



**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 FORM TO BE FILLED OUT AND SUBMITTED ON A QUARTERLY BASIS OF A DOCTOR WHO HAS A TEMPORARY LICENCE FOR ONE (1) YEAR**

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

**COMMENTS (Please fill):**

**NB:- Total Mark for consideration of renewal of Temporary 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 renewal of a  
Temporary 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.**