UMFVBT – REG/PRI/01/2023 – 18 - ANEXA 18

**CERTIFICATE OF ATTENDANCE**

**for clinical rotations (traineeship)**

**ERASMUS+**

**Academic year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be filled in and signed by the Erasmus Representative of the Host University/Head of hospital department *at the end of each clinical rotation*.**

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| **University of/Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student matriculation number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**University of origin: RO TIMISOA02**

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| **CLINICAL ROTATION PERIOD: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of the Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Head of the Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Department of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Number of hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **A**  **Very good** | **B**  **Good** | **C**  **Medium** | **D**  **insufficient** | | **Attendance** |  |  |  |  | | **Integration** |  |  |  |  | | **Participation** |  |  |  |  | | **Language level** |  |  |  |  | | **General characterization** |  |  |  |  |  |  |  |  | | --- | --- | --- | |  | **Mark** | **Credits** | | **Final exam** |  |  |   Clinical rotation validated □ Clinical rotation not validated □  Signature and stamp of Head of Department/  Coordinating professor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |