



UNIT TIMETABLE

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 FR	/ /				
TOTAL AMOUNT HOURS					

Date _____

Supervisor Signature and Stamp _____