

ED V YEAR 2024 SUMMER SEMESTER

FAMILY MEDICINE TRAINING

Individual credit card

NAME AND SURNAME .....

GROUP/SUBGROUP ...../.....

1<sup>ST</sup> WEEK

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

2<sup>ND</sup> WEEK

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

CREDIT:                    YES                    NO  
.....(grade)

Date & signature:.....