

Intern File Check List

Intern Level	I II III
Student ID	
Intern Name	

Intern File Check List	Date	Initial	Comments
1. LEVEL III EXAM RESULT : CPX (Clinical Performance Examination)	Level Exam Results		/ /
	Pass	Fail	
2. LEVEL II EXAM RESULT : MCE (Mid Curriculum Examination)	Level Exam Results		/ /
	Pass	Fail	
3. INTERN EVALUATION	Level		/ /
	I	II	
4. CASE PRESENTATION	Level		/ /
	I	II	
5. INTERN'S TREATMENT PROTOCOL with SUPERVISOR'S ASSESSMENT	Level	Treatment Log	/ /
	I II III	Yes No	
6. Patient Care : Total Over 380 Treatment	Level		/ /
	I	II	
7. Completed Internship Hours : (Total 960 hours) <input type="checkbox"/> Level I : 200 Hrs <input type="checkbox"/> Level II : 320 Hrs <input type="checkbox"/> Level III : 440 Hrs	Qrt	Hrs	/ /
	Qrt	Hrs	
	Qrt	Hrs	
8. MALPRACTICE INSURANCE	Covered Thru		/ /
	/	/	
9. CPR & First Aid	Date Completed		/ /
10. Academic Records (DULA Internship Didactic Requirements)	Level		/ /
	I	II	

Approved by _____

OMC Manager : _____ Date : _____

OMC Director : _____ Date : _____