

Certification of training medical intern

The 22nd Annual Congress of Japanese Hernia Society

Chairperson Hiroshi Hirukawa

We certify that the following people is an < Initial training medical intern > enrolled at our institution.

Category	Initial training medical intern
Name	
Period	
Instructor' s Name	

Date : \_\_\_\_\_

Affiliation : \_\_\_\_\_

Supervisor : \_\_\_\_\_

\*After filling it out, please attach it to the "Certification of training medical intern" section of the participation registration form.