

**LETTER OF CONFIRMATION BY HEALTHCARE INSTITUTION/
MEDICAL PRACTICE**

Date:

To: The Singapore Medical Council

**SUPERVISORY FRAMEWORK FOR CONDITIONALLY & TEMPORARILY
REGISTERED DOCTORS**

I have read the abovementioned guidelines which were issued by the Singapore Medical Council (SF Annex A) and confirm that my healthcare institution or medical practice, _____ is able to meet the requirements for supervision as spelt out in the guidelines.

I understand that the Council may conduct audits to determine the quality of supervision provided for conditionally registered and temporarily registered doctors working under supervision in my healthcare institution or medical practice. I also understand that my healthcare institution or medical practice may not be approved by the Council for conditionally registered and temporarily registered doctors to be employed in if the Council is not satisfied with the standard of supervision in my healthcare institution or medical practice.

Signature:

Name of Head of Healthcare Institution or Medical Practice:

Organisation Name:

Contact Number:

Date: