**Statement of Equivalence**

|  |  |
| --- | --- |
| **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** |  |  |