



AGREEMENT ON THE IMPLEMENTATION OF EXTRA-CURRICULAR ACTIVITIES FOR TRAINEE MEDICAL SPECIALISTS

TRAINING AGREEMENT

The Director of the Department of
Prof.....

and

Company/ University, hereafter referred to as “Hosting Institution”, here represented by the person authorized....., acting as its legal representative, e-mail

hereby agree as follows:

Company/University undertakes to host the medical student Dr enrolled at the Medical Specialization School in from.....to.....at the (name of the structure/unit) in order to achieve the training objectives and to carry out the professional activities described in the individual training program:

- | |
|---|
| <ul style="list-style-type: none">- Knowledge, skills and competencies to be acquired (<i>provided by the Specialization School</i>)- Monitoring and evaluating plan of the training activities (<i>provided by the Hosting institution</i>) |
|---|

The insurance will be covered by:

- the Host Institution
- the medical student

By signing this document, the sending institution and the hosting institution/company confirm that they approve the proposed training agreement.

The Director of the Department (Sending Institution)

Stamp and Signature..... Date:

Coordinator's name and function (Host Institution)

Stamp and Signature..... Date: