

Annex 1: Education Program Form

(to be filled, signed by the tutor and sent at the planned program approval step (point 1.4) and at the completed program approval step point 5.2)

Subject	Teachers	Lecture	Seminars	Rotations or practice
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Basic sciences

Neuroanatomy

Neurophysiology

Neuropathology

Neuropharmacology

General Int. Med.

Heart, vessels, lungs
and blood.

Liver and kidneys

Endocrinology

Oncology

Ophthalmology

Others

General Surg.

Diagnosis

Procedures

Anaesthesia

Clinical Pathology

Clinical Neurology

Small animals

Large animals

Others

Neurosurgery

SmallAnimals

LargeAnimals

Others

Neuroimaging

Contrastedradiogr.

CTScan

MRI

others

Electrodiagnostics

EMG

Evokedpotentials

Electroenceph.

others

Neuropathology

Other ancillary

Tests

!Please mention the name and titles of the teachers. Mention the number of **hours** for lectures and seminars and the number of **weeks** for the rotations. For the latter, mention if the resident is primary responsible (R) or passive (P).

!Please mention if the services are available on location (L) or outside (O)

!Please do not hesitate to make any additional comment.