TRAINING SITE APPLICATION REPORT

(To be completed by the Program Evaluation Committee)

Name of Training Program:	
Name of Applied Training Site:	
Name of Applied Department(s):	
Training Site Review Date:	
List of Reviewers:	

I. INTRODUCTION

A brief statement explaining the rationale for applying for the new training site and a brief description of how the review was conducted.

II. OVERVIEW OF THE DEPARTMENT

This section should briefly cover information for the following subheadings:

- A. Manpower, Set-up, and Volume of Cases: To include, but are not limited to the following information:
 - 1. Number of staff in the department with designations (e.g. how many consultants, Sr Specialist, etc.)
 - 2. Number of potential Faculty in the department
 - 3. Number of OTs and OT days, if applicable
 - 4. Type of clinics and number of clinic days, if applicable
 - 5. Workload: Volume and variety of cases
- **B.** Facilities and Resources: To include, but are not limited to the following information:
 - 1. Available machines, instruments, and equipment
 - 2. Available educational resources: meeting rooms, libraries, seminar rooms, on-call rooms, workstations, internet connections, lounge, rest/prayer facilities, etc.
 - 3. Accommodation(s) and its condition
- C. Educational and Quality Assurance Activities that are regularly conducted (list examples)

III. SUPERVISION OF TRAINEES

A brief description of how the Trainee(s) will be supervised including the names of the site/rotation supervisor, potential Faculty, and their qualifications.

IV. PROGRAM EVALUATION COMMITTEE RECOMMENDATIONS:

This section should briefly cover information for the following subheadings:

- **A. Trainee Allocation:** To include the following information:
 - 1. Number of Trainees to be posted at any given time
 - 2. Level of Trainees
 - 3. Type of rotation
 - 4. Duration of rotation
- B. Recommended Utilization Date
- C. Areas for Improvement: If any.