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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**

**1ST Year Residency Training Program**

**Personal information:**

Candidate name: -----------------------------------------------------------------------------

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

Dater of starting training: / /

Training center and country: ----------------------------------------------------------------------------------------------

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Description automatically generated**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**

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

**FIRST YEAR RESIDENCY TRAINING (R1)**

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

**Total cases 60 cases (20 male cases, 20 female cases, 20 pediatric cases)**

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

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

**Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

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

**Total cases 60 cases (20 male cases, 20 female cases, 20 pediatric cases)**

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

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| **Treatment**  **&Follow up** | **Diagnostic**  **investigations** | **Related history** | **Clinical diagnosis** | **OPD**  **Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: ---------------------------------**

**Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

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

**Total cases 60 cases (20 male cases, 20 female cases, 20 pediatric cases)**

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

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| **Treatment**  **&Follow up** | **Diagnostic**  **investigations** | **Related history** | **Clinical diagnosis** | **OPD**  **Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: ---------------------------------**

**Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

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

**Total cases 60 cases (20 male cases, 20 female cases, 20 pediatric cases)**

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

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| **Treatment**  **&Follow up** | **Diagnostic**  **investigations** | **Related history** | **Clinical diagnosis** | **OPD**  **Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

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

**Minimum 12 Biopsies/ Year Minimum 2 biopsies/ Month.**

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| **Histopathology**  **Report** | **Stain required** | **Site** | **Type of**  **Biopsy** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

**ELECTROCAUTERY (EC)**

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

**Date: From / / To / /A logo with a book and a leaf

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| **Results and complications** | **Number of lesions**  **>10 or <10** | **Site** | **Clinical**  **diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

**ELECTROCAUTERY (EC)**

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

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

|  |  |  |  |  |  |  |
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| **Results and complications** | **Number of lesions**  **>10 or <10** | **Site** | **Clinical**  **diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

**CROTHERAPY**

**Minimum 12 cases/ Year Minimum 2 cases/ Month**

**Date: From / / To / /A logo with a book and a leaf

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| **Results and complications** | **Number of lesions**  **<10 or >10** | **Sites** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: -------------------------------**

**Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

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

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| **Result notes** | **Diagnostic Test** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

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

**Date: From / / To / /A logo with a book and a leaf

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| **Result notes** | **Stain** | **Site** | **Test** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

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**FIRST YEAR RESIDENCY TRAINING (R1)**

**WOODS LAMP EXAMINATION**

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

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| **Result notes** | **Site** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

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**FIRST YEAR RESIDENCY TRAINING (R1)**

**MINOR SURGERY**

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

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| **Result notes** | **Type of minor surgery** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

**HISTOPATHOLOGY**

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

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| **Description and diagnosis** | **Stain** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Date: / /**

**FIRST YEAR RESIDENCY TRAINING (R1)**

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

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| **Credit hours** | **Date/ place** | **Scientific activity** | **SN** |
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**FIRST YEAR RESIDENCY TRAINING (R1)**

**Journal club .**

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| **Published journal/ Year** | **Title** | **Date** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

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

**FIRST YEAR RESIDENCY TRAINING (R1)**

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

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| **Title** | **Type of presentation** | **Place** | **Date** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date:**

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تقييم السنة الاولى للتدريب العلمي والعملي لاختصاص الامراض الجلدية والتناسلية

**Evaluation of the first-year residency training program**

اسم المتدرب: ------------------------------------------------------------------------

اسم المشرف: ------------------------------------------------------------------------

تاريخ التسليم: ------------------------------------------------------------------------

اسم المقيم: ---------------------------------------------------------------------------

تاريخ التقييم: ------------------------------------------------------------------------

قرار التقييم:

1. كتيب التدريب متكامل وينتقل المتدرب الى السنة الثانية للتدريب (R2) ()
2. توجد نواقص في الاتي: -------------------------------- ----------------------------------------------------------------------------------------------------------------------------------

ويطلب من المتدرب اعادة التدريب فى الجزء المطلوب

1. التدريب غير متكامل ويطلب من المتدرب اعادة السنة التدريبية الاولى (R1) ()

اعتماد لجنة التدريب

****

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**

**2nd Year Residency Training Program**

**Personal information: A logo with a book and a leaf

Description automatically generated**

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**

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

**SECOND YEAR RESIDENCY TRAINING (R2)**

**A logo with a book and a leaf

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

**Total cases 75 cases (25 male cases, 25 female cases, 25 pediatric cases)**

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

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

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

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

**Total cases 75 cases (25 male cases, 25 female cases, 25 pediatric cases)**

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

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| **Treatment**  **&Follow up** | **Diagnostic**  **investigations** | **Related history** | **Clinical diagnosis** | **OPD**  **Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: -------------------------------Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

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

**Total cases 75 cases (25 male cases, 25 female cases, 2A logo with a book and a leaf

Description automatically generated5 pediatric cases)**

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

|  |  |  |  |  |  |  |  |
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| **Treatment**  **&Follow up** | **Diagnostic**  **investigations** | **Related history** | **Clinical diagnosis** | **OPD**  **Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: ---------------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

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

**Total cases 75 cases (25 male cases, 25 female cases, 25 pediatric cases)**

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

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| **Treatment**  **&Follow up** | **Diagnostic**  **investigations** | **Related history** | **Clinical diagnosis** | **OPD**  **Inpatient (IP)** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **46** |
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**Candidate signature: --------------------------- Supervisor approval: -----------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

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

**Total cases 75 cases (25 male cases, 25 female cases, 25 pediatric cases)**

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

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| **Treatment**  **&Follow up** | **Diagnostic**  **investigations** | **Related history** | **Clinical diagnosis** | **OPD**  **Inpatient (IP)** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: ---------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

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

**Minimum 24 Biopsies/ Year**

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Histopathology**  **Report** | **Stain required** | **Site** | **Type of**  **Biopsy** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **1** |
|  |  |  |  |  |  |  | **2** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

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

**Minimum 24 Biopsies/ YearA logo with a book and a leaf

Description automatically generated**

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Histopathology**  **Report** | **Stain required** | **Site** | **Type of**  **Biopsy** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2**

**ELECTROCAUTERY (EC)**

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

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions**  **<10 or > 10** | **Site** | **Clinical diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  | **1** |
|  |  |  |  |  |  | **2** |
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**Candidate signature: --------------------------- Supervisor approval: ----------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2**

**ELECTROCAUTERY (EC)**

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

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions**  **<10 or > 10** | **Site** | **Clinical**  **diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: ----------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

**CROTHERAPYA logo with a book and a leaf

Description automatically generated**

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

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| --- | --- | --- | --- | --- | --- | --- |
| **Results** | **Number of lesions**  **<10 or >10** | **Sites** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  | **1** |
|  |  |  |  |  |  | **2** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

**CROTHERAPYA logo with a book and a leaf

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| **Results** | **Number of lesions**  **<10 or >10** | **Sites** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

**PHOTOTHERAPY (PT): UVA, UVB, NB - UVBA logo with a book and a leaf

Description automatically generated**

**Minimum 18 cases/ Year Minimum 2 cases/ Month**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Results and complications** | **Sites** | **Dose** | **Type of**  **PT** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

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

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

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| **Result notes** | **Diagnostic Test** | **Clinical**  **diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

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

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

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Description automatically generated**

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| **Result notes** | **Stain** | **Site** | **Test** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

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**SECOND YEAR RESIDENCY TRAINING (R2)**

**WOODS LAMP EXAMINATION**

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

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Description automatically generated**

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| **Result notes** | **Site** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
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**SECOND YEAR RESIDENCY TRAINING (R2)**

**LASERS**

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

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| --- | --- | --- | --- | --- |
| **Type of Laser** | **Clinical Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

**MINOR SURGERY**

**Date: From / / To / /A logo with a book and a leaf

Description automatically generated**

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| **Result notes** | **Type of minor surgery** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
|  |  |  |  |  | **1** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

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**SECOND YEAR RESIDENCY TRAINING (R2)**

**HISTOPATHOLOGY**

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Description automatically generated**

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| **Description and diagnosis** | **Stain** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

**HISTOPATHOLOGY**

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| **Description and diagnosis** | **Stain** | **Clinical**  **Diagnosis** | **Sex** | **Age** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: / /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

**SCIENTIFIC ACTIVITIES (Conferences, Workshops, Scientific days, Seminars, Online Arab Board CME). A logo with a book and a leaf

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

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| --- | --- | --- | --- |
| **Credit hours** | **Date/ place** | **Scientific activity** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

**Date: /**

**SECOND YEAR RESIDENCY TRAINING (R2)**

**Journal club A logo with a book and a leaf

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

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| **Published journal/ Year** | **Title** | **Date** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

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

**SECOND YEAR RESIDENCY TRAINING (R2)**

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

**Date: From / / To / /A logo with a book and a leaf

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| **Title** | **Type of presentation** | **Place** | **Date** | **SN** |
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**Candidate signature: --------------------------- Supervisor approval: --------------------------------**

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تقييم السنة الثانية للتدريب العلمي والعملي لاختصاص الامراض الجلدية والتناسلية

**Evaluation of the second-year residency training program**

اسم المتدرب: ------------------------------------------------------------------------

اسم المشرف: ------------------------------------------------------------------------

تاريخ التسليم: ------------------------------------------------------------------------

اسم المقيم: ---------------------------------------------------------------------------

تاريخ التقييم: ------------------------------------------------------------------------

قرار التقييم:

1. كتيب التدريب متكامل وينتقل المتدرب الى السنة الثانية للتدريب (R3) ()
2. توجد نواقص في الاتي: ------------------------------------------- -----------------------------------------------------------------------------------------------------------------------

ويطلب من المتدرب اعادة التدريب فى الجزء المطلوب( **(**

1. التدريب غير متكامل ويطلب من المتدرب اعادة السنة التدريبية الاولى (R2) ()

اعتماد لجنة التدريب