**Personal Information**

|  |  |
| --- | --- |
| Name and Surname | Kristine Machitidze |
| Date of Birth | 05.06.1967 |
| Personal Number |  |
| Address |  |
| Phone Number | 577 90 93 98 |
| E-mail Address |  |

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Years | Name of the Institution | Specialty | Qualification |
| **1984-1990** | Sechenov #1 Medical Institute | Healing |  |
| **1991-1992** | Kutaisi Clinical Hospital | Healing | Internship |
|  |  |  |  |

**Work Experience**

|  |  |  |
| --- | --- | --- |
| Years | Organization | Position |
| **1992-2003** | Kutaisi Nazarashvili polyclinic | therapist |
| **2007-2009** | Kutaisi Medical Institute | teacher |
| **2010-2012** | Kutaisi Rehabilitation Hospital | Laser therapy doctor |
| **2012-2017** | Insurance company "Imedi L" | Family docto |
| **2017** | Insurance company "Ardi" | Family docto |
| **2018** | LLTD "Khonelidze Clinic" | doctor therapist |
|  |  |  |

**Knowledge of Foreign Languages**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Foreign Language | Starting level | Average level | Good | Very good | Mark if you have the relevant certificate |
| English Language |  |  | **●** |  |  |
| German Language |  |  |  |  |  |
| Russian Language |  |  |  |  |  |

**Computer Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Starting level | Average level | Good | Very good |
| Microsoft Office Word |  |  |  | ● |
| Microsoft Office Excel |  |  |  | ● |
| Microsoft Office PowerPoint |  |  |  | ● |
| Zoom |  |  |  | ● |
| google drive |  |  |  | ● |
| If other, please indicate |  |  |  |  |

**Participate in training courses, seminars, trainings**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Date | Name of training course, seminar | Your status (facilitator, participant, organizer) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Additional Information**

You can specify additional information