STATEMENT

This form should be completed, signed and stamped by an authorised representative of the accredited Medical School

of any EU Member State, Norway, Switzerland or USA,
providing the training as part of the medical training curriculum

Data of the state-recognised Medical School providing the training
Name: ........................................................................................................................................
Full address: ................................................................................................................................

Data of state accreditation document
Number: ........................................................................................................................................
Date: ...........................................................................................................................................

As the authorised representative of the above named accredited Medical School providing the training, I hereby declare that the data included in this document are true and correct in every respect.

☐ I hereby declare that our institution is able to provide the skills of the
.......................................................................................................................... subject /subjects defined in the competence list in the appendix nr.3. of the 2010/10/VI. MAB order.

☐ I hereby declare that our institution is not able to provide the skills of the
.......................................................................................................................... subject /subjects defined in the competence list in the appendix nr.3. of the 2010/10/VI. MAB order entirely.

Name: ................................................................................................................................. Signature: .................................................................................................................................
Title/position: ................................................................................................................................
Organisational unit: ....................................................................................................................
Date: ...........................................................................................................................................

Institute stamp: