

Hospital:	Student ID:
	First name:
	Surname:

Certification sheet: CPY tertial C “Elective II”

(only if taking two Electives)

Elective II (weeks 1–8)																		
Specialist area:																		
Hospital/department:																		
Completion:	<input type="radio"/> Inland <input type="radio"/> Erasmus <input type="radio"/> Freemover																	
Mentor:																		
Period:	<input checked="" type="checkbox"/> 8 weeks																	
Start/end date:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>-</td> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	-	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	-	D	D	M	M	Y	Y	Y	Y		
Absences:																		

With my signature it is hereby confirmed that during the specified period the student:

- took part regularly in internal department routine meetings.
- achieved the required learning objectives.
- performed the defined CPY tasks to the required extent.
- demonstrated satisfactory competence in at least 4 Mini-Cex and/or DOPS exercises (in 8 weeks).
- took part in the introductory, mid-term and final meetings.

Date	
Signature of the mentor	

Confirmation by the subject or study coordinator at the end of the complete tertial:

	Name	
	Date	Signature subject coordinator

Certification Sheet should be completed, confirmed by the responsible member of staff in the department/hospital and placed (in original form immediately after finishing the CPY tertial) in the letterbox of the International Office (Spitalgasse 23, BT 88, Ebene 4, 1090 Wien) or sent by post. Students are asked to check the entry regarding the CPY tertial in MedCampus 14 days after submission.

Approved by the Curriculum Directorate

Corrections to the certification sheet must be labelled as such and attested to and signed by the mentor or, if necessary, the subject coordinator. Please take note of the instructions at <http://kpj.meduniwien.ac.at>

