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