



FACULTY OF
PUBLIC HEALTH

Completion of Training

Please note that it can take up to 4 weeks to complete the approval process by the Faculty.

Checklist

Have you completed all sections? Yes / No	Yes:	No:
Have you attached all ARCP forms? Yes / No	Yes:	No:
Have all ARCP forms been signed off by the StR and HEE (or equivalent)? Yes / No	Yes:	No:
Have you ensured that the information (including placement details, dates and wte) on the CCT form matches the information on the ARCP forms? Yes / No	Yes:	No:

This form MUST be completed for all Specialty Registrars (StRs) completing training.

The form must be returned to the Faculty by Health Education England/ Training Programme Director with copies of all ARCP outcome forms.

Please note that CCT and ARCP outcome forms might be shared with GMC/ UKPHR (as applicable) to meet the quality assurance requirements.

Surname:

First Names:

NTN Number:

Specialist Register:

StR (medicine)

StR (background other than medicine)

Completion of Training

Please list dates of all ARCP assessments during the training period

Assessment Dates Outcome ("satisfactory", etc)

Academic Period: Please indicate the number of months (WTE) counted towards training while undertaking an academic course in Public Health e.g. MPH.

Course Name	From	Dates	To	Full Time / Part Time (if part time please indicate WTE)	Number of months (WTE) spent on MPH while in training
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Completion of Training

Training Placements: Please list placements and training dates, excluding time spent during an academic course in public health, in chronological order to confirm.

Placement name and location	Dates		Full Time / Part Time (if part time please indicate WTE)	Number of months (WTE) counted towards training
	From	To		

Totals

Completion of Training

Please list any out of programme placements not approved for training below

Placement name and location	Reason for OOP	Date	WTE
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Please confirm the following

Satisfactory completion of 48 months of supervised training in posts approved by the GMC or other competent bodies in the EEA after completion of a suitable academic course in public health	Yes:	No:
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Please indicate the number of months (WTE):

At least 3 months in health protection in a service location within the NHS, (or equivalent in any country of the UK) or DMS	Yes:	No:
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Please indicate the number of months (WTE):

Date for the award of CCT/ CESR (CP)

Name:

Deanery/Region/Country

Indicate as signed

Date:

Completion of Training

Section for FPH Use only

Comments (Director of Training / Academic Registrar)

Date Comment

Approval

Approved by

Indicate as signed

Date: