



Recognition of Hospitals for Internship

Hospital/Institution

Name of the Hospital

Category of the Hospital ☐ TH ☐ PGH ☐ DGH ☐ BH-A ☐ BH-B

Address

Other Information

Street

Office No.

City 1

Mobile No.

City 2

Fax No

District

Email Address

Details of the Authorized Person

Administrator of the Hospital

☐ Director

☐ Medical Superintendent

Name

Address

Other Information

Street

Office No

City 1

Mobile No

City 2

Fax No

District

Email Address

Number of Consultants with the SLMC specialist Registration

Human Resources

Administration

Number of Administration Officers

Number of Management Assistants

Medical Staff

Number of Medical officers

Number of Nursing Officers(All Grades)

Number of Nursing Officers (Special Grades)

Number of Nursing Sisters

In the Ward

In the Clinic

Number of Nursing officers

In the Ward

In the Clinic

Number of Midwives

In the Ward

In the Clinic

In Patient Care (General)

	No of Wards	Bed Strength	Av. month. admissions	Av. Midnight Total	Bed Occupancy Rate
Medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gynecology & Obstetrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
pediatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In Patient Care (Specific facilities)

	Bed Strength	AV.Month. Admission	AV.Month. Discharges	Av.Mid.Night. To	Bed occupancy Rate
ICU (Medical)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICU(Surgical)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICU(Combined)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Labor Room	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neonatal Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Theater Facilities

Number of OT s	<input type="text"/>	Availability of Staff	<input type="text"/>	8.00 – 4.00 p.m only	<input type="text"/>
		Surgery (No/Months)		Gyn & Obs(No/month)	
Major Surgeries		<input type="text"/>		<input type="text"/>	
Minor Surgeries		<input type="text"/>		<input type="text"/>	

Transfer Facilities/ Information

a. Nearest Hospitals (above the category of your hospitals and distance-/km)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

b. Reasons For Transfers

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Ambulance Available

Number of ambulance in working conditions

Clinics**Tick the available clinics and indicate frequency per week**

Medical Clinic	<input type="checkbox"/>	<input type="text"/>
Surgical Clinic	<input type="checkbox"/>	<input type="text"/>
Pediatric Clinic	<input type="checkbox"/>	<input type="text"/>
Gynecology & Obstetrics	<input type="checkbox"/>	<input type="text"/>
Antenatal Clinic	<input type="checkbox"/>	<input type="text"/>
Post Natal Clinic	<input type="checkbox"/>	<input type="text"/>
Gynecology clinic	<input type="checkbox"/>	<input type="text"/>
Family Planning Clinic	<input type="checkbox"/>	<input type="text"/>

Sub fertility Clinic	<input type="checkbox"/>	<input type="text"/>
Dermatology Clinic	<input type="checkbox"/>	<input type="text"/>
Mental Health Clinic	<input type="checkbox"/>	<input type="text"/>
Rheumatology Clinic	<input type="checkbox"/>	<input type="text"/>
Neurology Clinic	<input type="checkbox"/>	<input type="text"/>

Special Facilities (Tick the available facilities)

<input type="checkbox"/> ETU	<input type="checkbox"/> ICU	<input type="checkbox"/> HDU	<input type="checkbox"/> PBU
<input type="checkbox"/> PCU	<input type="checkbox"/> Blood Bank	<input type="checkbox"/> Pathology Unit	<input type="checkbox"/> Microbiology Unnit

(b) Blood Bank

No .of Mos	<input type="text"/>	No of Trained	<input type="text"/>
State availability of other trained staff	<input type="text"/>	Time open to staff	<input type="text"/>

(c) OPD

Number of Mos	<input type="text"/>	No of MO available on duty	<input type="text"/>
No of patient/day	<input type="text"/>	No of NO available on duty	<input type="text"/>

Paramedical Services

(a) Tick the available Service

<input type="checkbox"/> X Ray	<input type="checkbox"/> CT	<input type="checkbox"/> Physiotherapy Unit
<input type="checkbox"/> USS	<input type="checkbox"/> ECG	Other <input type="text"/>

Staff

(a) Number of Ward Staff

	Med	Surg	Paed	Obst	Gynae	Psych	Medico legal	Board Certified	Non B.Certified
Consultants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S.R/Acting Consultants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registrars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Midwives	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minor Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Paramedical Staff

	Number of	24hrs	8.a.m-4.p.m	weekend
MLTs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pharmacist/ Dispensers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X-Ray Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ECG Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physiotherapists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Microcopist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radiographers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(c) Consultants

	No.of Consultants	Permanent Resident	Cover from other Hospital	How often/week
Physician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surgeon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gyn & Obstetricians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pediatrician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anesthetist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dermatologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pathologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Microbiologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radiologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
medico-Legal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychiatry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Names of Consultants and State of Board Certification (Please give their contact details as well)**Medicine**

Surgery

Pediatrics

Gynecology and Obstetrics

Other Specialty Consultants (eg. Psychiatry , Medico Legal etc)

Facilities for Doctors

- | | |
|--|--|
| <input type="checkbox"/> Canteen | <input type="checkbox"/> Doctors welfare society |
| <input type="checkbox"/> Quarters For SHOs / Number of <input type="text"/> | <input type="checkbox"/> Availability of water |
| <input type="checkbox"/> Quarters For reserved for Hos/ Number of <input type="text"/>
Rooms with attached bathroom | <input type="checkbox"/> Electricity & Generator |

House Officers' Quarters

(a) Rooms reserved for HOs Distribution of HOs by Rooms
Distance between Hos. & Quarters
Mode of communication between ward and the quarters

(b) Quarters Building

- | | |
|---|---|
| <input type="checkbox"/> In same building as hospital | <input type="checkbox"/> Different Building |
|---|---|

(c) Bathroom / Toilet Facility

- | | |
|--|--|
| <input type="checkbox"/> Rooms with attached bathroom
No.of Rooms with attached bathroom <input type="text"/> | <input type="checkbox"/> Rooms with common bathroom
No.of Rooms with common bathroom <input type="text"/> |
| <input type="checkbox"/> Toilet Only
No .of Toilet Only <input type="text"/> | <input type="checkbox"/> Bathroom only Combined
No .of Bathroom only Combined <input type="text"/> |

(d) Room Furniture

- | | | |
|--------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bed | <input type="checkbox"/> Table | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Chair | <input type="checkbox"/> Clothes Rack | |

(e) Common Room Furniture

- | | | |
|--|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Television | <input type="checkbox"/> Chairs | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Dinning Table | <input type="checkbox"/> Settee | |

(f) Pantry

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Cooker | <input type="checkbox"/> Electric | <input type="checkbox"/> Cups & Saucers |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Gas Cylinders | <input type="checkbox"/> Plates |

Request for Interns

Number of interns Requested

Details of Other Facilities and Staffing

(a) Operating Theater

No of trained MO(Anesthetist) : No of Nurses trained in theater work :
Closest Station where consultant Anesthetic is available:

(b) Labor Room

Number of Beds : Number of Nurses trained in Labor Room :
Number of nurses trained in postpartum room Number of Midwives :

(c) ICU

Number of trained MO s: Number of ICU beds :
Number of trained Nurses :

(If more than one unit is available give details separately)

(e) Radiology Department

No of Consultant Radiologist	<input type="text"/>	No of Trained MO s :	<input type="text"/>
No of Permanent/Visiting	<input type="text"/>	No of Radiographers:	<input type="text"/>
If visiting frequency/week	<input type="text"/>		

(f) Available Equipment

No of X-Ray Machines :	<input type="text"/>	No of USS	<input type="text"/>
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(g) Pathology Department

No of Consultant Pathologist	<input type="text"/>	No permanent/Visiting	<input type="text"/>
If Visiting Frequency/week	<input type="text"/>		
Number of Trained MO s	<input type="text"/>	No of MLT s	<input type="text"/>

(h) Physiotherapy Department

Available Equipment	<input type="text"/>	No of Physiotherapists	<input type="text"/>
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Details of Facilities for Medico-Legal work

No of Consultant Medical legal unit	<input type="text"/>	No of Consultant permanent/ Visiting	<input type="text"/>
If visiting frequency	<input type="text"/>		
No.of Trained MO s	<input type="checkbox"/>	PM Laborers	<input type="checkbox"/>
Police Post	<input type="text"/>	Mortuary	<input type="checkbox"/>
Post marten Room	<input type="checkbox"/>	Instrument available is to AM	<input type="checkbox"/>

Ground Plan

Please attach the ground plan of the premises showing location of buildings

☐ I certify that I understand the purpose of this documentation. The information provided in this form are true and are correct to the best of my Knowledge.

Seal

Signature

Date

For Office use			
	Reg No	Date	Reg Approval

Instructions

Who can apply?

1. Those hospitals/institutions wish to seek the SLMC approval as an Intern training station or
2. Renewal of Registration of Institute /Hospitals those have SLMC approved and nearing the expiry of validation period.

Documents

Duly Furnished application ☐

General Information

New Applications

1. Hospitals/Institutions that wish to get the SLMC approval as an Intern training station should apply with an application for “Recognition for Hospital for Internship” downloaded from www.slmc.gov.lk.
2. Get a printout of the above application signed by the authorized person of the hospitals/institutions and forward it to the Sri Lanka Medical Council through the DGHS.

Renewal Applications

1. The approved hospitals/institutions nearing expiry of the validation of approved period(six months before expiry)
2. Get a printout of the above application signed by the authorized person of the hospitals/institutions and forward it to the Sri Lanka Medical Council through the DGHS.

Registrar
SRI LANKA MEDICAL COUNCIL
No. 31, Norris Canal Road
Colombo 10

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