ADULT INFECTIOUS DISEASES SUBSPECIALTY

MALAYSIAN NATIONAL PROGRAMME

YEAR 3 ASSESSMENT (EXIT ASSESSMENT)

Name of Candidate:

Place of Training:

Year 1: Hospital _____

Year 2: Hospital _____

Current Supervisor:

Assessment Date:

Project Summary	**PROJECT 1:** □ Completed and published □ Completed and presented at local/international conference/meeting □ Completed and ready for submission to ethics committee □ Incomplete **PROJECT 2:** □ Completed and published □ Completed and presented at local/international conference/meeting □ Completed and ready for submission to ethics committee □ Incomplete
Involvement In ID Subspeciality (ANY activities/guideline/campaign/ workshop/CME programme)	□ Above expectation □ Meet expectation □ Below expectation

Supervisor Reports	□ Above expectation □ Meet expectation □ Below expectation
ASSESSOR REMARKS (If below expectation, please state the remedial plan of action)	

Final Assessment Committees:

Candidates future plan

_____ _____

_____ _____