**Załącznik nr 4**

**Sprawozdanie z wykorzystania stypendium Naczelnej Rady Lekarskiej**

**Imię: …………………………………………………………………………………………………………………………………………….**

**Nazwisko: ……………………………………………………………………………………………………………………………………….**

**PESEL: …………………………………………………………………………………………………………………………………………….**

**Adres e-mail: ……………………………………………………………………………..…………………………………………………..**

**Całkowita wnioskowana kwota stypendium:………………….…………………………………………………………….**

**Nazwa jednostki odbywania stażu/kursu/warsztatów:**

**………………………………………………………………………………………………………………………………………………….**

**Adres:……………………………………………………………………………………………………………………………………….**

**Okres wyjazdu:………………………………………………………………………………………………………………………….**

**Sprawozdanie: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Podpis:**