

**NOTIFICATION OF COMPLETION OF
ADVANCED TRAINING SKILLS MODULE
(ATSM)**

**For Trainees who have switched from the old
ATSM curriculum to the new ATSM curriculum**



**Royal College of
Obstetricians and
Gynaecologists**

Setting standards to improve women's health

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Facsimile: +44 (0)20 7723 0575

Website: www.rcog.org.uk

SURNAME: _____

FIRST NAMES: _____

RCOG REG NO: _____

Please insert the name of the module initially registered for:

Please insert the name of the module switched to:

Date of commencement of ATSM: __/__/__

Date of satisfactory completion of ATSM: __/__/__

NAME OF EDUCATIONAL SUPERVISOR(S) RESPONSIBLE FOR TRAINEE

1. NAME: _____ **2. NAME:** _____

POST: _____ **POST:** _____

Supervisor signature (1): _____ **Date:** _____

Supervisor signature (2): _____ **Date:** _____

NAME OF EDUCATIONAL PRECEPTOR RESPONSIBLE FOR TRAINEE

NAME: _____

POST: _____

Preceptor signature: _____

Date: _____

Authorised and approved by the Director of ATSMs on behalf of the Deanery Specialty Training Committee

NAME: _____

Signature: _____

Date: _____

IMPORTANT NOTE

- Trainee to retain original copy in training portfolio
- Director of ATSM to retain a copy 1 at Deanery
- *Copy 2 of this notification of completion of ATSM form plus feedback form should be sent to the Advanced Training Coordinator, Postgraduate Training Department, RCOG, 27 Sussex Place, Regent's Park, London NW1 4RG.*
- *Please be sure to include a copy of your certificate of attendance for ATSMs which require attendance at theoretical courses.*