

TO
 THE DEAN OF THE FACULTY OF MEDICINE
 MEDICAL UNIVERSITY - VARNA
 55, MARIN DRINOV STR.
 9002 VARNA, BULGARIA

DEAR DEAN,

We hereby certify that:

1. We agree, a student majoring in Medicine, year of study, at Medical University "Prof. Dr. Paraskev Stoyanov" - Varna, to carry out a practical training in one or more of the following basic subjects, at /name of the medical establishment/:

Basic subjects	Duration of the practical training	Period of conducting the practical training
<input type="checkbox"/> Internal Diseases	85 days	from.....to
<input type="checkbox"/> Surgery	75 days	from.....to
<input type="checkbox"/> Childhood Diseases	51 days	from.....to
<input type="checkbox"/> Obstetrics and Gynecology	50 days	from.....to

2. The information on the practical training will be recorded in details in the Record book for the pre-graduate state internship of the student and certified with the signature of the training supervisor, appointed by the medical establishment.

3. We are aware of and agree that no remuneration is due on the part of Medical University "Prof. Dr. Paraskev Stoyanov" - Varna for conducting the practical training under item 1, and that the University shall not pay any insurance and guarantees and shall not be liable for any claims of third parties regarding the practical training at the medical establishment. The relations between /student's name/ and/name of the medical establishment/ will be settled between us.

4. /name and address of the medical establishment/ holds the necessary competence and accreditation to conduct practical training for students of Medicine, in accordance with the law of /name of the respective country/.

5. We declare that the conduction of the practical training under the items above is in accordance with the acting law of/name of the respective country/.

.....
 /Name and signature of the representative of the medical establishment/