



**Università
degli Studi
di Ferrara**

Ufficio Scuole
di Specializzazione Sanitarie

Università degli Studi di Ferrara
Ripartizione Rapporti con Servizio Sanitario
Nazionale
via Aldo Moro, 22 • 44124 Cona (FE)
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Tel. 0532 293197
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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

This deed is subject to stamp duty, pursuant to art. 2, part I of the Presidential Decree n. 642 of 10/16/1972 and subsequent amendments and is subject to registration only in case of use, pursuant to art. 10 of part II of the Tariff attached to the D.P.R. no. 131 of 04/26/1986. Stamp duties are paid virtually by the University pursuant to the authorization of the Italian Revenue Agency n. 7035 of 02/17/2016 and will be reimbursed by the other Party on a pro-rata basis, without anything being owed to the University for administrative and/or secretarial costs. Any registration fees will be borne by the Party that has an interest in requesting it.

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



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The Director of the Department (Sending Institution)

Stamp and Signature..... Date:

Coordinator's name and function (Host Institution)

Stamp and Signature..... Date: