

D I A R Y

University of Georgia School of Health Sciences

Residency

Residency Program "Dermato-Venereology"

Doctor Resident -----

Specialty -----

Resident Information	
Name, Surname	
Private N	
Place and date of birth	
Address	
Phone	
E-mail address	
Number of points earned during the specialization exam	
Level of knowledge of a foreign language and number of points	
Information about compulsory military service	
Department/Division	
Residency Start Date	
Submission Date of Residency Theme	
Head of the Theme	
Topic Title	
Theme Approval Date	
Topic Protection Date	
Residency Exam Date	
Number of points taken on the residency exam	

Head of the Program: -----

Module Heads:

Start and End date of the program: -----
----- (Day/month/Year) ----- (Day/month/year)

Name and address of the institution/school:

Name and Surname of Medical Speciality Seeker -----

Start and end date of the program:-----

----- (Day, month, year) -----
----- (Day, month, year)

Name and Address of the Institution/School:

First year:

Year: from 20----- to 20-----

Purpose

Module Name

Name of the Institution Implementing the Module

Theoretical knowledge

Professional Skills

-----:

Rate:

Overcome/Failed

Signature of the person responsible for the module:

Seeker's signature:

Signature of the Head of the program:

Date:

Second year:

Year: From 20----- to 20-----

Purpose

Module name

Name of the institution implementing the module

Theoretical knowledge

Professional Skills:

Rate:

Overcome/Failed

Signature of the person responsible for the module:

Seeker's signature:

Signature of the Head of the program:

Date:

Third year:

Year: From 20----- to 20-----

Purpose

Module name

Name of the institution implementing the module

Name:

Theoretical knowledge

Professional Skills:-----

Rate:

Overcome/Failed

Signature of the person responsible for the module:

<p>Seeker's signature:</p> <p>Signature of the Head of the program:</p> <p>Date:</p>
<p>Final Assessment:</p> <p>Signature of the Head of the program: Date:</p>

Module: -----

Start module:

Module Completion:

Resident Individual Plan

#	Module issues	Date:	Name of the institution	Head
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Annex 4, Residency Diary
Approved by the protocol of the Rector's Council of April 15, 2022, N 11/22

#	Module issues	Date:	Name of the institution	

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Approved by the protocol of the Rector's Council of April 15, 2022, N 11/22

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#	Module issues	Date:	Name of the institution	Head

Theoretical preparations (topic presented at the conference/convention, topic presented at the workshop, critical analysis of the article, literature review, presentation of the reference)

#	Theme	Where was the topic presented	Fulfilment

Registration form of Surgical Procedure

Date	Patient's Name and Surname	History N	Name of the procedure	Code	Head

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