**Internship Training Program**

**Notice of Warning**

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| Warning Notice No: |

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| Date: |
| Name of the Intern:  |
| ID No.: Cohort:  |
| Present Rotation/Hospital:  |
| You are warned for: |
|  Absence without prior leave approval.  |
|  Not adhering to duty hours. |
|  Going out without prior approval during duty hours. |
|  Not adhering to dress code. |
|  Unprofessional attitude or behavior. |
|  Not adhering to on call duties.  |
|  Losing Logbook. |
|  Other: |
| **Please note that after receiving two Warning Notices, the third one will be a warning letter resulting in disciplinary action as follows:** To repeat the particular rotation by two weeks. To repeat the particular rotation by one month.**Failing which:** You shall be referred to Disciplinary Committee. You shall repeat the whole internship rotation in:  |
| **Remarks:** |

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| Internship Program Coordinator Signature & Stamp: |
| Head of Department Signature & Stamp: |
| Intern`s Signature: |

Copy to:

* Internship Training Program Office, College of Medicine & Health Sciences, Sultan Qaboos University, **E-mail Address: interns.medtcs@gmail.com**