CONSORTIUM «INTERNATIONAL UNIVERSITY OF KYRGYZSTAN» INTERNATIONAL SCHOOL OF MEDICINE



DIARY of Internship

Consortium «International University of Kyrgyzstan» International School of Medicine

DIARY of internship

Student of the _____ year ___

(Last name, first name, patronymic)

is directed to internship for ______ weeks/days from ______ of ______ to ____ of _____20___.

 Date given:
 _____ of _____ 20___.

 Order №
 _____ on the _____ 20___.

Dean _____

SUPERVISOR'S GUIDE

- 1. Explain internship program and objectives to the student.
- 2. Mark arrival time at internship place in the student's certificate.
- 3. Develop internship schedule together with the student, conduct safety and sanitation instruction training.
- 4. Observe the student's fulfillment of the program as well as his/her systematic, accurate keeping his/her diary during the internship.

At the end of the internship:

- Review, make comments and endorse the student's report of internship;
- b) Give a written characteristic to the student's work at the institution. The characteristic should be signed by the internship supervisor.
- c) Mark the date of completion of the internship by the student in the certificate showing his/her missing days with valid and invalid excuses.

Report of internship

- 1. To be compiled by the student during the time of his/her internship at the medical institution and reviewed by the internship supervisor at the medical institution.
- 2. Student must submit a report of internship no later than one week after completion of internship.

Issued to		a student of the	
year of Internat	tional School	of Medicine	
that he/she is	directed to in	ternship at	
		from the	
		of	
BASED ON: th	e order of the	president of IUK №	
from the	of	_20	
		Vice Dean on Academic Issue	
Arrived at the p	place of interr	ship on the of	20
Directed to	(department	etc.)	
assigned as a		according to the order	Nº
from the	of	20	
Completed	of	20	
		Internship supervisor o	of the
	stamp	medical institution	
		stays at personnel depa	artment of the institution
Student of the		year	
arrived for inte	rnship from	of	to
		assigned to a job as a	
according to th	ne order №	from the of	20
		n on the of	

CERTIFICATE

Head of Personnel Department of Institution

	Validated Head of the Departme	ent
	of	20
	ENT FOR INTERNSHIP	
By specialty:		
Personal assignment:		
• • • • • • • • • • • • • • • • • • •		
CUTTING		
CD1 ING		LINE

INTERNSHIP SCHEDULE

Date	Time	Department	Supervisor's signature
-			
=			
_			

Supervisor's signature_

Student's internship diary

Month and date	Place of work	Tasks
_		

given	Supervisor's signature
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Month and date	Place of work	Tasks

given	Supervisor's signature

STUDENT'S INTERNSHIP REPORT

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STUDENT'S INTERNSHIP REPORT

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Participation in excursions,	scientific	research,	innovation	wark
and activities to	improve	practical	skills	

Nature of the work done, who supervised, what was done	Assessment of students' work by supervisor at the medical institution

Characteristics of the student's internship (conclusion about the student, his/her work quality, theoretical knowledge, discipline, social activeness)

Quantity of the missing days within internship:

a) With valid excuses ______ b) With invalid excuses ______ " * 20 _____

Stamp hospital

Internship supervisor from the medical institution

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CONCLUSION OF INTERNSHIP

Internship supervisor

The report is reviewed at the Department
"_____" 20 _____
and evaluated with the mark ______