**CERTIFICATON**

of completed famulus practice

**Data of the state-recognised Medical School providing the training**

Name of the institute providing traineeship:

Full address:

Name of the student completing the traineeship:

Length (start and expiry) of the traineeship:

As the authorised representative of the above named institute providing the training, I hereby declare that the above named student has attained the skills defined in the list below during his/her traineeship in Surgery.

**Practical syllabus of the famulation**

**(Surgery)**

*Recommended practical activities:*

*- Examination of acute surgical patient*

*- Examination of elective surgical patient*

*- Wound care*

*- Participation in the work of the surgical outpatient clinic*

*- Surgery assistance*

*- Surgery administration*

*- Postoperative care, medication*

**Practice evaluation (practical grade):**

Failure (1)

Passing (2)

Fair (3)

Good (4)

Excellent (5)

Please underline the appropriate grade.

Name: Signature:

Title/position:

Organisational unit:

Date:

Institute stamp: