



MEDICAL BOARD OF TRINIDAD AND TOBAGO

ERIC WILLIAMS MEDICAL SCIENCES COMPLEX

Uriah Butler Highway, Champs Fleurs, TRINIDAD, W.I.

Phone: (868) 645-2640/2650 Ext. 5830 or 645-5223 (Direct)

RECOMMENDATION FOR FULL REGISTRATION WITH THE MEDICAL BOARD OF TRINIDAD & TOBAGO OF A DOCTOR WHO HAS A TEMPORARY LICENCE

To: The Secretary, MBTT

Name of applicant: _____

Qualifications _____ (Dates and Place) _____

Present Status: _____

He/She has held the following post/posts under my supervision: _____

Period of work: From _____ to _____

EXCELLENT: 5 GOOD: 4 AVERAGE: 3 BELOW AVERAGE: 2 POOR: 1

ATTRIBUTES		5	4	3	2	1
KNOWLEDGE OF ENGLISH						
1	Comprehension					
2	Communication skills					
3	Clear, Accurate, Legible and Comprehensive Notes					
PROFESSIONAL SKILLS & CLINICAL COMPETENCE						
4	History taking					
5	Examination/investigation					
6	Treatment					
7	Relevant use of resources					
DEPARTMENT/ATTITUDES						
8	To patients					
9	To other team members					
CONTINUING PROFESSIONAL DEVELOPMENT						
10	Updating knowledge					
11	Updating skills					
12	Research capabilities					
13	ATTENDANCE/PUNCTUALITY					
14	OVERALL ASSESSMENT					

COMMENTS (Please fill):

NB:- Total Mark for consideration of Full Registration will be 42 and over.

I, DR. _____ of _____
am a member of the Medical Board of Trinidad and Tobago and am in good standing. I have known the
applicant for _____ years and I consider him/her a fit/unfit person to attain a Full Licence with the
Medical Board of Trinidad and Tobago.

Date: _____

Signature: _____

Position: _____

**NB: THIS IS A CONFIDENTIAL REPORT TO BE SENT TO THE MEDICAL BOARD OF
TRINIDAD & TOBAGO; PLEASE PUT OFFICIAL STAMP ON SIGNATURE AS
VERIFICATION.**