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DECLARATION BY ACADEMIC HEAD FOR TRAINEE TO ENROL IN EXAMINATION

I hereby declare that I have inspected the information contained in this PORTFOLIO OF LEARNING in respect of the Trainee's professional experience, education and training from 01 / 07 / 2014 to PRES representing the period of training for the Anaesthetic qualification.

I further certify that the Trainee has fulfilled the requirements below:

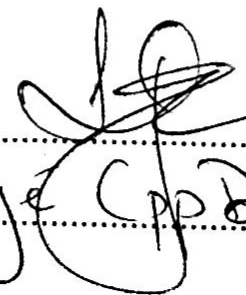
The trainee has successfully completed/is exempt from the FCA(SA) Part I examination	YES ✓	NO
The trainee has completed at least three years following full registration by the Health Professions Council of South Africa as a medical practitioner.	YES ✓	NO
The trainee will have held a fulltime appointment as a registrar in the Department of Anaesthetics in a teaching hospital or teaching hospital satellite department for at least THIRTY-SIX MONTHS at the time of writing the examination.	YES ✓	NO
The trainee has been assigned for three months of the above period to an Intensive Care Unit on a fulltime basis.	YES ✓	NO
The trainee has successfully completed all the Departmental and Faculty requirements in respect of training in Anaesthesiology.	YES ✓	NO

Signature of Academic Head of Department:

Name of HOD:

Date:

8 / 11 / 2017


Larissa George (pp Dr D Gopalan)