

PROOF OF STATUS EUREP – 15TH COURSE*

The head of department,.....(name), of the
.....institute/clinic,
herewith confirms that the candidate.....(name)

is in his/heryear of a total ofyears of training and his/her
training will end on.....(dd/mm/yyyy).

***(This is very important information for us please make
sure that you complete it accurately and clearly!)***

.....
Place and date

.....
Signature head of department

.....
Signature candidate

**** (to be printed on original letterhead paper of the institute/clinic)***