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.