



Certificate of Completion of Training

APPLICANT INFORMATION	
Full Name <i>as written in passport</i>	
Emirates ID	
Date of Birth (DD/MM/YYYY)	
Remainder of form to be completed by Designated Institutional Official (DIO):	
POSTGRADUATE PROGRAM INFORMATION	
Program	
Type of Training	<input type="checkbox"/> Residency <input type="checkbox"/> Fellowship
Duration of Program	_____ months from _____ to _____
Sponsoring Institution	
CERTIFICATION & SIGNATURE	
I certify the applicant has successfully completed the postgraduate program accredited by NIHS and demonstrated sufficient competence to practice independently.	
Signature of Designated Institutional Official	
Print or Type Name of Designated Institutional Official	

Official Stamp

Date

