

Internship Logbook



**THE MEDICAL REHABILITATION THERAPISTS (REG)
BOARD OF NIGERIA**

**THE MEDICAL REHABILITATION THERAPISTS (REG) BOARD
OF NIGERIA (MRTB)**

Central Medical Library Compound, Yaba, Lagos.

INTERNSHIP LOGBOOK

Internship Logbook

Name of Internee:
SURNAME OTHER NAMES

Address of Internee:

Institution of Professional Training:

Name of Hospital for Internship:

Address of Hospital for Internship:

Date of Commencement and completion:- From: To:

Provisional Registration Number:



THE MEDICAL REHABILITATION THERAPISTS (REG) BOARD OF NIGERIA

Week 1.

Area of Specialisation: _____ Prov. Reg. No. _____

Period of posting..... No. of hours:.....

Overall conduct..... Ground Round.....

Seminar Presentation, etc.

INTERNSHIP LOG BOOK

Clinical Posting	Conditions Treated	Modalities/Concepts utilized	Scores	Remarks

Scores: A(70% and above), B+(60% - 69%), B(50%-59%), C(40-49%), F(0-39%).

Assessor's Comment: _____

Assessor's Name: _____

Rank of Assessor: _____

Prof. Reg. No: _____

Assessor's Signature/Date: _____



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BOARD OF NIGERIA (MRTB)**

ASSESSOR'S COMMENT FORM

Name of Internee: _____ Prov. Reg. No _____

Period of Internship _____ From _____ To _____

Name of Hospital _____

Name of Board's Assessor: _____

VISIT	OBSERVATION	COMMENTS	AUTHORISED SIGNATORY
1ST VISIT			 _____ Name & Signature of Assessor
2ND VISIT			 _____ Name & Signature of Assessor
3RD VISIT			 _____ Name & Signature of Assessor
4TH VISIT			 _____ Name & Signature of Assessor



THE MEDICAL REHABILITATION THERAPISTS (REG) BOARD OF NIGERIA (MRTB)

FINAL REPORT ON INTERNEE TO THE BOARD

Name of Internee: _____ Prov. Reg. No _____

Period of Internship _____ From _____ To _____

Name of Hospital _____

Name of H.O.D. _____

Full Name, Signature & Date

Name of the Chief Medical Director/ Medical Director: _____

Full Name, Signature & Date

CLINICAL POSTINGS

SURGERY/ ORTHOPEADICS	OVERALL ASSESSMENT	REMARKS
OBSTETRICS & GYNAECOLOGY		
PAEDIATRICS		
MEDICINE/ NEUROLOGY		
GROUND ROUNDS/ WARD		
ROUNDS/SEMINARS		
OVERALL CONDUCT & BEHAVIOUR		

Overall assessment: Excellent (70%), Very good (60%-69%), Good (50%-59%), Fair (40%-49%), Fail (0%-39%).

BOARD'S OFFICIAL USE

- i. QUALIFICATION (Adequate ☐ Inadequate ☐)
- ii. INSTITUTION OF PROFESSIONAL TRAINING: (Recognised ☐ Not Recognised ☐)
- iii. HOSPITAL FOR INTERNSHIP: (Recognised ☐ Not Recognised ☐)
- iv. OVERALL ASSESSMENT: (Successful ☐ Unsuccessful ☐)

BOARD'S ACTION

FULL LICENCE: (Approved ☐ Not approved ☐)

CHIEF EXECUTIVE/ REGISTRAR

