ACIBADEM MEHMET ALİ AYDINLAR UNIVERSITY	Clinical Practices Information Form	Form no: MESEK 2/A

Resident's Information			
Full Name			
T.R. ID No.		Institution Registration No.	
Department		Branch	
Name and Surname of the Advisor			
Rotation Information (If Practices Were Performed During Rotation)			
Rotation Institution		Department of Rotation/ Branch of Science	
Rotation Start Date		Rotation End Date	

Clinical Practices/ Procedures Attended by the Student during the Specialization Training Period			
Date	Description of the practice:	Patient Protocol	Faculty Member/Specialist bearing the responsibility

I declare that all the information I have given above is accurate and that I can document it when necessary.	Date	
	Signature	

Education Officer		Program Director	
Signature / Seal		Signature / Seal	

This form will be filled out electronically, printed out, signed manually, and submitted to the Medical Education Coordination Office in Atakent to be kept in the personal file.