated Member, Vice 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

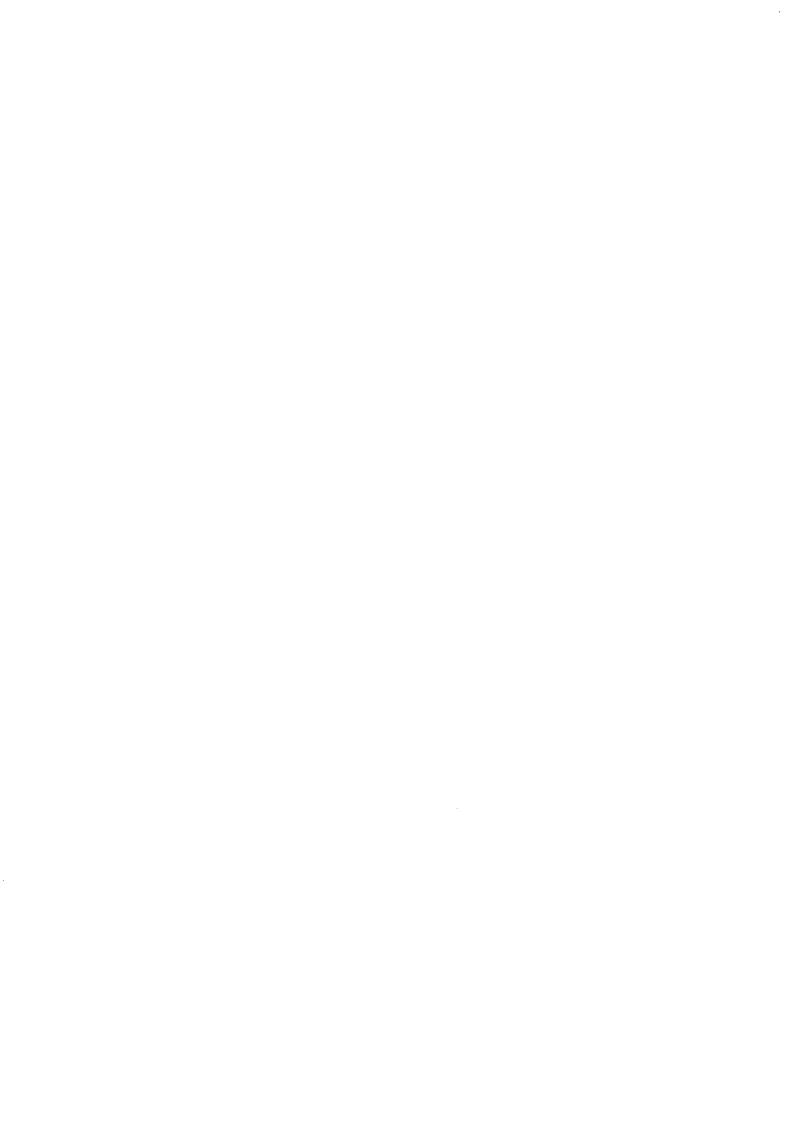
If the supervising specialist wishes to send the evaluation forms directly to the SLMC, they may do so by sending the SLMC copy under confidential registered cover. They are advised to retain the consultant's copy for future reference.

SLMC Provisional Registration No:

MS/DMO OF THE HOSPITAL

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

FULL NA		
NAME	WITH INITIALS:	
HOME A	ADDRESS :	
E-MAIL	ADDRESS :	MOBILE NO :
NATION	NAL IDENTITY CARD NO :	SEX :
DEGREE	E AND UNIVERSITY :	
		YEAR OF GRADUATION:
COMM	ON MERIT LIST NO :	MONTH / YEAR :
ALLOCA	OF COMMENCEMENT OF INTERNSHIP: ATION OF APPOINTMENTS SPECIALITY: ORAL & MAXILLOFACIAL SU	RGERY (6 Months)
·		PERIOD :
2)	SPECIALITY: RESTORATIVE DENTISTRY (3 MONTHS)
	NAME OF CONSULTANT :	PERIOD :
3)	•	,
	NAME OF CONSULTANT :	PERIOD :
		1). SIGNATURE OF THE DIRECTOR / MS/DMO OF THE HOSPITAL
SIGNATI	JRE OF INTERN	
51011711	THE OF HATELIA	2). SIGNATURE OF THE DIRECTOR /
DATE :		MS/DMO OF THE HOSPITAL
		3). SIGNATURE OF THE DIRECTOR /



SLMC COPY

Nam	ne with initials: SL	.MC Provisio	nal Reg. No:	
Арр	ointment: From To			
Nan	ne of the consultant:Spe	ecialty: Oral	& Maxillofacial Sur	gery
Grad	ding evaluation: [First three months of 6 months	appointmen	t]	
0=v	ery poor, 1=poor, 2 average, 3=good, 4=very goo	d		
	· · · · · · · · · · · · · · · · · · ·	1-3 Months	Remarks/Cor	mments
	Clinical history, physical examination and documentation*			
	Management of health related problems and emergencies*			
3.	Ward procedures and administration*			
4.	Practical skills*			
5.	Ethics and attitudes*			
 2. 3. 	Includes taking a required case history, thoroug / clinic notes in sufficient detail, developing a may be required for medico-legal purposes, writer / procedure notes, etc. Includes diagnosis, requesting relevant investigation in the sufficient details of the sufficient details. Includes writing diagnosis cards, transfer forms, declarations, requesting temporary leave for a mortems, diagnosis of illness on discharge, calinquests, cases to be referred to the Police / Ji	clinical sum ting daily stantions, presco notification patient, pe use of deat	mary e.g. descriptintus, instructions of ribing treatment and s, issuing medical commission to perform the medico-legal pro-	on of injuries which superiors, operation d management. ertificates and death m pathological postocedures: requesting
4.	influence of alcohol. Includes performance of venepuncture, artecatheterization of bladder, suturing and dress matching and transfusion, assisting at major sur	ing of woul	nds, IV infusion, bl	ood grouping, cross
5.	Includes punctuality, dress code, interpersonal relations, code of ethical and professional con awareness of limitations, participation in academ	al relationsh nduct, patie	ips, communication	n with patients and
6.	Additional comments on the back of this page			
7.	Received my evaluation certificate.			Intern's Signature
 Na	ame of the Consultant Sea	 I	Signature	Date
 He	ead of Institution Sea	 I	Signature	 Date

Reporting commendable events:	
Reporting adverse issues (specify details) and remedial actions:	
Reporting adverse issues (specify details) and remedial actions.	

PROGRESS REPORT – OMF Surgery appointment 1

CONSULTANT'S COPY

Name with initials:	SLMC Pro	visional Reg. No:	
Appointment : From To			
Name of the consultant:	Specialty:	Oral & Maxillofacial Su	ırgery
Grading evaluation: [First three months of 6 mont	ths appointment	1	
0=very poor, 1=poor, 2 average, 3=good, 4=very g	good		
	1-3 Months	Remarks/Commen	ts
Clinical history, physical examination and documentation*			
2. Management of health related problems and emergencies*	I		
3. Ward procedures and administration*			
4. Practical skills*			
5. Ethics and attitudes*			
 Includes diagnosis, requesting relevant investing diagnosis cards, transfer for declarations, requesting temporary leave for mortems, diagnosis of illness on discharge inquests, cases to be referred to the Police influence of alcohol. Includes performance of venepuncture, catheterization of bladder, suturing and diagnosis matching and transfusion, assisting at major 	rms, notifications or a patient, per , cause of death e /JMO, whethe arterial punctur ressing of wour surgery, perform	s, issuing medical certification to perform pa mission to perform pa s, medico-legal procedur a patient is smelling e, endotrachial intub ds, IV infusion, blood ning minor surgery und	cates and deat athological post ures: requestin of or under th ation and CPF grouping, crost er supervision.
 Includes punctuality, dress code, interpers relations, code of ethical and professional awareness of limitations, participation in according 	conduct, patier	nt empathy, willingness	
6. Additional comments on the back of this page	ge		
7. Received my evaluation certificate.		Interr	 n's Signature
Name of the Consultant	Seal	Signature	 Date
Head of Institution	Seal '	Signature	Date

Reporting commendable events:	
Reporting adverse issues (specify details) and remedial actions:	

INTERN'S COPY

	e with initials:		visional Reg. No:	
	ointment : From To To			
Nam	e of the consultant:	Specialty:	Oral & Maxillofacial Su	ırgery
Grad	ling evaluation: [First three months of 6 months	appointment]		
0=ve	ery poor, 1=poor, 2 average, 3=good, 4=very goo	od		
		1-3 Months	Remarks/Comment	ts
	Clinical history, physical examination and documentation*			
	Vlanagement of health related problems and emergencies*			
3.	Ward procedures and administration*			
4.	Practical skills*			
5.	Ethics and attitudes*		***	
2.	/ procedure notes, etc. Includes diagnosis, requesting relevant investige Includes writing diagnosis cards, transfer forms declarations, requesting temporary leave for mortems, diagnosis of illness on discharge, or inquests, cases to be referred to the Police / influence of alcohol.	s, notifications a patient, per ause of death	, issuing medical certifi mission to perform pa , medico-legal procedu	cates and death thological post- ures: requesting
4.	Includes performance of venepuncture, are catheterization of bladder, suturing and dress matching and transfusion, assisting at major su	ssing of woun	ds, IV infusion, blood	grouping, cross
5.	Includes punctuality, dress code, interpersor relations, code of ethical and professional coawareness of limitations, participation in acade	onduct, patier	it empathy, willingness	
6.	Additional comments on the back of this page			
7.	Received my evaluation certificate.			n's Signature
 Na		 eal	Signature	Date
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Reporting commendable events:	
Reporting adverse issues (specify details) and remedial actions:	

SLMC COPY

Nam	ne with initials:	••••••	SLMC Pro	visional Reg. N	lo:	
Арр	ointment : From	То				
Nam	ne of the consultant:		Specialty:	Oral & Maxill	ofacial Surgery	
Grad	ding evaluation: [First three m	nonths of 6 months a	ppointment]		
0=ve	ery poor, 1=poor, 2 average, 3	3=good, 4=very good				
		·	4-6 Months	Remarks/	Comments	
	Clinical history, physical exar documentation*	nination and				
	Management of health relate emergencies*	ed problems and				
3.	Ward procedures and admin	istration*				
4.	Practical skills*					
5.	Ethics and attitudes*					
 3. 4. 	Includes diagnosis, requesting line line line writing diagnosis of declarations, requesting termortems, diagnosis of illne inquests, cases to be referrinfluence of alcohol. Includes performance of catheterization of bladder, matching and transfusion, a line line line line line line line line	ards, transfer forms, mporary leave for a ess on discharge, ca red to the Police /JI venepuncture, arte suturing and dress	notifications patient, per use of death MO, whethe rial punctur ing of wour gery, perforr	s, issuing med rmission to pe n, medico-lega r a patient is re, endotrach nds, IV infusion ming minor su	ical certificates and erform pathologica al procedures: requismelling of or undural intubation and on, blood grouping rgery under supervi	death I post- uesting der the d CPR , cross ision.
5.	relations, code of ethical a awareness of limitations, pa	and professional cor	nduct, patier	nt empathy, v		
6.	Additional comments on the	e back of this page				
7.	Received my evaluation cer	tificate.			Intern's Signatu	
	ame of the Consultant	Seal		ignature	Date	9
 He	ead of Institution	Seal		ignature	 Date	

Reporting commendable events:	
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CONSULTANT'S COPY

Nan	ne with initials:	•••••••••••	. SLMC Pro	visional Reg. N	0:
App	oointment : From	To			
Nan	ne of the consultant:	•••••	Specialty	: Oral & Maxille	ofacial Surgery
Grad	ding evaluation: [First three n	nonths of 6 months	appointment]	
0=v	ery poor, 1=poor, 2 average,	3=good, 4=very goo	d		
			4-6 Months	Remarks/0	Comments
	Clinical history, physical exar documentation*	mination and			
	Management of health relate emergencies*	ed problems and			
3.	Ward procedures and admin	istration*			
4.	Practical skills*				
5.	Ethics and attitudes*				
 3. 4. 	Includes diagnosis, requestion includes writing diagnosis of declarations, requesting termortems, diagnosis of illnes inquests, cases to be refer influence of alcohol. Includes performance of patheterization of bladder.	ards, transfer forms mporary leave for a ess on discharge, ca red to the Police /J venepuncture, arte	, notification: a patient, pe luse of death MO, whethe erial punctul	s, issuing medio rmission to pe n, medico-lega r a patient is s re, endotrachi	cal certificates and death rform pathological post I procedures: requesting smelling of or under the al intubation and CPR
	catheterization of bladder, matching and transfusion, a	_			
5.	Includes punctuality, dress relations, code of ethical a awareness of limitations, pa	and professional co	nduct, patiei	nt empathy, w	
6.	Additional comments on the	e back of this page			
7.	Received my evaluation cer	tificate.			Intern's Signature
Na	ame of the Consultant	Seal		ignature	Date
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Reporting commendable events:	
Reporting adverse issues (specify details) and remedial actions:	



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Name with initials:		. SLMC Pro	visional Reg. N	0:
Appointment : From	То			
Name of the consultant:		Specialty:	Oral & Maxill	ofacial Surgery
Grading evaluation: [First three	months of 6 months	appointment]	
)=very poor, 1=poor, 2 average,	3=good, 4=very goo	d		
	-	4-6 Months	Remarks/	Comments
1. Clinical history, physical exa documentation*	mination and		<u>.</u>	
2. Management of health relatement emergencies*	ted problems and			
3. Ward procedures and admi	nistration*			
4. Practical skills*				
5. Ethics and attitudes*				
 Includes diagnosis, request Includes writing diagnosis of declarations, requesting to mortems, diagnosis of illustrations, cases to be referently influence of alcohol. 	cards, transfer forms emporary leave for a ess on discharge, ca	, notifications a patient, pe ause of death	s, issuing medi rmission to pe n, medico-lega	cal certificates and deater orform pathological pos I procedures: requestin
4. Includes performance of catheterization of bladder matching and transfusion,	, suturing and dres	sing of wour	nds, IV infusio	n, blood grouping, cro
5. Includes punctuality, dres				
awareness of limitations, p	and professional co	nduct, patiei	nt empathy, v	cation with patients ar villingness to learn/wor
	and professional co participation in acade	nduct, patiei	nt empathy, v	
awareness of limitations, p	and professional co participation in acade the back of this page	nduct, patiei	nt empathy, v	
awareness of limitations, p 6. Additional comments on the	and professional co participation in acade the back of this page	nduct, patiei	nt empathy, v	villingness to learn/wor
awareness of limitations, p 6. Additional comments on the	and professional co participation in acade the back of this page	onduct, patien emic and socia	nt empathy, v	villingness to learn/wor

Seal

Head of Institution

Signature

Date

Reporting commendable events:		
Reporting adverse issues (specify details) and remedial actions:		

PROGRESS REPORT – Restorative Dentistry

Nam	ne with initials:		SLMC Pro	visional Reg. No:	
Арр	oointment : From	То			
Nan	ne of the consultant:		Specialty:	Restorative Dentistry	1
Grad	ding evaluation: [Three mo	nths appointment]			
0=v	ery poor, 1=poor, 2 average	e, 3=good, 4=very goo	od		
			Grade	Remarks/Comme	nts
	Clinical history, physical ex documentation*	amination and			
	Management of relevant p emergencies*	atient problems and			
3.	Preventive skills*				
4.	Practical skills*				
5.	Ethics and attitudes*				
1. 2. 3. 4.	notes in sufficient detail, required for medico-legal etc. Includes diagnosis, request Preventive skills: Should be dental problems such as described by the carry out direct restorned evelopmental anomal expension assess, screen and to describe endo elicit a history, examing patient with traumatic rehabilitate an edenture.	developing a clinical purposes, writing date of the control of the	I summary e.g illy status, instructions, prescrises risk, and gratients with dramagement of provide emergentate patients hal relationshiponduct, patien	description of injuri- ructions of superiors, bing treatment and moreovide preventive ad- ental trauma and tool ental caries, tooth sul- periodontal disease gency and initial mana- with simple prosthese ps, communication vot empathy, willingne	es which may be procedure notes, nanagement. vice for common th substance loss bstance loss or agement of a es
6.	Additional comments on t	the back of this page			
7.	Received my evaluation c	ertificate.			
					n's Signature
 N	ame of the Consultant	Seal	Signature		Date
			***************************************		*******

Signature

Date

Seal

Head of Institution

Reporting commendable events:
Reporting adverse issues (specify details) and remedial actions:

PROGRESS REPORT – Restorative Dentistry

CONSULTANT'S COPY

Name with initials:		SLMC Pro	visional Reg.	No:
Appointment : From	To			
Name of the consultant:		Specialty:	Restorative	Dentistry
Grading evaluation: [Three months a	appointment]			
0=very poor, 1=poor, 2 average, 3=g	ood, 4=very good	t l		
,		Grade	Remarks	/Comments
Clinical history, physical examin documentation*	ation and		• • • • • • • • • • • • • • • • • • • •	
2. Management of relevant patien emergencies*	t problems and			
3. Preventive skills*				
4. Practical skills*	.,			
5. Ethics and attitudes*				
 Includes diagnosis, requesting respective skills: Should be able dental problems such as dental developmental anomalies carry out direct restorative developmental anomalies assess, screen and to carry carry out simple endodontice elicit a history, examination patient with traumatized determination rehabilitate an edentulous Includes punctuality, dress contains Includes punctuality, dress contains Includes punctuality, dress contains assessing the problems as dental dental	e to educate, asso caries, periodon procedures on pa out the initial ma c procedures n, diagnosis and p entition and partially den	ess risk, and partial disease, destructed with description of the control of the	ental trauma lental caries, periodontal gency and init with simple p	entive advice for common and tooth substance loss tooth substance loss or disease tial management of a prostheses ication with patients an
relations, code of ethical and awareness of limitations, particle. 6. Additional comments on the back. 7. Received my evaluation certification.	cipation in acade ack of this page			
				Intern's Signature
Name of the Consultant	Seal		ignature	Date
Head of Institution	Seal	 S	ignature	 Date

	Reporting commendable events:
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INTERN'S COPY

PROGRESS REPORT – Restorative Dentistry

Name with initials:			SLMC Provisional Reg. No:			
Арр	pointment : From	То				
Nan	ne of the consultant:	***************************************	Specialty:	Restorative De	entistry	
Gra	ding evaluation: [Three months a	ppointment]				
0=v	ery poor, 1=poor, 2 average, 3=go	ood, 4=very good				
			Grade	Remarks/0	Comments	
1.	Clinical history, physical examina documentation*	ation and			V	
	Management of relevant patient emergencies*	t problems and		············		
	Preventive skills*					
<u></u>	Practical skills*					
5.	Ethics and attitudes*					
 3. 4. 5. 	dental problems such as dental Be able to carry out direct restorative developmental anomalies assess, screen and to carry of carry out simple endodontion elicit a history, examination patient with traumatized described in rehabilitate an edentulous and the carry of the carry out simple endodontion elicit a history, examination patient with traumatized described in the carry of	elevant investigate to educate, assest caries, periodontal procedures on paragraph out the initial manage procedures, diagnosis and prentition and partially dental professional conficiency of the professional conficiency and professional conficiency and partially dental professional conficiency and partially dental professional conficiency and partially dental professional conficiency dental conficiency dental	status, inst ions, prescr ss risk, and p al disease, d tients with o agement of ovide emerg ovide emerg ate patients relationshi duct, patier	ructions of sup ibing treatmen provide preven ental trauma a dental caries, to periodontal di gency and initia with simple pr ps, communic at empathy, w	eriors, procedure notes, t and management. tive advice for common nd tooth substance loss or sease all management of a ostheses ation with patients and	
6.	Additional comments on the ba	ack of this page				
7.	Received my evaluation certific	ate.				
					Intern's Signature	
 N	ame of the Consultant	Seal		Signature	Date	
 H	ead of Institution	Seal		 Signature	Date	

Reporting commendable events:	
Reporting adverse issues (specify details) and remedial actions:	

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PROGRESS REPORT – Orthodontics

Nam	e with initials:		SLMC Pro	visional Reg. N	o:	
Арр	ointment : From	То				
Nam	ne of the consultant:		. Specialty:	Orthodontics		
Grad	ding evaluation: [Three months ap	pointment]				
0=ve	ery poor, 1=poor, 2 average, 3=goo	od, 4=very good				
			Grade	Remarks/0	Comments	
1	linical history, examination and documentation*					
2.1	Management of relevant patient	problems *				
3.	Treatment planning and prioritiza	ntion*				
4.	Practical skills*					
5.	Ethics and attitudes*	_				
4.	notes in sufficient detail, developetc. Includes, requesting relevant in problem list, under the supervision. Includes the development of recommendation of the given patient and appropriate in the given patient and	vestigations in oon of the consultar quired knowledge riate referral. ng at major proc e, interpersonal professional cond	rder to ar ant orthodo e for identi edures an relationshi uct, patier	rive at a diagrontist. Ification of diff d performing of the communication of the communication of the communication of the communication of the compathy, we communicate of the compathy of	nosis, identification of erent treatment option minor procedures un ation with patients a	f a ons der
6.	Additional comments on the bac	k of this page				
7.	Received my evaluation certifica	te.				
					Intern's Signature	
 Na	ame of the Consultant	Seal	 S	ignature	Date	
 He	ead of Institution	Seal	 S	ignature	Date	

	<u> </u>	
Reporting commendable events:		
		•
Reporting adverse issues (specify details) and remo	edial actions:	

PROGRESS REPORT – Orthodontics

CONSULTANT'S COPY

Nam	ne with initials:		SLMC Prov	∕isional Reg. N	lo:	
Арр	ointment : From To	0				
Nan	ne of the consultant:		Specialty:	Orthodontics	,	
Grad	ding evaluation: [Three months app	ointment]				
0=v	ery poor, 1=poor, 2 average, 3=goo	d, 4=very good				
			Grade	Remarks/	Comments	
	linical history, examination and documentation*			· · · · · · · · · · · · · · · · · · ·		
2.	Management of relevant patient p	roblems *		·		
3.	Treatment planning and prioritizat	ion*				
4.	Practical skills*					
5.	Ethics and attitudes*		į			
	Includes punctuality, dress code relations, code of ethical and prawareness of limitations, participations.	restigations in order of the consultar uired knowledge iate referral. g at major proces, interpersonal refessional conduction in academic	mary, instinction of the derection of th	ructions of surive at a diagontist. fication of dification of diffication of	periors, procedure r mosis, identification ferent treatment of minor procedures cation with patient	n of a ption unde
7.	Received my evaluation certificat	e.			Intern's Signatu	re
 N	ame of the Consultant	Seal		ignature	Date	
 H	ead of Institution	Seal	 S	ignature	Date	

		· · · · · · · · · · · · · · · · · · ·
Reporting commendable events:		
	•	·.
Reporting adverse issues (specify details) and remedial actions:		
reporting daverse issues (specify details) and remedial actions:		

PROGRESS REPORT – Orthodontics

Name	with initials:		SLMC Pro	visional Reg. N	0:
Appo	intment : From	To			
Name	e of the consultant:		Specialty:	Orthodontics	
Gradi	ng evaluation: (Three mont	hs appointment]			
0=vei	ry poor, 1=poor, 2 average,	3=good, 4=very good	I		
		-	Grade	Remarks/	Comments
	nical history, examination ocumentation*	and			
2. N	lanagement of relevant pa	tient problems *			
3. T	reatment planning and pric	oritization*			
4. P	ractical skills*				
5. E	thics and attitudes*	_			
 3. 4. 5. 	notes in sufficient detail, de etc. Includes, requesting releval problem list, under the sup Includes the development for the given patient and an Includes performance of a supervision. Includes punctuality, dress relations, code of ethical awareness of limitations, p	ant investigations in ervision of the consulof required knowled opropriate referral. Issisting at major processional columns assisted and professional columns.	order to an Itant orthodo ge for identi ocedures and al relationshi nduct, patier	rive at a diagontist. fication of differ distribution of differ forming first, communication of the community of the community of the compathy, we have also as a community of the compathy, we community of the compathy of	nosis, identification of a ferent treatment options minor procedures under cation with patients and
6.	Additional comments on th	ie back of this page			
7.	Received my evaluation ce	rtificate.			
					Intern's Signature
 Nai	me of the Consultant	Seal		ignature	Date
 He:	ad of Institution	Seal		ignature	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 OBTAIN	1EC	B.D.S. OR D.M.D. :											
NAME OF UNIV	ERS	SITY / DENTAL FACULTY :											
	••												
N.I.C No :	••••	DATE OF BIRTH :											
PROVISIONAL R	EG	ISTRATION NO:											
CONTACT TELEF	НС	ONE NO : (Residence) MOBILE NO :											
E-MAIL ADDRES	iS :												
DATE	****	SIGNATURE OF APPLICANT											
***************************************	••••												
Signature & Sta	m	(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)	
11	ruii Name in block capitals)	
of (Hospital Address)		
(Permanent Address)		
has satisfactorily completed a recognize	d appointment as a resid	dent intern in the field:
(Name of Speciality: Oral & Maxi		
, , ,		
For the period of six / three months from	n:	
to:		
in terms Section 43 A (3)(a) of Medica	l Ordinance (Chapter 1	05) and Medical (Amendment
Act No. 1 of 2017.		
Name of the Consultant with Qualifications	Signatu	re 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

l, certify that														
(Full Name in Block Capitals)														
of (Hospital Address)														
(Permanent Address)														
has satisfactorily completed a recognize	ed appointment as a resid													
	1axillofacial Surgery / Resto	orative Dentistry / Orthodontics)												
in terms Section 43 of Medical Ordinan														
Name of the Consultant with Qualifications Rubber Stamp of the Consultant (Seal)	Signatu	ure of Consultant & Date												
Name of the Director of the Hospital Rubber Stamp of the Director (Seal)	Institution	Signature of Medical Director & Date												

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		
(Ful	ll Name in Block Capitals)	
of (Hospital Address)		
(Permanent Address)		
has satisfactorily completed a recognized		
(Name of Speciality: Oral & Maxillo		orative Dentistry / Orthodontics)
For the period of six / three months from:		
to:		
in terms Section 43 of Medical Ordinance	(Chapter 105) and Me	edical (Amendment) Act No. 1 of 201
Name of the Consultant with Qualifications		re of Consultant & Date
Rubber Stamp of the Consultant (Seal)		
	Institution	Signature of Medical Director
Rubber Stamp of the Director (Seal)	institution,	& Date
	PART D	
I am satisfied that Dr		has
fulfilled the conditions required by in term	ms Section 43 A (3)(a)	of Medical Ordinance (Chapter 105)
and Medical (Amendment) Act No. 1 of 2	017.	
,		
Date :		REGISTRAR

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.)

1		
	Full name of perso	
of (Address) :	************************************	
Certify that (Full name of applicant):	***************************************	
***************************************	. 131	
is known to me personally and I am with the Sri Lanka Medical Council.	aware that he/she	is seeking Full Registration as Dental Surgeon
I certify that he / she is of Good Chara	acter.	
Date :		
		Signature
(Rubber Stamp / Seal)	Designation:	

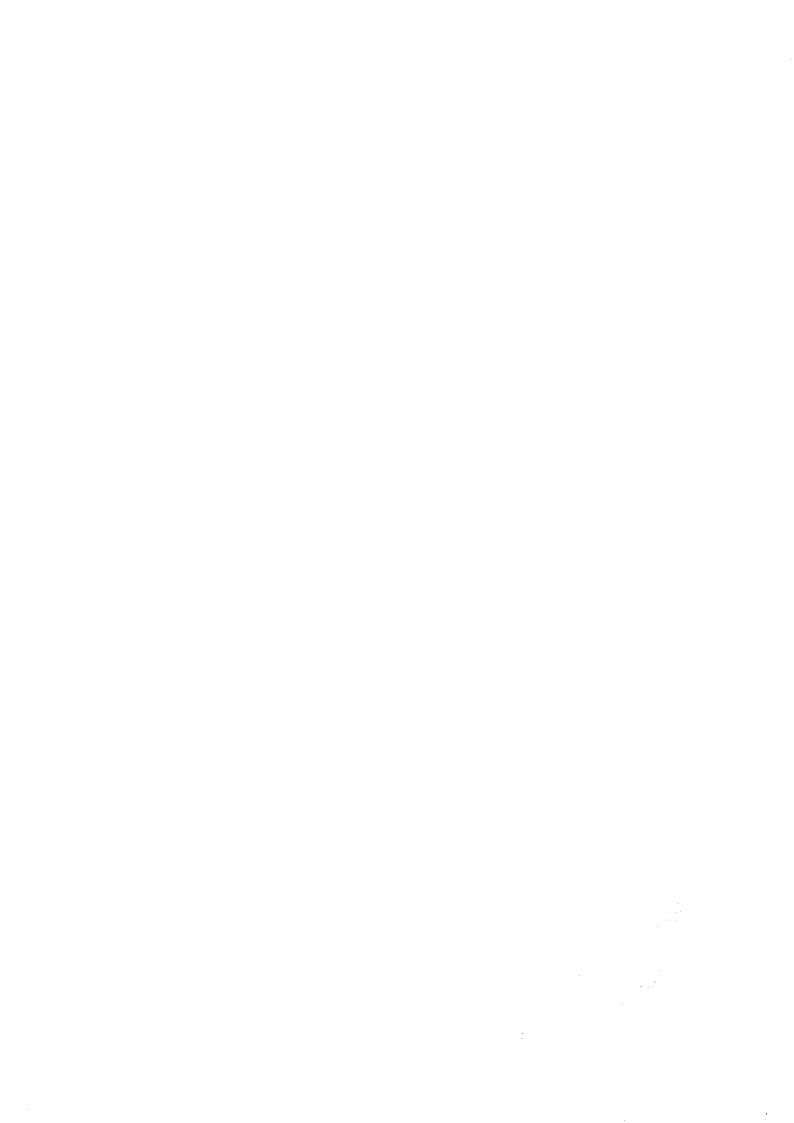
FORM E

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.

l, 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	n.
I solemnly pledge myself to dedicate my life to the service of huma	nity.
The health of my patient will be my primary consideration and I wi abuse of my patient.	II not use my profession for exploitation and
I will practice my profession with conscience, dignity, integrity and h	nonesty.
I will respect the secrets which are confided in me, even after the de	eath 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 no	oble traditions of the medical profession.
<i>I will not permit</i> considerations of religion, nationality, race, party between my duty and my patient.	politics, caste or social standing to intervene
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 humani	ity.
I make this promise solemnly, freely and upon my honour.	
 Signature	 Date
The Oath was administered by the Registrar/ Asst. Registrar/ Presid the Sri Lanka Medical Council.	ent/ Vice President/ Designated Member of
Signature of Registrar/Asst. Registrar/President/Vice President/ Des	signated Member

APPLICATION FOR A SLMC ID CARD

PHOTO

(PASSPORT SIZE)

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APPLICATION FOR A SLMC ID CARD

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