

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**
E-mail: **pharma.education@semmelweis.hu
pharmacology@semmelweis.hu**
Phone: **(+36) 1-210-4416**
Mailing address: **Üllői út 26., Budapest H-1085, Hungary**

Details of course/training


Title: **Advanced GCP course; medical devices and selected chapters from
the good clinical practice of clinical pharmacology research**
Nature of course: **Accredited, Elected course**
Number of course: **SE-SZTOK/2025.II/00309**
Standard: **ISO 14155:2020 Clinical investigation of medical devices for human
subjects — Good clinical practice
ICH GCP R3 (E6) addendum covers**
Place: **Semmelweis University, Department of Pharmacology and
Pharmacotherapy, Nagyvárad tér 4., Budapest H-1089, Hungary**
Date: **13th -14th November 2025.**
Target qualification: **clinical pharmacology**
Number of certificate: **PSZN 0006**

Participant

Name	E-mail	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 13th December, 2025.


Péter Ferdinandy MD, PhD, DSc, MBA
Professor of Pharmacology, Director
Semmelweis University
Department of Pharmacology and Pharmacotherapy

