

ED V YEAR 2026/2027 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:.....