

This certifies that

**Dr. Name Surname**

has attended the following training course (xx CFU):

**Title of the course**

Teacher: Name Surname

University of Genova, Genova, November 8th- 22th 2024

Date Teacher signature

**Instructions for teachers**

* Fill the parts in yellow
* If a CFU quantification is not possible, please state the course duration as hours per day and number of days