ED V YEAR 2025/2026 WINTER SEMESTER

FAMILY MEDICINE TRAINING

Individual credit card

NAME AND SURNAME ……..

GROUP/SUBGROUP ……../……

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

CREDIT: YES NO GRADE:

Date & signature:…….