

ED VI YEAR 2023/2024 WINTER SEMESTER

FAMILY MEDICINE TRAINING

Individual credit card

NAME AND SURNAME

GROUP/SUBGROUP/.....

1ST WEEK

No	KIND OF TRAINING (SEMINAR, CLASSES. FAMILY PRACITICE)	DATE	PRESENCE CONFIRMATION
1			
2			
3			
4			
5			

2ND WEEK

No	KIND OF TRAINING (SEMINAR, CLASSES. FAMILY PRACITICE)	DATE	PRESENCE CONFIRMATION
1			
2			
3			
4			
5			

CREDIT: YES NO

CLINICAL CASES :.....(grade)

Date & signature:.....