

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

PROOF OF STATUS EUREP – 20TH 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