



CV

Personal Information

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|------------------|-----------------------------|
| Name, Surname | Aleksi Baratashvili |
| Date Of Birth | 19.04.1974 |
| Personal Number | ***** |
| Address | 5 Sakviri str. Tbilisi 0180 |
| Telephone number | +995599184232 |
| Mail | lexomd@yahoo.com |

Education

| Years | Name Of School | Specialty | Qualification |
|----------------------|----------------------------------|---------------|----------------|
| 2019 - recent | Tbilisi State University | Public Health | Ph. D. student |
| 1991-1998 | Tbilisi State Medical University | Medicine | Medical doctor |
| | | | |

Work experience

| Years | Organization | Position |
|----------------------|--|------------------------------|
| 2020 – recent | LEPL Emergency Coordination and Emergency Service Center | Head of medical quality unit |
| 2013 – recent | LEPL Emergency Medical Center (Tbilisi) | Head of medical quality unit |
| 2006-2012 | Rustavi Hospital N2 | Dean |

Knowledge of a foreign language

| Foreign Language | Beginning Level | Medium Level | Good Level | Very Good Level | Select if you have the appropriate certificate |
|------------------|-----------------|--------------|------------|-----------------|--|
| English | | | | + | |
| Russian | | | | + | |



CV

Knowledge of office programs

| | Beginning Level | Medium Level | Good Level | Very Good Level |
|-----------------------------|-----------------|--------------|------------|-----------------|
| Microsoft Office Word | | | | + |
| Microsoft Office Excel | | | | + |
| Microsoft Office PowerPoint | | | | + |
| Zoom | | | | + |
| google drive | | | | + |
| Other | | | | |

Participation in advanced training courses, seminars, trainings

| № | Year | Name of the training | Your status (facilitator, participant, organizer) |
|---|------|----------------------|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Publication

| № | Year | Name Of Publication | |
|---|------|---------------------|--|
| | | | |
| | | | |
| | | | |

Scientific Activities

| № | Year | Name Of Scientific Activities | |
|---|------|-------------------------------|--|
| | | | |
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Additional information

Optionally you can specify additional