

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

**PROOF OF STATUS EUREP – 17<sup>TH</sup> 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