

The Hong Kong Society for Colposcopy and Cervical Pathology

Logbook for re-accreditation of smear taker

Name of smear taker:

Date of last accreditation:

Name of the medical practitioner supervising the cervical 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 of the medical practitioner: _____ **Date:** _____