**RECERTIFICACIÓN**

**PLANILLA DE ACTIVIDAD QUIRURGICA**

RECERTIFICANTE:

PERIODO: de       a

INSTITUCIÓN:

Las operaciones deberán estar certificadas (avaladas) por el Jefe de Servicio o Director del lugar o autoridad encargada de la Institución o prestador (prepaga, OS).

Cuando el recertificante actúe como ayudante debe figurar el nombre del cirujano y aclarar si éste es residente agregando una R luego del apellido del cirujano (ej.: Gómez (R)).

Completar una planilla por cada institución en la que se efectúen intervenciones.

Puede completar esta planilla o presentar una planilla de Excel con los mismos encabezados.

NNA: Nivel Nomenclador ACACIP

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| **N°** | **Fecha** | **N° HC** | **Cirujano**  | **Ayudante** | **NNA** | **Créditos** |
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Total créditos (puntos):

Firma y aclaración de la autoridad que avala: