University Name:

Student Name:

The student above has studied material related to the subjects listed below.

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

Signature and Stamp

Name of The Person Who Signed The Letter

Institution Name

Office Name

Address

Phone Number; Email Address