

**CHECKLIST FORM FOR CLINICAL FELLOW/ CLINICAL OBSERVER APPLYING FOR  
TEMPORARY MEDICAL REGISTRATION (FORM D-1)**

**Note:** The completed Checklist must be submitted to the Singapore Medical Council (SMC), together with the application for temporary registration for training as Clinical Fellows or Clinical Observers. All trainees will be under Level 1 (L1) supervision. **\*The ratio for L1 supervisee to supervisor is 2:1**

**Section A: Applicant's Details**

Name of Doctor: \_\_\_\_\_

Purpose of attachment: \_\_\_\_\_

Duration of training: \_\_\_\_\_

**Section B: Confirmation by Head of Department** *(Please tick respective boxes below and provide data as required)*

As Head of the Department, I confirm the following as indicated with a (✓) that:

- There is a defined training programme (as provided) for the abovenamed Fellow / Observer.
- The Fellow / Observer will **not** be displacing the place of a local trainee.
- The Fellow / Observer will be closely supervised during his period of training and assessment reports will be submitted to the SMC at intervals specified by the Council.
- If accepted, the Fellow / Observer would be within the training capacity of the department as follows:
  - Maximum number of trainees that the Department can train = \_\_\_\_\_
  - **Total no. of trainees in the department** = \_\_\_\_\_
    - BST = \_\_\_\_\_
    - AST = \_\_\_\_\_
  - **Total no. of non-trainee MO** = \_\_\_\_\_
  - **Total no. of T-reg (service)** = \_\_\_\_\_
  - **Total no. of T-reg (Clinical Fellow/ Observer)** = \_\_\_\_\_
  - **Total no. of House Officers** = \_\_\_\_\_
  - **No. of specialist in the department** = \_\_\_\_\_

\_\_\_\_\_  
**Signature / Name of Head of Department / Date**

\_\_\_\_\_  
**Department & Hospital/ Institution**