School of Medicine in English
Jagiellonian University Medical College
Faculty of Medicine

CERTIFICATE OF SUMMER CLERKSHIP COMPLETION (DDS)

STUDENT INFORMATION

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

*at the time of completing the clerkship; numbers 1 to 4

HOST INSTITUTION INFORMATION

Name			
Address			
City		Country	
Street		Number	
Phone number			

CLERKSHIP INFORMATION

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

**Please choose from the following: practice in health care organization, practice in general surgery, internal diseases or in maxillofacial surgery; Dental assistant practice; Dental surgery – part 1; Dental surgery – part 2.

COMMENTS ON STUDENT'S PERFORMANCE

_____
_____
_____
_____
_____
_____

Please continue on the back if necessary

VERIFICATION (all fields mandatory)

I hereby certify that all the above information is correct to the best of my knowledge and that the student completed the summer clerkship in compliance with the respective JU MC SME summer clerkship overview.	Host institution's stamp
Signature / Date	

NOTE: THE FORM MUST BE ACCOMPANIED BY A THE RESPECTIVE SUMMER CLERKSHIP OVERVIEW (available for download here: https://medschool.uj.edu.pl/medical-education/summer-clerkships/dds-program/) WHICH HAS BEEN DATED, SIGNED AND STAMPED BY THE CLERKSHIP SUPERVISOR.

Instructions: Please TYPE in all required information. Grey fields and the verification section are obligatory. Official stamp of the hosting institution is required for the form to be recognized as an official document. Incomplete forms will be disregarded.
Please consult appropriate clerkship 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.

Complete form must be sent by the host institution directly to the following address:

Jagiellonian University Medical College, Faculty of Medicine,
School of Medicine in English,
ul. św. Łazarza 16, 31-530 Kraków, Poland.

Scans, faxes, and photocopies will be disregarded.
Contact information: e-mail: smeoffice@uj.edu.pl; phone no.: +48 12 422 80 42 *Updated: July 1, 2025*