

SINGAPORE MEDICAL COUNCIL

NOTIFICATION FOR ROTATION WITHIN ACCREDITED HEALTHCARE INSTITUTIONS (AHI)

Instructions for the employing institution

1. This form is only applicable to conditionally or temporarily registered doctors under the BST/AST/SST/SRS/FMCP¹ training scheme.
2. The HR of the employing institution must submit this form together with an original copy of the letter of undertaking (Annex C), duly signed by the appointed supervisor at the new posting, **2 weeks** before the doctor embarks on his/her rotation.
3. Please refer to the current fee schedule in SMC's website (www.smc.gov.sg) for the re-print of certificate fee, applicable only for the doctor's first rotation notification. A new medical registration certificate bearing the clause "AHI" will be included to allow the doctor to be rotated within the AHI for training purpose, unless indicated otherwise. This will not be necessary for subsequent rotations.

Please write clearly in black ink and CAPITAL LETTERS.

To be Completed by Employing / Training Institution

Name of Medical Practitioner

MCR Number

Training Scheme

Registration Type

BST / AST / SST / SRS / FMCP*	Conditional / Temporary*
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Employing Institution	
Current Practice Place (Dept)/ Institution	
New Practice Place (Dept)/ Institution	

Period of Rotation at New Practice Place

To

(dd/mm/yyyy)

(dd/mm/yyyy)

We, (name of employing institution) confirm that the above doctor is currently under the BST/AST/SST/SRS/FMCP* training scheme and we undertake to notify the Medical Council promptly if the doctor has resigned from service or training as a BST/AST/SST/SRS/FMCP trainee.

Name & Designation of Administrator in employing institution		Signature	
Date		Tel No. / Email Address	

¹ Basic Specialist Training (BST)/ Advanced Specialist Training (AST)/ Seamless Specialist Training (SST)/ Staff Registrar Scheme (SRS)/ Family Medicine Competency Programme (FMCP).

*Please delete where applicable