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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 | | | | | |
|  | | | | | | |
| **III. DETAILS OF THE TRAINING PROGRAMME** | | | | | | |
| Starting date | dd/mm/yyyy | | Ending date | dd/mm/yyyy | | |
|  | | | | | | |
| **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** | | | |  | | |