

STATEMENT OF SATISFACTORY COMPLETION OF A PERIOD OF TRAINING IN AN  
EDUCATIONALLY APPROVED POST

(A separate form must be completed for each post held)

Dr (full name) \_\_\_\_\_

GMC Registration No: \_\_\_\_\_ National GP Training No.: \_\_\_\_\_

Address \_\_\_\_\_

has, for the purposes of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and European Requirements (Amendment) Regulations, 1997 satisfactorily completed the period of training detailed below:

..... months, From ..... day ..... month .....year, To ..... day ..... month ..... year  
as a registered practitioner in the following approved training post:-

Hospital \_\_\_\_\_ Post No \_\_\_\_\_

Grade \_\_\_\_\_ Specialty \_\_\_\_\_

Address of hospital \_\_\_\_\_

Please delete as appropriate:

- \* the training was whole-time
- \* the training was part-time and the ratio of part-time to whole time was \_\_\_\_\_

Name \_\_\_\_\_ HOSPITAL STAMP

(consultant or other medical specialist of similar status  
who has supervised the practitioner's training)

Signed \_\_\_\_\_

Post/Rank \_\_\_\_\_

Date \_\_\_\_\_

**TO BE SIGNED BY THE POST-HOLDER:**

**I certify that all the information given above is correct:** \_\_\_\_\_

ENDORSEMENT BY DIRECTOR OF POSTGRADUATE GP EDUCATION OR NOMINATED DEPUTY TO  
CONFIRM THAT POST IS DEANERY APPROVED \_\_\_\_\_

**Directors of Postgraduate General Practice Education:**

After signature, this form should be returned to the doctor named above for safekeeping.

**Doctors training for general practice:**

You will need to sign this form and send it to the RCGP, 2<sup>nd</sup> Floor, 31 Southampton Row, London, WC1B 5HJ (Tel 020 3170 8230) with your VTR/1 and other VTR forms, a copy of your GMC registration certificate. Please enclose a letter quoting your full name and address for correspondence.

