

ACTIVITY LOG for the past year of training

to accompany report July 31st 20<u>19</u>

Resident's / Trainee name:

Jane Roe_____

Date of rotation (start and finish)	Number of weeks (0.2 per day)	Category *	Specify type of rotation **	Supervising Diplomate (1 per rotation)	Supervising Diplomate's signature
03.02	2	0	DI rotation	John Doe,	
14.02.2020				DECYPI	
17.02	1	H		うて	
21.02.2020			amf		
17.02	2	01	· · ·		
28.02.2020					
				-	
23.03	5	COV19	Clínic running emergency services only		
24.04.2020					

*Categories:

C: Supervised surgical rotation O: Other required rotations i.e. diagnostic imaging, anaesthesia, pathology, internal medicine OC: Time off clinics for academic activities, research, manuscript preparation CE: Continuing education (Specialist meetings or specialty training) X: External rotations i.e. to a different institution H: Holiday COV19: Co

** Type of rotation: indicate the type of activity i.e. clinics, externship, rotations (anaesthesia, internal medicine, pathology, diagnostic imaging) specific courses meetings etc

Resident's/ Trainee Signature:_____

____ DATE: _____

(Signatures certify that information is true and accurate)