



**المجلس العلمي لاختصاص الامراض الجلدية والتناسلية**  
**SCIENTIFIC COUNCIL OF DERMATOLOGY & VENEREOLOGY**

**كتيب التدريب العلمي والعملي لاختصاص الامراض الجلدية والتناسلية**

**Logbook of Academic Activities for Dermatology & Venereology**

**3<sup>rd</sup> Year Residency Training Program**

**Personal information:**

Candidate name: -----

Date of registration:        /        /                      Registration number: -----

Dater of starting training:        /        /

Training center and country: -----

Fulltime trainee (4-5 days/week) ( ) Partial trainee (2-3 days/week (    ).

**Supervisor details:**

Supervisor name: -----

Qualification: Board certified ( ) MD ( ) PhD ( ) OTHERS:-----Year:-----

Affiliation: Professor ( ) Associate professor ( ) Assistant professor (    ) Lecturer (    )

Consultant (    ) Specialist (    ).

**Candidate training , duties and activities / month**

Outpatient clinics (4-8 days/month)	8
Inpatient (Word) rounds, Consultation and discussion (4-8 days / month)	8
Duties (Evening and night) (2-4 days / month)	4
Laboratory and therapy clinics (Electro, Crayo, Photo, Laser) (2-6 days/ month)	6

**THIRD YEAR RESIDENCY TRAINING (R3)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
1							
2							
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**Candidate signature: ----- Supervisor approval: -----**

**Date:        /        /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
16							
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**THIRD YEAR RESIDENCY TRAINING (R3)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).

Date: From    /    /        To    /    /

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
31							
32							
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Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**THIRD YEAR RESIDENCY TRAINING (R3)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
46							
47							
48							
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**THIRD YEAR RESIDENCY TRAINING (R3)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
61							
62							
63							
64							
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**Date:    /    /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
76							
77							
78							
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89							
90							

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**Date:    /    /**



**THIRD YEAR RESIDENCY TRAINING (R3)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases).**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

**Candidate signature: ----- Supervisor approval: -----**

**Date:    /    /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**BIOPSY (Excisional, Incisional, Punch, Shave)**

**Minimum 24 Biopsies/ Year**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Type of Biopsy	Site	Stain required	Histopathology Report
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**BIOPSY (Excisional, Incisional, Punch, Shave)**

**Minimum 24 Biopsies/ Year**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Type of Biopsy	Site	Stain required	Histopathology Report
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**ELECTROCAUTERY (EC)**

**Minimum 24 cases/ Year Minimum 2 (cases)/ Month.**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical diagnosis	Site	Number of lesions <10 or >10	Results
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**ELECTROCAUTERY (EC)**

**Minimum 24 cases/ Year Minimum 2 (cases)/ Month.**

**Date: From     /     /     To     /     /**

<b>SN</b>	<b>Age</b>	<b>Sex</b>	<b>Clinical diagnosis</b>	<b>Site</b>	<b>Number of lesions &lt;10 or &gt;10</b>	<b>Results</b>
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**CROTHERAPY**

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Sites	Number of lesions <10 or >10	Results
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**CROTHERAPY**

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Sites	Number of lesions <10 or >10	Results
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**PHOTOTHERAPY (PT): UVA, UVB, NB - UVB**

**Minimum 24 cases/ Year**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Type of PT	Dose	Sites	Results and complications
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**



**TRAINING (R3)**

**PHOTOTHERAPY (PT): UVA, UVB, NB - UVB**

**Minimum 24 cases/ Year**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Type of PT	Dose	Sites	Results and complications
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**THIRD YEAR RESIDENCY TRAINING (R3)**

**DIAGNOSTIC TESTS (Patch test, Slit smear, Leishmania bodies, Dermoscopy)**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Diagnostic Test	Result notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**THIRD YEAR RESIDENCY TRAINING (R3)**

**MICROBIOLOGY (KOH, Gram stain, Methylene blue)**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Test	Site	Stain	Result notes
1							
2							
3							
4							
5							
6							
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9							
10							
11							
12							

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**THIRD YEAR RESIDENCY TRAINING (R3)**

**WOODS LAMP EXAMINATION**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Site	Result notes
1					
2					
3					
4					
5					
6					
7					
8					
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12					

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

### THIRD YEAR RESIDENCY TRAINING (R3)

#### LASERS

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Type of Laser
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**THIRD YEAR RESIDENCY TRAINING (R3)**

**MINOR SURGERY**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Type of minor surgery	Result notes
1					
2					
3					
4					
5					

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**THIRD YEAR RESIDENCY TRAINING (R3)**

**HISTOPATHOLOGY**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Stain	Description and diagnosis
1					
2					
3					
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Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**THIRD YEAR RESIDENCY TRAINING (R3)**

**HISTOPATHOLOGY**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Stain	Description and diagnosis
13					
14					
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16					
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23					
24					

Candidate signature: ----- Supervisor approval: -----

Date:    /    /



**THIRD YEAR RESIDENCY TRAINING (R3)**

**SCIENTIFIC ACTIVITIES (Conferences, Workshops, Scientific days, Seminars, Online Arab Board CME).**

**Date: From     /     /     To     /     /**

<b>SN</b>	<b>Scientific activity</b>	<b>Date/ place</b>	<b>Credit hours</b>
1			
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10			

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

### THIRD YEAR RESIDENCY TRAINING (R3)

journal club

Date: From    /    /    To    /    /

SN	Date	Title	Published journal/ Year
1			
2			
3			
4			
5			
6			
7			

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**THIRD YEAR RESIDENCY TRAINING (R3)**

**PRESENTATION (Lectures, tutorials, case presentation)**

Date: From    /    /    To    /    /

SN	Date	Place	Type of presentation	Title
1				
2				
3				
4				
5				
6				
7				

Candidate signature: ----- Supervisor approval: -----

Date:



تقييم السنة الثالثة للتدريب العلمي والعملي لاختصاص الامراض الجلدية والتناسلية

### Evaluation of the third-year residency training program

اسم المتدرب: .....

اسم المشرف: .....

تاريخ التسليم: .....

اسم المقيم: .....

تاريخ التقييم: .....

قرار التقييم:

1) كتيب التدريب متكامل وينتقل المتدرب الى السنة الرابعة للتدريب (4R)

2) توجد نواقص في الاتي: .....

.....

ويطلب من المتدرب اعادة التدريب في الجزء المطلوب ( )

3) التدريب غير متكامل ويطلب من المتدرب اعادة السنة التدريبية الثالثة (3R)

اعتماد لجنة التدريب



**المجلس العلمي لاختصاص الأمراض الجلدية والتناسلية**  
**SCIENTIFIC COUNCIL OF DERMATOLOGY & VENEREOLOGY**

**كتيب التدريب العلمي والعملي لاختصاص الأمراض الجلدية والتناسلية**  
**Logbook of Academic Activities for Dermatology & Venereology**  
**4<sup>th</sup> Year Residency Training Program**

**Personal information:**

Candidate name: -----

Date of registration:        /        /        Registration number: -----

Date of starting training:        /        /

Training center and country: -----

Fulltime trainee (4-5 days/week) (    )    Partial trainee (2-3 days/week (    ).

**Supervisor details:**

Supervisor name: -----

Qualification: Board certified (    )    MD (    )    PhD (    )    OTHERS:-----Year:-----

Affiliation: Professor (    )    Associate professor (    )    Assistant professor (    )    Lecturer (    )

Consultant (    )    Specialist (    ).

**Candidate training, duties and activities / month**

Outpatient clinics (4-8 days/month )	
Inpatient (Word) rounds, Consultation and discussion (4-8 days / month)	
Duties (Evening and night) (2-4 days / month)	
Laboratory and therapy clinics (Electro, Crayo, Photo, Laser) (2-6 days/ month)	

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
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**FOURTH YEAR RESIDENCY TRAINING (R4)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
16							
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**FOURTH YEAR RESIDENCY TRAINING (R4)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
31							
32							
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**FOURTH YEAR RESIDENCY TRAINING (R4)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
46							
47							
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**FOURTH YEAR RESIDENCY TRAINING (R4)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
61							
62							
63							
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**FOURTH YEAR RESIDENCY TRAINING (R4)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
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**FOURTH YEAR RESIDENCY TRAINING (R4)**

**CLINICAL CASES (History, diagnosis, management and follow up)**

**Total cases 100 cases (35 male cases, 35 female cases, 30 pediatric cases)**

**Date: From    /    /        To    /    /**

SN	Age	Sex	OPD Inpatient (IP)	Clinical diagnosis	Related history	Diagnostic investigations	Treatment
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

**Candidate signature: ----- Supervisor approval: -----**

**Date:    /    /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**BIOPSY (Excisional, Incisional, Punch, Shave)**

**Minimum 24 Biopsies/ Year**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Type of Biopsy	Site	Stain required	Histopathology Report
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**BIOPSY (Excisional, Incisional, Punch, Shave)**

**Minimum 24 Biopsies/ Year**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Type of Biopsy	Site	Stain required	Histopathology Report
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**ELECTROCAUTERY (EC)**

**Minimum 24 cases/ Year Minimum 2 (cases)/ Month**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Site	Number of lesions <10 or >10	Results
1						
2						
3						
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10						
11						
12						

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**



**FOURTH YEAR RESIDENCY TRAINING (R4)**

**ELECTROCAUTERY (EC)**

**Minimum 24 cases/ Year Minimum 2 (cases)/ Month**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Site	Number of lesions <10 or >10	Results
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**FOURTH YEAR RESIDENCY TRAINING (R4).**

**CROTHERAPY**

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Sites	Number of lesions <10 or >10	Results
1						
2						
3						
4						
5						
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7						
8						
9						
10						
11						
12						

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**FOURTH YEAR RESIDENCY TRAINING (R4).**

**CROTHERAPY**

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Sites	Number of lesions <10 or >10	Results
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**PHOTOTHERAPY (PT): UVA, UVB, NB - UVB**

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Type of PT	Dose	Sites	Results and complications
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**PHOTOTHERAPY (PT): UVA, UVB, NB - UVB**

**Minimum 24 cases/ Year Minimum 2 cases/ Month**

**Date: From     /     /     To     /     /**

SN	Age	Sex	Clinical Diagnosis	Type of PT	Dose	Sites	Results and complications
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**DIAGNOSTIC TESTS (Patch test, Slit smear, Leishmania bodies, Dermoscopy)**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Diagnostic Test	Result notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**FOURETGH YEAR RESIDENCY TRAINING (R4)**

**MICROBIOLOGY (KOH, Gram stain, Methylene blue)**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Test	Site	Stain	Result notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**WOODS LAMP EXAMINATION**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Site	Result notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Candidate signature: ----- Supervisor approval: -----

Date:    /    /



**FOURTH YEAR RESIDENCY TRAINING (R4)**

**LASERS**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Type of Laser
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**MINOR SURGERY**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Type of minor surgery	Result notes
1					
2					
3					
4					
5					

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**HISTOPATHOLOGY**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Stain	Description and diagnosis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**HISTOPATHOLOGY**

Date: From    /    /    To    /    /

SN	Age	Sex	Clinical Diagnosis	Stain	Description and diagnosis
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**SCIENTIFIC ACTIVITIES (Conferences, Workshops, Scientific days, Seminars, Online Arab Board CME).**

**Date: From     /     /     To     /     /**

<b>SN</b>	<b>Scientific activity</b>	<b>Date/ place</b>	<b>Credit hours</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Candidate signature: ----- Supervisor approval: -----**

**Date:     /     /**

**FOURTH YEAR RESIDENCY TRAINING (R4)**

journal club

Date: From    /    /    To    /    /

SN	Date	Title	Published journal/ Year
1			
2			
3			
4			
5			
6			
7			

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

**FOURTH YEAR RESIDENCY TRAINING (R4)**

**PRESENTATION (Lectures, tutorials, case presentation)**

Date: From    /    /    To    /    /

SN	Date	Place	Type of presentation	Title
1				
2				
3				
4				
5				
6				
7				

Candidate signature: ----- Supervisor approval: -----

Date:    /    /

### Elective section

Aesthetic; 5 cases of Botox & 5 cases of Filler & 5 cases of Chemical peel for R4

SN	Date	Sex	Age	Diagnosis	Site	Type Botox
1						
2						
3						
4						
5						

SN	Date	Sex	Age	Diagnosis	Site	Type Filler
1						
2						
3						
4						
5						

SN	Date	Sex	Age	Diagnosis	Site	Type of Chemical peel
1						
2						
3						
4						
5						





تقييم السنة الرابعة للتدريب العلمي والعملية لاختصاص الامراض الجلدية والتناسلية

### Evaluation of the fourth-year residency training program

اسم المتدرب: .....

اسم المشرف: .....

تاريخ التسليم: .....

اسم المقيم: .....

تاريخ التقييم: .....

قرار التقييم:

1) كتيب التدريب للسنة الرابعة متكامل ويسمح للمتدرب بدخول الامتحان الكتابي النهائي

2) توجد نواقص في الآتي: .....

.....

ويطلب من المتدرب اعادة التدريب في الجزء المطلوب ( )

3) التدريب غير متكامل ويطلب من المتدرب اعادة السنة التدريبية الرابعة (4R) ( )

اعتماد لجنة التدريب