**Attestation de formation complémentaire POCUS**

**Composante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**examens autonomes**

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| **Nr.** | **Date** | **L’examen** | **Principale conclusion / Intervention** |
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Nom / Prénom:

Lieu, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_