

NATIONAL COLLABORATIVE PRESCRIBING PROGRAMME
PORTFOLIO REVIEW 4

Trainee's Name: _____ Institution: _____

Item	Has this item been completed?*	Remarks / Explanation
Learning Log	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescribing Log 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mini-CEX 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	
	<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 faculty:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____