**Internship schedule for the course in medicine**

(to be delivered to Internship Supervisor designated by the Medical University of Białystok before the internship begins)

Student’s name and surname:………..…………………………………………………………………………………….

Name and address of the Receiving Institution…………………………………………………………………………….

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Name and surname of Internship Supervisor designated by the Receiving Institution

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The internship consists of **120 (clock) hours**, where the maximum number of hours of internship cannot **exceed 8 hours/day and 40 hours/week (in an internship week)**; in the case of an Intern with intermediate or advanced disability, the maximum number of working hours cannot exceed 7 hours/day and 35 hours/week.

**The internship week is 7 calendar days.**

The schedule should include **at least 20 hours** of internship assignments **per week**. If the total number of internships exceeds 120 hours, the minimum number of working hours for each internship week must still be at least 20.

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| **No.** | **Date** | **Hours (from… to…)** | **Comments** |
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| Summary of **hours/month:** | | | | |

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Date and signature of the Supervisor

designated by the Receiving Institution Date and Intern’s signature