



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

CERTIFICATE OF INTERNSHIP IN MEDICINE

IT IS HEREBY CERTIFIED THAT

Surname _____

Forenames _____

Primary Medical Qualification _____

Year of Conferring _____

Medical School _____

Provisional Registration Number _____

Registered Address _____

has been engaged in employment in a residential MEDICAL capacity in the hospital named below which is approved by the Medical Council for the purposes of Internship Training

Name of Hospital (Typed/Capital Letters) _____

Name of Consultant(s) (Typed/Capital Letters) _____

Period of Employment : From : _____

To : _____

Period of Absence (s) : From : _____ **to** _____

From: _____ **to** _____

Reason for Absence

the above has completed satisfactorily the statutory period of six months pre-registration employment in Medicine in general as laid down by the Medical Council pursuant to the provisions of the Medical Practitioners Act, 1978.



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Note – the signature below must be that of the Consultant or of a Medical Committee Representative of the hospital in which the Provisionally Registered Practitioner has worked.

Signed _____
CONSULTANT

Full Name in typed/capitals

PART B

I HEREBY, CERTIFY THAT DR. _____ was

Employed in the practice of Medicine in _____

Hospital to the Authority's satisfaction.

Signed : _____
Secretary/Manager, Administrator

Full name in typed capital letters

Date : _____

*Dean : Professor B. Gerard Loftus, MD FRCPI FRCPCH DCH
Dean College of Medicine, Nursing & Health Sciences
Head of School, Clinical Science Institute, NUIGalway.*

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