Trainee Affairs Department

Counselling and Guidance Section

Program Referral Form

Please attach (Trainee Performance Evaluation Form)

Trainee’s Name ……………………………………………………….………………..

OMSB No……………………………………. Academic Year…………………….

Training Program ……..………………………………………………………………...

Year of Training ………………………………………………………………………..

Telephone No …………………………………………………………………………..

E-mail address……..……………………………………………………………………

***Referral Reasons: (Please attach any documents you believe are useful for this referral)***

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Is the Trainee aware of this referral? Yes No

If yes, what is preferred method to Contact the Trainee? Telephone Email

*If no, it will be the Programs responsibility to contact the Trainee regarding appointment*

Education Committee Chairman / PD Name: ………………………………………...

Telephone No……………………………………...……………………………………

Date ………………….….……………. Signature …..………….…….…….…...