



FACULTY OF
PUBLIC HEALTH

Completion of Training

Please note that it can take up to 4 weeks to complete the approval process by the Faculty.

Checklist

Have you completed all sections? Yes / No	Yes:	No:
Have you attached all ARCP forms? Yes / No	Yes:	No:
Have all ARCP forms been signed off by the StR and HEE (or equivalent)? Yes / No	Yes:	No:
Have you ensured that the information (including placement details, dates and wte) on the CCT form matches the information on the ARCP forms? Yes / No	Yes:	No:

This form MUST be completed for all Specialty Registrars (StRs) completing training.

The form must be returned to the Faculty by Health Education England/ Training Programme Director with copies of all ARCP outcome forms.

Please note that CCT and ARCP outcome forms might be shared with GMC/ UKPHR (as applicable) to meet the quality assurance requirements.

Surname:

First Names:

NTN Number:

Specialist Register:

StR (medicine)

StR (background other than medicine)

Completion of Training

Please list dates of all ARCP assessments during the training period

Assessment Dates Outcome ("satisfactory", etc)

Academic Period: Please indicate the number of months (WTE) counted towards training while undertaking an academic course in Public Health e.g. MPH.

Course Name	From	Dates	To	Full Time / Part Time (if part time please indicate WTE)	Number of months (WTE) spent on MPH while in training
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Completion of Training

Training Placements: Please list placements and training dates, excluding time spent during an academic course in public health, in chronological order to confirm.

Placement name and location	From	Dates	To	Full Time / Part Time (if part time please indicate WTE)	Number of months (WTE) counted towards training
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Totals

Completion of Training

Please list any out of programme placements not approved for training below

Placement name and location	Reason for OOP	Date	WTE
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Section to be completed by Training Programme Director/Head of School

Please confirm that the information on placements, including dates and WTE are an accurate record of the Registrar's training:

Name:

Deanery/Region/Country:

Indicate as signed:

Date:

Please confirm the following

Satisfactory completion of supervised training in posts approved by the GMC after completion of a suitable academic course in public health	Yes:	No:
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Please confirm the number of months spent in training (WTE):

Completion of health protection training in posts approved by the GMC	Yes:	No:
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Please indicate the number of months (WTE):

Date for the award of CCT/ CESR (CP):

Completion of Training

Section for FPH Use only

Comments (Director of Training / Academic Registrar)

Date Comment

Approval

Approved by

Indicate as signed

Date: