

**THE UNIVERSITY OF THE WEST INDIES
PRE-REGISTRATION CERTIFICATE**

To be sent to the Dean, Faculty of Medical Sciences on completion of Pre-registration Appointment.

It is hereby certified that

Graduate of.....
has been employed as shown in pre-registration post(s) in the
under mentioned approved hospital for the period specified and that
his/her service while employed has been approved as
satisfactory/*unsatisfactory** by the consultant(s) responsible for his/her
supervision and postgraduate education.

HOSPITAL.....

Description of Posts(s)..... fromto.....

..... fromto.....

..... fromto.....

..... fromto.....

NOTE: The signature below should be that of an Officer
of a Board of Management Committee or other employing body
authorized to act on his/her behalf and of the Consultant responsible for
his/her supervision.

Signature

Hospital Official

Post.....Consultant's Signature.....

Post.....Consultant's Signature.....

Post.....Consultant's Signature.....

Post.....Consultant's Signature.....

*PLEASE SUBMIT A CONFIDENTIAL REPORT