

*The Hong Kong Society for
Colposcopy and Cervical Pathology*

LOGBOOK

Training of Smear Takers

Name of Trainee:

Period of training:

Name of Trainer:

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 trainer: _____ Date: _____