

Clinical Practical Year (CPY) Intership – attendance certificate

Name	e/First r	name of the st	udent:							
University registration number: Inters No.:					ership Module :		Specialty:			
Hospi	ital			1		from	n: t	o: Ab	sence (in days):	
Closing meeting was held on		on	with		ı					
evalu accur	ations acy of	nce certificate and must be the entries.	brought t							
Mini-		nying evalu	Task			Fyalu	atar (Nama)	Date of	Outcome	
CEX	DOPS		Task			Evalu	ator (Name)	evaluation	(points)	
O	0									
O	0									
O	O									
O	O									
									_	
O	0									
0	0									
O	O									
•	•									
			(Co		rade of score – s	ee		Score		

reverse page)

Particip The pre Particip	of the following should be provided option in structured lectures escribed tasks were carried out (in accordance with the training program pation in recommend meetings ((in accordance with the training program ion of the student by the mentor or the supervisor (optional)	•
	o certify that the student has documented all oft he rquired achieven Practical Clinical Intership and that the scores were carried over truthf	
 Date	Signature oft the doctor conducting the final discussion	Stamp of the hospital
 Date	Signature oft the doctor conducting the final discussion	Stamp of the hospital
 Date	 Student`s signature	

Scores for the allocation of grades for the Practical Clinical Internship Module

Duration	Insufficient	Sufficient	Satisfactory	Good	Very good
4 weeks	< 120	120-139	140-159	160-179	180-200
16 weeks	<240	240-279	280-319	320-359	360-400