# **Eesti Anesteesia- ja intensiivraviõdede Ühing**

Eesti Anesteesia- ja Intensiivraviõdede Ühing (EAIÜ)

Sütiste tee 19

13419, Tallinn

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**Eesti Anesteesia- ja Intensiivraviõdede Ühingu juhatusele**

**TAOTLUS STAŽEERIMA ASUMISEKS**

Ees- ja perekonnanimi...............................................................................................................................

Isikukood...................................................................................................................................................

Töökoht/asutus..........................................................................................................................................

Ametinimetus............................................................................................................................................

E-maili aadress..........................................................................................................................................

Kontakttelefon...........................................................................................................................................

Tervishoiuasutuse nimetus, kuhu soovitakse stažeerima asuda

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Individuaalsed eesmärgid stastažeerimisperioodiks:

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Stažeerimise algus................................................... Stažeerimise lõpp....................................................

Taotluse esitamise kuupäev.......................................................................................................................

Taotleja allkiri...........................................................................................................................................

**Täidab EAIÜ:**

Taotlus läbivaadatud (kpv) …………………………..

Tervishoiu asutusega võetud ühendust (kpv)………………………………………………………………………………………………

Kontaktid (nimi/telefoninumber)………………………………………………………………………………………………………………..

Tagasiside EAIÜ liikmele (kpv)………………………….