**STATEMENT**

This form should be completed, signed and stamped by an authorised representative of an accredited health service institution located in an EU/USA Member State, Norway or Switzerland, providing the traineeship

**I. Data of the state-recognised institute of higher education providing accreditation to the health institution of the traineeship**

Name:

Full address:

Data of state accreditation document

Number:

Date:

**II. Data of the accredited health institution providing traineeship**

Name:

Full address:

Data of accreditation document issued by the relevant state:

Number:

Date:

Data of accreditation

Field (surgery, etc.):

Length (start and expiry):

As the authorised representative of the accredited health service institution providing practice placement, 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 ensure the acquirement of the skills in the field of Surgery as defined in the syllabus attached.

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**Syllabus for the practice placement in**

**Surgery – 1 month, 168 hours**

*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*

Name: Signature:

Title/position:

Organisational unit:

Date:

Institute stamp: