



Continuing Development Process Certificate of Attendance

-Seminar-

Study Year 2016-2017

Seminar title:

Presenter:

Attendee's name:

University: Hawler Medical University

Place of activity: Medical Research Center

Total hours attended: 1

Name and signature of the head of Medical Research Center:

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Name and signature of the director of the accreditation committee Of Medical Research Center:

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Name and signature of the director of the accreditation committee
of the university:

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