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| 1 - Letterhead of the Institution (affiliation) of the participant |
| Klicken oder tippen Sie hier, um Text einzugeben. |

To:

CIHLMU – Center for International Health

LMU University Hospital, LMU Munich, Germany

RE: International Academic Teacher Training Course for Health Professions, 2025

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| 2 - Full name and title of applicant, contact details |
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This is to confirm that the aforementioned applicant has the **full support of our institution** to engage in the **International Academic Teacher Training Course for Health Professions, 2025**. The course is held on a videoconference system of LMU using ZoomTM from a server within the EU.

This includes

1. the time budget necessary to
   * participate in a **synchronous Online Kick-off Meeting** (4,5 hours[[1]](#footnote-1)[[2]](#footnote-2)) on **Friday 14th of February 2025 (8:30 to 14:30 CET)**
   * prepare pre-course assignments (e.g. reading and writing, group exercise - approximately 15 hours),
   * participate in **5-days synchronous, facilitated Online Course Week** (22 hours²)   
     from **10th to 14th of March 2025,**
   * prepare post-course assignments (approximately 2 hours),
   * participate in transfer phase (performing a teaching unit and receiving feedback from a peer, observing and giving feedback to a peer, course evaluation with students, writing a teaching report - approximately 8 hours),
   * participate in the **synchronous Online Symposium** (3,5 hours incl. preparation) with presentation of the participants own teaching concept on **Friday 25th of July 2025 (9:00 to 12:00 CEST).**
2. that the participant is given access from her or his institution to a computer with reliable network connection, video and audio equipment.

**Procedure of the ATTC course:**

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| 3 – Participant will **apply and evaluate her or his newly acquired teaching skills in the following course or class** at her or his home institution: |
| Klicken oder tippen Sie hier, um Text einzugeben. |

**Supervisor:**

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| --- | --- |
| I declare that the applicant has the full support of the institution as outlined above. | |
| 4 - Place and Date | Klicken oder tippen Sie hier, um Text einzugeben. |
| 5 - Full name, title and position of the supervisor | Klicken oder tippen Sie hier, um Text einzugeben. |
| Signature of the Supervisor |  |

**Applicant:**

I have understood that I will …

* identify my tandem partner among the participants during the 5-days course,
* teach students at my home institution using the teaching concept that I have developed during the ATTC, and I will conduct an evaluation of my course by my students during the transfer phase,
* receive and use feedback from my tandem partner,
* observe my tandem partner while he/she is teaching his/her students and give him/her feedback,
* present my teaching concept during the Symposium,
* receive a **Certificate of competence** only upon successful completion of the transfer phase and Symposium.

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| 6 - Place and Date | Klicken oder tippen Sie hier, um Text einzugeben. |
| Signature of the Applicant |  |

*Instructions for use: Please complete all 6 numbered fields in the form, print the form, have it signed by your supervisor, sign it yourself, scan it, and upload the file with the scan to the registration site with your other documents.*

1. 1 hour = 60 minutes [↑](#footnote-ref-1)
2. without breaks [↑](#footnote-ref-2)