

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

**PROOF OF STATUS EUREP – 22nd COURSE \***

The head of department,.....(name), of the  
.....institute/ clinic,  
herewith confirms that the candidate.....(name)  
is in his/ her .....year of a total of .....years 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