

Please complete the following checklist:

Listing of Structured Education Programme by Modules	Yes / No*
Completion of Listing of 300 Patients Seen in Community Based Basic / Higher Training	Yes / No*
Record of Supervisors '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**