



TRAINEE DECLARATION

I understand that my certificate will not be dispatched until the certificate fee, all required documentation and forms, including the Form of Faith have been received by FOM, the MFOM date calculated, and the application approved by FOM's President and Academic Dean.

Signature: _____

Name: _____ Date: _____

EDUCATIONAL SUPERVISOR

I confirm that _____
has completed the programme approved by FOM.

Signature: _____

Name: _____ Date: _____

REGIONAL SPECIALTY ADVISOR

I confirm that _____
has completed the minimum requirement of 4 years SpR/StR training in occupational medicine.

Signature: _____

Name: _____ Date: _____

**Please upload a scanned copy of this declaration onto
your M4 form via the FOM website**