**International Mobility Grants for Healthcare Staff at HUAV and HUSM (AMI-CLINIC) 2024**

Chief Physician Acceptance (Clinical category)

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| --- | --- |
| **Candidate’s name** |  |
| **Candidate’s IRBLleida Group Leader** |  |
| **Candidate’s clinical service and Hospital** |  |
| **Chief Physician of the Candidate’s service** |  |
| **Starting Date of the International Stay** |  |
| **Ending Date of the International Stay** |  |
| **Host Institution (Country)** |  |
| **Principal investigator in Host Institution** |  |

To the IRBLleida Management Office,

In my position as the Physician Responsible of the service where the candidate is enrolled in clinical assistance in the Hospital, I declare that I have been informed that the candidate submits a proposal to the Ajuts de Mobilitat Internacional (AMI) call in the clinical category and, in the case that candidate would be granted, he/she will be absent from his/her clinical activity in the Hospital since the Starting Date to the Ending Date of the International Stay above indicated.

At Lleida, (date of signature)

(Signature)