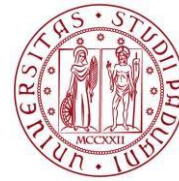




**SCUOLA DI MEDICINA E  
CHIRURGIA SCHOOL OF  
MEDICINE**



**UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA**

## **E.C.T.S. RECOGNITION FOR PRACTICAL ACTIVITIES**

HOSPITAL UNIT \_\_\_\_\_

TRAINEE SURNAME AND NAME \_\_\_\_\_

HOME INSTITUTION \_\_\_\_\_

SUPERVISOR SURNAME AND NAME \_\_\_\_\_

WEEK	DATE	ENTRANCE	EXIT	TOTAL AMOUNT	SUPERVISOR'S SIGNATURE
1 MO	/ /				
1 TU	/ /				
1 WE	/ /				
1 TH	/ /				
1 FR	/ /				
2 MO	/ /				
2 TU	/ /				
2 WE	/ /				
2 TH	/ /				
2 FR	/ /				
3 MO	/ /				
3 TU	/ /				
3 WE	/ /				
3 TH	/ /				
3 FR	/ /				
4 MO	/ /				
4 TU	/ /				
4 WE	/ /				
4 TH	/ /				
4 FI	/ /				

Date \_\_\_\_\_ Supervisor Signature and  
Stamp \_\_\_\_\_

**TOTAL AMOUNT HOURS**