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| **TRAINING COMPLETION CERTIFICATE** |
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| **I. HOSTING INSTITUTION/ORGANISATION** |
| **Legal name**  |  |
| **Address, country** |  |
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| **II. DETAILS OF THE STUDENT** |
| **Name and surname** |  | **Date of birth** | dd/mm/yyyy |
| **Sending institution** | Faculty of Medicine and Dentistry, Palacký University Olomouc |
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| **III. DETAILS OF THE TRAINING PROGRAMME** |
| Starting date | dd/mm/yyyy | Ending date | dd/mm/yyyy |
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| **Clinical subjects (number of weeks):** |
| **Subject** | **Duration (in days or weeks)** |
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| **a) Knowledge, skills, and competence acquired:** |
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| **b) Activities and tasks carried out by the trainee:** |
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| **IV. ADDITIONAL INFORMATION** |
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| **Place** |  |
| **Name of the responsible person, position** |  |
| **Signature of the responsible person** |  | Date | \_\_/\_\_/\_\_\_\_ |
| **Stamp of the receiving institution/organisation** |  |