

Certificate

of participation on courses/trainings



Course organizer

Institution: **Semmelweis University, Faculty of Medicine
Department of Pharmacology and Pharmacotherapy**

Head of Institution: **Dr. Péter Ferdinandy, Professor of Pharmacology
Director of Department of Pharmacology and Pharmacotherapy**

Contact person: **Dr. Anikó Görbe, Associate Professor**

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Details of course/training

Title: **Good Clinical Practice of Clinical Trials – course**

Nature of course: **Accredited, Elected course**

Number of course: **SE-TK/2023.I./00233**

Place: **Online, Zoom platform**

Date: **5th -6th April, 2023.**

Target qualification: **clinical pharmacology**

Number of certificate: **PSZN 0004**

Participant

Name:	E-mail address:	Role:
Dr. Márton Kiss	kiss.marton@egis.hu	Student

*Hereby I certify, that the here named **Participant** participated the above detailed course as a **student** and/or lecturer and successfully passed the examination.*

Budapest 20th April, 2023.

Péter Ferdinandy MD, PhD, DSc, MBA
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