



STUDENT INFORMATION

Surname			
First and middle name(s)			
Year of study*		Date of birth (dd/mm/yyyy)	

*at the time of completing the Clinical Experience (e.g. 1st, 2nd ...)

HOST INSTITUTION INFORMATION

Name			
Address			
City		Country	
Street		Number	
Phone number			

INFORMATION

Clinical Experience supervisor information			
Surname and name(s)			
E-mail address		Phone no.	
Hospital ward			
start date (dd/mm/yyyy)		end date (dd/mm/yyyy)	
Medical field of the Clinical Experience**		No. of hours completed	

**Your recommendation of the medical field/ course towards which the experience can be counted E.g.: Family Medicine, Internal Medicine; Surgery; Pediatrics; Obstetrics and Gynecology, Emergency Medicine, Psychiatry, Clinical Elective

SCOPE OF THE EXPERIENCE (description/ list of performed and observed procedures; scope of responsibilities)

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Please continue on the back if necessary

VERIFICATION (all fields mandatory)

<i>I hereby certify that all the above information is correct to the best of my knowledge</i>		Host institution's stamp
Signature	Date	

Instructions: Please TYPE in all required information. ALL FIELDS AND THE VERIFICATION SECTION ARE OBLIGATORY. Incomplete forms will NOT be recognized by the JU MC SME. Official stamp of the hosting institution is REQUIRED for the form to be recognized as an official document. Please do not use whiteout. Any corrections on the form should be verified with a stamp, date and initials. **The signee is requested to scan the document (PDF format recommended), and email it directly to smeoffice@cm-uj.krakow.pl. The original should be placed in a sealed envelope and entrusted with the student.** The original document should then be delivered to the School Office as soon as possible; it is required for the experience to be recognized and credited towards the curriculum.

Contact information: Jagiellonian University Medical College, Faculty of Medicine, School of Medicine in English, ul. św. Anny 12, 31-008 Kraków, Poland; e-mail: smeoffice@cm-uj.krakow.pl; phone no.: +48 12 422 80 42; fax no.: +48 12 421 28 69

INTERNAL USE

Course Coordinator's/ Dean's decision	Signature and stamp	Date
Approved / Declined***		

*** Please CIRCLE the applicable option