

Certification of Initial Training Medical Intern

The 54th Annual Meeting of The Japanese Society of Neuroradiology

Chairperson Kei Yamada

This is to certify that the individual named below is an Initial Training Medical Intern currently 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 " Student ID/Certification of training medical intern " section of the participation registration form.