

Standard Certificate of Completion of Institutional Service

All fields must be completed. The certificate is completed electronically, but must be signed by hand.

General information concerning the doctor who is applying for specialist certification

Name of doctor:

Date of birth (DD.MM.YYYY):

State the country in which the service at the hospital/educational institution was completed:

Date of awarding of authorisation in country in which the service was carried out (DD.MM.YYYY):

Description of post and service

Name of hospital:

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

State the department/unit in which the doctor served. If the department/unit is divided into several specialist sections, state the period of service in each section:

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

Did the doctor hold an educational post within specialist education throughout the entire period?

Yes No

If No, please describe the post(s) and state the period (DD.MM.YYYY):

Has the doctor been granted specialist certification?

Yes No

If yes, state date of awarding of certification (DD.MM.YYYY):

Absence during the period of service

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

Scope of the service

Did the doctor receive guidance throughout the entire period of service?

Yes No

State period of guidance, name, title and specialist approval(s) of tutor:

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

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 and reason for exemption from duty (DD.MM.YYYY):

Did the doctor perform all duties in the post?

Yes No

If No, please explain why and give an overview of the service:

Describe the hospital and department. Please provide information concerning:

- Type of hospital (e.g. university hospital, district hospital, private clinic.)
- Size and patient base of the department (e.g. number of employee 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

Was the service completed satisfactorily?

Yes No

If No, please explain why:

The undersigned confirms that the information given in this certificate is correct:

Place:

Date:

Place:

Date:

*Head of Department
(Signature and stamp)*

*Medically responsible consultant
(Signature and stamp)*