

*The Hong Kong Society for  
Colposcopy and Cervical Pathology*

**LOGBOOK**

Training of Smear Takers

**Name of Trainee:**

**Period of training:**

**Name of training HKCOG-HKSCCP Accredited Colposcopy Service  
Centre:**

**Name of Trainer/s (endorsed by the head of training unit):**

**Name of Lead Clinician of Cervical Cancer Screening Service:**

**I certify that \_\_\_\_\_ has managed the patients  
recorded in this logbook and has demonstrated satisfactory level of  
clinical and communication skills in providing pap smear screening.**

**Signature by the Lead Clinician:**

**Date:**