**Personal Infromation**

|  |  |
| --- | --- |
| Name, Surname | Mariam Lobjanidze |
| Date Of Birth | 06/09/1998 |
| Address | Nutsubidze st. 30 |
| Telephone number | +995 514 50 88 33 |
| Mail | Mariamlobjanidze6192@gmail.com |

 **Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Years | Name Of School | Specialty | Qualification |
| **2016-2022** |  David Tvildiani Medical University  | M.D.  | Bachelor’s degree |
|  |  |  |  |
|  |  |  |  |

 **Work experience**

|  |  |  |
| --- | --- | --- |
| Years | Organization | Position |
| **2022 – present**  | Private tutor of basic medical sciences |   |
|  |  |  |
|  |  |  |

**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  |  |  |  |  🗸 |  |
| German  |  |  |  🗸 |  | **C1 Diploma** |
| Spanish  |  |  |  | 🗸 | **C1 Diploma** |

**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 | 2022 | MCI Management workshop | Participant |
| 2 | 2019 | Passed theoretical and practical course ofCardiology/Cardiac surgery at Klaipeda university | Participant |
| 3 | 2022 | UNICEF and USAID vaccine awarness project | Organizer |
| 4 | 2019 | ECG workshop | Participant |
| 5 | 2019 | Surgical workshop | Participant |

**Publication**

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

**Scientific Activities**

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

Additional information

 Passed USMLE step 1