Letterhead

University Name:

Student Name:

The student above

* has completed bedside training.
* has completed an elective.
* has studied material related to the subjects listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| □ | Anesthesia and Pain Medicine  | □ | Neurosurgery  |
| □ | Cardiovascular Biology and Medicine  | □ | Hematology |
| □ | Cardiovascular Surgery  | □ | Obstetrics and Gynecology  |
| □ | Clinical Laboratory Medicine  | □ | Ophthalmology  |
| □ | Clinical Oncology | □ | Orthopaedic Surgery  |
| □ | Coloproctological Surgery  | □ | Otorhinolaryngology  |
| □ | Dermatology and Allergology | □ | Pediatric General and Urogenital Surgery  |
| □ | Emergency and Disaster Medicine  | □ | Pediatrics and Adolescent Medicine  |
| □ | Esophageal and Gastroenterological Surgery  | □ | Plastic and Reconstructive Surgery  |
| □ | Gastroenterological Imaging and Interventional Oncology  | □ | Psychiatry and Behavioral Science  |
| □ | Gastroenterology  | □ | Radiation Oncology  |
| □ | General Medicine  | □ | Radiology General  |
| □ | General Thoracic Surgery  | □ | Radiology Neuro  |
| □ | Hematology | □ | Rehabilitation Medicine  |
| □ | Hepatobiliary Pancreatic Surgery  | □ | Respiratory Medicine  |
| □ | Human Pathology  | □ | Rheumatology  |
| □ | Nephrology  | □ | Urology |
| □ | Neurology  |  |  |

Signature and Stamp

Name of The Person Who Signed this Document

Institution Name

Office Name

Address

Phone Number; Email Address