



**Information about the Resident**

Full Name			
T.R. IDNo.		Institution Registration No.	
Department		Branch	
Start Date of Training		Date of Graduation	

	Place-Date	Trainer Approval – Signature
Basic and advanced life support course in children (compulsory)		
Neonatal Resuscitation Program Course		
Research Methods Course		
Communication Skills courses		
Ethics		
Experimental Animals Course (optional if the thesis subject is not required)		
Positive Clinical Practices		

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