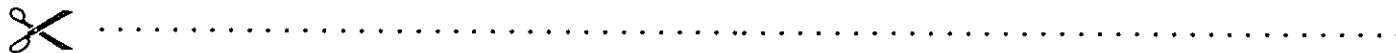


Student: Surname \_\_\_\_\_,  
Given Name \_\_\_\_\_,  
Serie \_\_\_\_\_, Group \_\_\_\_\_, Academic year 2025/2026

Coordinator: \_\_\_\_\_

Location of Specialized Practice: \_\_\_\_\_



**CONTENTS**  
**COURSE SPECIALIZED PRACTICE FOR OBTAINING SOME MEDICAL**  
**SKILLS AND COMPETENCES**

<i>Activity components:</i>	YES	NO
1. Acquiring and practicing specific measures of hygiene and labor protection	<input type="checkbox"/>	<input type="checkbox"/>
2. Knowledge of the relationship between patient and medical staff	<input type="checkbox"/>	<input type="checkbox"/>
3. Preparing the patient for medical examination	<input type="checkbox"/>	<input type="checkbox"/>
4. Functionality of the medical unit. Patient flow	<input type="checkbox"/>	<input type="checkbox"/>
5. Basic techniques of patient care	<input type="checkbox"/>	<input type="checkbox"/>
6. Handling medical records	<input type="checkbox"/>	<input type="checkbox"/>
7. Performing basic maneuvers and medical techniques	<input type="checkbox"/>	<input type="checkbox"/>
8. Performing specific maneuvers and medical techniques..... ..... ..... ..... .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Assesment of acquired knowledge/skills	<input type="checkbox"/>	<input type="checkbox"/>

Please detach and return this section to the Dean's Office – Faculty of Medicine.



University of Medicine and Pharmacy of Craiova  
FACULTY OF MEDICINE

No. \_\_\_\_\_ / \_\_\_\_\_

We inform you that the student \_\_\_\_\_  
is assigned to conduct the specialized practice for obtaining some medical skills and competences  
internship for 4 weeks.

If you accept the student to conduct the specialized practice for obtaining some medical skills and  
competences internship in your facility, please complete this form at the end of the term.

DEAN,  
Prof. Marius Eugen Ciurea, MD, PhD

\_\_\_\_\_  
(Name of the instituion)

**REFERENCE**

Student \_\_\_\_\_,  
year \_\_\_\_\_, serie \_\_\_\_\_, group \_\_\_\_\_, conducted specialized practice for obtaining some medical skills  
and competences internship during the period \_\_\_\_\_ with a total of  
\_\_\_\_\_ absent days.

General characterization of the student:

.....  
.....  
.....  
.....  
.....  
.....  
.....

The activity carried out during the period of specialized practice for obtaining some medical skills  
and competences internship, is marked with \_\_\_\_\_ (in number and  
letters), with grades from 1 to 10, the minimum pass grade being 5(five).

Specialized Practice Coordinator,

\_\_\_\_\_

\_\_\_\_\_