

NATIONAL COLLABORATIVE PRESCRIBING PROGRAMME
PORTFOLIO REVIEW 3

Trainee's Name: _____ Institution: _____

Item	Has this item been completed?*	Remarks / Explanation
Learning Log	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescribing Log 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescribing Log 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Case-Based Discussion 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Others:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*If the item is not completed please provide an explanation

This portfolio has been reviewed on _____ (date) by the following peers:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____