

## **CLINICAL TRAINING**

## **CERTIFICATE OF COMPLETION**

STUDENT INFORMATIO	N					
Surname						
First and middle name(s)						
Year of study*	Date of birth (dd/mm/yyyy			(dd/mm/yyyy)		
*at the time of completing th	e Clinical Training				l	
HOST INSTITUTION INFO	ORMATION					
Name						
Address						
City				Country		
Street				Number		
Phone number						
Affiliation (with University or Teaching Hospital)						
INFORMATION						
Clinical Training supervise	or 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 fol Medicine, Psychiatry, Clinical COMMENTS ON STUDE	Elective		ine; Surgei	y; Pediatrics;	Obstetrics and C	Gynecology, Emergency
Please continue on the ba	ack if necessary					
VERIFICATION (all fields	mandatory)					
I hereby certify that all knowledge and that the with the JU MC SME requ	the above informate student completed ti	he clinical traii			lost institutio	n's stamp
Signature						
Please confirm with a	stamp and signat	ture prograr	n of the	clinical tra	aining attach	ned 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: <a href="mailto:smeoffice@uj.edu.pl">smeoffice@uj.edu.pl</a>; phone no.: +48 12 422 80 42