

Dr J.A. Barton,  
The Surgery,

**Code A**

12 January 1993

Staple House Ext.223  
MP/412/SA

Dear Dr Barton,

RE: CHILD HEALTH SURVEILLANCE ACCREDITATION

I have just received your application and decision in your accreditation from the Regional Adviser.

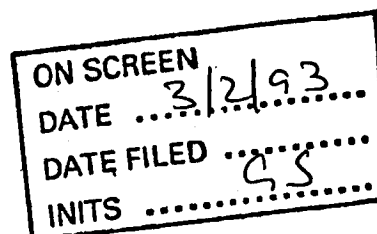
We are agreed that you should be accredited in CHS and I enclose the form for your signature (2 copies, one to be returned to complete the process).

David Percy has recommended that you are encouraged to attend a refresher course in view of the 4 year gap since you last practised CHS.

Yours sincerely,

Michael Parsons  
Medical Adviser

Enc.



**APPENDIX D****HAMPSHIRE FAMILY HEALTH SERVICES AUTHORITY****CHILD HEALTH SURVEILLANCE ACCREDITATION****STATEMENT BY FHSA**

This form certifies that \_\_\_\_\_ DR J.A. BARTON \_\_\_\_\_

of \_\_\_\_\_ 148 FORTON ROAD, \_\_\_\_\_

\_\_\_\_\_ GOSPORT PO12 3HH \_\_\_\_\_

Is now on the Child Health Surveillance List having satisfied all the criteria for entry. The FHSA encourages all those accredited in Child Health Surveillance to maintain their competence by regular refresher education.

\_\_\_\_\_  
DR M. PARSONS  
MEDICAL ADVISER FOR HAMPSHIRE FHSA

**STATEMENT BY GENERAL PRACTITIONER**

"I hereby certify that I am familiar with the content of the CHS programme and competent to carry out all the associated procedures and examinations. I will maintain my competence by engaging in appropriate refresher education. I will supervise the CHS programme for all patients registered with me for the service and ensure that the full core programme is carried out either by myself or by a competent member of the Primary Health Care Team".

\_\_\_\_\_  
NAME IN BLOCK CAPITALS: \_\_\_\_\_

(Please retain one copy and return a signed copy which will complete the accreditation process).

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