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