

HEALTHCARE CENTER _____

According to the proposal made by Dr. _____
accepting to act as tutor of the student _____, from
the Faculty of Medicine of the University of Oviedo, to perform a clerkship in the Department
of _____ during the month _____, 2019,
and assuming that this clerkship must cover the objectives required by the University to grant
Equivalence Credits:

1. - Familiarisation with clinical history recording and physical examination.
2. - Participation in the medical and educational activities of the corresponding services, as for
example joining the doctors during the ward rounds, attending and participating in clinical
meetings, etc.
3. - The final goal is to let the student acquire habits and, if possible, skills in the direct dealing
with patients.
4. - The period should be at least around 4 weeks, with no less than 100 hours duration.

This Direction authorizes the performance of the clerkship in this Healthcare Center.

Place and date: _____, _____ / _____ / _____ /2019

The Director _____

(Center Stamp)

Signature:

PS: A brief CV of the tutor, and a report of the Center must be provided.