**Statement of Equivalence**

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| --- | --- | --- | --- | --- |
| **Name of doctor** | |  | | |
| **Period of employment** | |  | | |
| **Job title** | |  | | |
| **Name and address of institution** | |  | | |
| I confirm that during the period of employment the above named doctor-   * Engaged in appraisal * Was assessed and achieved the skills as documented in the relevant specialty of the United Kingdom Acute Care Common Stem document (see http://www.rcoa.ac.uk/accs/2012-curriculum) * Attended the local education program * Demonstrated that they have the ability to progress in training | | | | |
| **Printed name:** |  | | **Signature** |  |
| **Professional body** |  | | **Registration number** |  |
| **Date** |  | |  | |