

Standard Certificate of Completed Training Program Following a Medical Degree (MD)

All fields must be completed. The certificate is to be completed electronically and must be signed by hand by the program's responsible authority.

The doctor's name:

Date of birth (DD.MM.YYYY):

Provide the name of the postgraduate training program and the country where it was completed:

Date of completion of medical degree (MD) (DD.MM.YYYY):

Description of workplace

Name of institution(s) or healthcare facility(ies):

Period(s) of employment and full-time equivalent (FTE) percentage:

Specify the department or unit where the doctor worked. If the department or unit is divided into specialist sections, indicate the period of employment in each section:

Date from (DD.MM.YYYY)	Date to (DD.MM.YYYY)	Full-time equivalent percentage	Department/unit/section

Did the doctor complete and meet all requirements of the postgraduate training program?

☐ Yes ☒ No

Indicate the program's standard duration and whether specific competency requirements are defined:

Has the doctor been granted authorization/license as a doctor?

☐ Yes ☒ No

If yes, please state the date (DD.MM.YYYY):

Absence during the training program

State periods of absence. Holiday of up to 5 weeks per year is not considered to be absence:

Date from (DD.MM.YYYY)	Date to (DD.MM.YYYY)	Absence percentage	Date from (DD.MM.YYYY)	Date to (DD.MM.YYYY)	Absence percentage

Details of Clinical Work

Did the doctor receive guidance throughout the entire training program?

☐ Yes ☐ No

State period(s) of guidance along with the tutor's name, title and specialist approval(s):

Period of guidance (DD.MM.YYYY)	Name and title of tutor	The tutor has achieved specialist certification in the following specialties

Has a duty rota been established for evening and night work in the department?

☐ Yes ☐ No

If Yes, did the doctor participate in the department's duty rota throughout the entire period?

☐ Yes ☐ No

If no, state period(s) and reason(s) for exemption from duty (DD.MM.YYYY):

Did the doctor perform all duties in the post?

☐ Yes ☐ No

If no, please explain why and outline the doctor's responsibilities during the employment:

Describe the hospital or healthcare facility. Please provide information concerning:

- Type of hospital or healthcare facility (e.g. university or district hospital, private clinic.)
- Size and patient base of the department (e.g. number of employed consultants and candidates, number of patient treatments, number of beds, etc.)
- Type of department and patient categories (e.g. admitted patients, polyclinic, accident and emergency department, etc.)

Please describe the doctor's duties. Please provide information concerning:

- The patient categories that the doctor has treated
- The procedures/operations that the doctor carried out

Has the doctor fulfilled all requirements to start specialist training in your country?

☐ Yes ☐ No

If no, please explain which requirements remain:

I hereby certify that the information provided in this certificate is accurate and complete.

Place:

Date:

Program's responsible authority

*(please provide your name in block letters,
specify your responsibility for the program,
sign by hand, and place the institutional
stamp)*