

Confirmation

I hereby certify, that Mr./Mrs.

matriculation number:	
surname:	
forename:	
e-mail:	

completed a clinical elective (clinical traineeship)

at the hospital:
in:
at the department of:
period:

subject:

compulsory subjects:

- internal medicine (8 weeks)
- surgery (8 weeks)
- general medicine (4 weeks)

elective subject I (4 weeks):

- gynecology
- otorhinolaryngology
- pediatrics
- neurology
- psychiatry
- other: _____

elective subject II (2 weeks):

- anesthesia
- ophthalmology
- dermatology
- neurosurgery
- nuclear medicine

- orthopedics
- radiotherapy and radiological oncology
- trauma surgery
- other: _____

Assessment:

attended with success/ attended without success*

date: _____ signature of mentor: _____

date: _____ signature and seal of department manager: _____

The portfolio was kept:

_____ signature of mentor