

臨床修練証明書
CERTIFICATE OF ADVANCED CLINICAL TRAINING

<u>国 籍</u>	<u>出生地</u>
Nationality	Place of Birth
<u>氏名(原語)</u>	
(in Original Letters)	
(Name)	
<u>(ローマ字)</u>	
(in Roman Letters) (Last) (First) (Middle)	
<u>生年月日</u>	<u>年</u> <u>月</u> <u>日</u>
Date of Birth	Year Month Day

上記の者は、次のとおり、臨床修練を行った者であることを証明する。

This is to certify that the person mentioned above received the advanced clinical training, as follows.

1. 臨床修練を行った病院の名称

Name of hospital in which he/she has received advanced clinical training

2. 臨床修練の内容

Details of advanced clinical training

3. 臨床修練の期間

Term of advanced clinical training

	<u>年</u>	<u>月</u>	<u>日</u>
(Date)	Year	Month	Day

病院の長

President of Hospital

臨床修練指導医(指導歯科医・指導者)

Clinical Instructor

上記の者は、外国医師等が行う臨床修練等に係る医師法第17条等の特例等に関する法律第3条第1項の規定に基づき、臨床修練の許可を受けた者であることを証明する。

This is to certify that under the provision of Article 3, Paragraph 1 of the Law concerning the Exceptional Cases of the Medical Practitioners Act, Article 17, on the Advanced Clinical Training of Foreign Medical Practitioners, etc., the person mentioned above was granted permission for advanced clinical training.

	<u>年</u>	<u>月</u>	<u>日</u>
(Date)	Year	Month	Day

厚生労働大臣

Minister of Health, Labour and Welfare

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