



CERTIFICATE OF COMPLETION

STUDENT INFORMATION

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

*at the time of completing the Clinical Training

HOST INSTITUTION INFORMATION

Name			
Address			
City		Country	
Street		Number	
Phone number			
Affiliation (with University or Teaching Hospital)			

INFORMATION

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

**Please choose from the following: Family Medicine, Internal Medicine; Surgery; Pediatrics; Obstetrics and Gynecology, Emergency Medicine, Psychiatry, Clinical Elective

COMMENTS ON STUDENT'S PERFORMANCE

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 and that the student completed the clinical training in compliance with the JU MC SME requirements (see attached)</i>		Host institution's stamp
Signature		

Please confirm with a stamp and signature program of the clinical training attached to this form.

Instructions: Please TYPE in all required information. **GREY 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 consult appropriate clinical training outlines for details on requirements (no. of hours, field of medicine etc.). Please do not use whiteout. Any corrections on the form should be verified with a stamp, date and initials. Please return the form to the JU MC by post, e-mail (only pdf files), or fax, or hand it to the student in a sealed envelope.

Contact information: Jagiellonian University Medical College, Faculty of Medicine, School of Medicine in English, ul. św. Łazarza 16, 31-530 Kraków, Poland; e-mail: smeoffice@cm-uj.krakow.pl; phone no.: +48 12 422 80 42; fax no.: +48 12 421 28 69