

**Proof of status**

Herewith we confirm that

- ☐ Mrs./Ms. \_\_\_\_\_
- ☐ Mr. \_\_\_\_\_
- ☐ is Medical staff in further education (without specialist title)
- ☐ is a Trainee

at our institution / organisation.

City, Date \_\_\_\_\_

Sign and Stamp of  
Institution / Organisation

\_\_\_\_\_