**Personal Information**

| Name, Surname | NATIA TSKHAKAIA |
| --- | --- |
| Date Of Birth | 14.09.1985 |
| Address | TBILISI. GUDUSHAURIS STREET N 15 |
| Telephone number | 599 06 89 89 |
| Mail | N\_TSKHAKAIA@YAHOO.COM |

**Education**

| Years | Name Of School | Specialty | Qualification |
| --- | --- | --- | --- |
| 2015-2018 | TBILISI STATE MEDICAL UNIVERSITY | EMERGENCY MEDICINE | RESIDENCY |
| 2004-2008 | TBILISI STATE MEDICAL UNIVERSITY | FACULTY OF MEDICINE | BACHELOR DEGREE |
| **2001-2004** | TBILISI STATE MEDICAL UNIVERSITY`S COLLEGE | FACULTY OF MEDICINE | STUDENT |

**Work experience**

| Years | Organization | Position |
| --- | --- | --- |
| **2018-CURRENT** | AC. NIKOLOZ KIPSHIDZE UNIVERSITY CLINIC-EMERGENCY DEPARTMENT | SENIOR DOCTOR |
| 2022-CURRENT | ORGANIZATION ‘’FIND’’,SELF-TESTING FOR COVID-19 IN GEORGIA | PROJECT MANAGER |
| 2022-CURRENT | EUROPIAN UNIVERSITY | LECTURER |
| 2020-2022 | MEDICAL HOLDING OF GEORGIA  WHITHIN THE FRAMEWORK OF THE NEW CORONAVIRUS PANDEMIC,THE PROJECT OF COORDINATING OF QUARANTINE SPACES,COVID HOTELS AND CLINICAL HOTELS IN GEORGIA | CLINICAL COORDINATOR |
| 2021-2022 | JOINT PROJECT OF THE WORLD HEALTH ORGANIZATION (WHO)AND MEDICAL HOLDING OF GEORGIA | INVITED TRAINER |
| 2022 | MEDICAL HOLDING OF GEORGIA | VISITING CONSULTSNT IN THE FIELD OF EMERGENCY MEDICINE |
| 2018-2019 | MEDICAL CENTER OF MTSKHETA-EMERGENCY DEPARTMENT | SENIOR DOCTOR |
| 2009-2017 | AC. NIKOLOZ KIPSHIDZE UNIVERSITY CLINIC-EMERGENCY DEPARTMENT | JUNIOR DOCTOR |
| 2016-2017 | TBILISI CENTRAL HOSPITAL- EMERGENCY DEPARTMENT | JUNIOR DOCTOR |
| 2010-2015 | HOSPITAL OF SACHKHERE  LTD “DOSTAQARI’’- PHTLS COURSE | INVITED TRAINER |
| 2008-2010 | ORGANIZATION FOR SECURITY AND COOPERATION IN EUROPE  OSCE | INTERPRETER OF MEMBERS OF THE ELECTION COMMISSION |
| 2007-2009 | AC. NIKOLOZ KIPSHIDZE UNIVERSITY CLINIC-EMERGENCY DEPARTMENT | NURSE |
| 2007-2008 | CLINIC “MERAMEDI” | NURSE |
| 2004-2005 | EMERGENCY MEDICAL SERVICE 112 | AN INTERN |

**Knowledge of a foreign language**

| Foreign Language | Beginning Level | Medium Level | Good Level | Very Good Level | Select if you have the appropriate certificate |
| --- | --- | --- | --- | --- | --- |
| ENGLISH |  |  |  | > |  |
| RUSSION |  |  | **>** |  |  |

**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 | 2017 | CONFERENCE IN THE FIELD OF EMERGENCY MEDICINE | PARTICIPANT |
| 2 | 2015 | CONFERENCE IN THE FIELD OF EMERGENCY MEDICINE | PARTICIPANT |
| 3 | 2010 | PHTLS | TRAINER |
| 4 | 2010 | BLS | TRAINER |
| 5 | 2006 | TURKEY,ANKARA “HACCETEPE” HOSPITAL | AN INTERN |
| 6 | 2002 | AIDS AND SEXUALLY TRANSMITTED DISEASE PRIMARY PREVENTION PROJECT | PARTICIPANT |

**Publication**

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

**Scientific Activities**

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

Additional information

Optionally you can specify additional