

ED V YEAR 2026 SUMMER 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			

No	KIND OF TRAINING (SEMINAR, CLASSES. FAMILY PRACITICE)	DATE	PRESENCE CONFIRMATION
6			
7			
8			
9			
10			

CREDIT: YES NO

CLINICAL ABLITIES :(grade)

Date & signature:.....