

1043

- 9 AGO, 2016

PRACTICAL TRAINING CONTRACT

CONTRACTING PARTIES:

1. UNIVERSITY OF MEDICINE AND PHARMACY "VICTOR BABES" TIMISOARA -
FACULTY OF MEDICINE

2. MEDICAL UNIT----- located in -----
----- Telephone/ Fax----- E-mail-----
Represented by (Surname and First name of the person leading the practical
training)-----
-----as practical training partner.

3. STUDENT - Surname and First name of the student:

-----, student in the ----- year,
academic year 2015- 2016 at the Faculty of Medicine, specialization -----,
as a student in practical training entered the present contract on the grounds of the
provisions MECT nr. 3955/ 2008.

OBJECT OF THE CONTRACT

LENGTH of the training: 20 days
Working hours: 160 hours, 8 hours/ day

OBLIGATIONS of the STUDENT:

- to acquire specialized medical knowledge according to the enclosed standard of knowledge;
- to obey, in the spaces he/ she activates, the provisions of the Law 90/ 1996 and of the norms regarding the working protection;
- to use the material base only in the interest of the medical unit and in that of the medical act;
- the student is obliged to have an outstanding social and moral behavior in front of the person leading the training, the medical staff and of the patients.

OBLIGATIONS of the MEDICAL UNIT:

- to inform the students about the provisions imposed by the norms inside the medical unit and by the Law 90/ 1996 regarding the working protection;
- to coordinate the practical training activity according to the enclosed standard;
- to evaluate the student at the end of the practical training with **passed/ failed** ;
- to fill in the practical characterization with all the required data;
- to inform the Faculty's management about any act of indiscipline committed by the student.

LENGHT of the CONTRACT:

The period for that the contract is being entered: 20 days

CEASING of the CONTRACT:

- the contract ends when the settled term expires.

The present contract is written in 3 counterparts. One counterpart shall be returned signed and sealed to the Faculty of Medicine, according to that mentioned below.

DEAN,
Prof.univ.dr. Romulus -Zorin Timar



MEDICAL UNIT,
(signature and stamp of the leader of the
practical training, stamp of the medical unit)

STUDENT,



UMFT

Universitatea de
Medicină și Farmacie
„Victor Babeș”
din Timișoara

“Victor Babeș” University of Medicine and Pharmacy, Timișoara
Faculty of Medicine

P-ța Eftimie Murgu nr.2, Timișoara, cod 300041, România
Tel: (40)0256293389; fax: (40)0256490626
E-mail: decanat.mg@umft.ro; www.umft.ro

CERTIFICATE

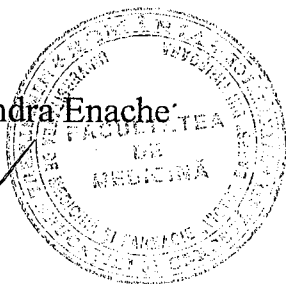
This is to certify that Mr./Mrs. _____,
is student in the 2nd year of Medicine within “Victor Babeș” University of Medicine and
Pharmacy Timișoara in the academic year 2015-2016.

Our university has no objection in pursuing summer practice in any Hospital in his
native country or other countries.

The student _____ made
the medical practice in (country) _____, city _____,
Hospital _____, period _____.

This certificate serves as annex to the contract of summer practice that will be handed
out in June-Julie 2016.

Dean,
Prof.univ.dr. Alexandra Enache



Medicine secretary,
Dorina Ienea

HEALTHCARE UNIT
(fill in with the location where the medical practical training takes place)

PRACTICAL TRAINING CHARACTERIZATION

"Victor Babes" University of Medicine and Pharmacy Timisoara
Faculty of Medicine – General Medicine

The student.....carried out his/her medical practical training in
....., at the healthcare unit between
....., in compliance with the enclosed standard of knowledge, totaling 20
days of practice.

Rating obtained:.....
(The practice activity shall be graded by a rating: passed or failed)

Coordinator of practical training (signature and stamp).....

ASLCagliari

Il presente allegato è com-
posto di n° 4 fogli
di n° 4 pagine.

IL RESPONSABILE
SSD APPARATI GENERALI
D^{ssa} Marisa Udella

ALLEGATO ALLA DELIBERAZIONE

N. **1043** DEL **- 9 AGO, 2016**

IL DIRETTORE AMMINISTRATIVO Dott.ssa Antonella Carreris IL DIRETTORE SANITARIO Dott. Pier Paolo Pani

IL COMMISSARIO STRAORDINARIO
Dott.ssa Savina Ortu