

**REGISTRATION REQUEST FORM FOR INTERNSHIP OF STUDENTS**

Please, print it on headed paper of the company and send back by email to [ufficio.stage@ateneo.univr.it](mailto:ufficio.stage@ateneo.univr.it)  
 Incomplete requests will not be evaluated.

**AL MAGNIFICO RETTORE**

**Università di Verona**

**Via dell'Artigliere, 8 - 37129 Verona**

**OBJECT: Registration request for internship of students of Faculty of Medicine and surgery**

Herewith, we state our availability to host in our Offices/Structures students of the University of Verona which want to deepen their education in fields of common interest.

We state that, according to our national regulation, we meet the requirements in order to host students for internship.

Therefore, the Undersigned asks to be registered at the University and to sign the "*training and guidance Internship agreement*" in the acknowledged form.

Herewith, we state our interest for the following course of study bachelor's degree / master's degree program:

- 1) Master of 2° level in Pharmacovigilance, pharmacoepidemiology, pharmacoeconomy and real world evidence.
- 2) .....

Thank you for your cooperation. Best regards,

Date, ...02/18/2025.....

Stamp (if available) and signature

.....

## REGISTRATION FORM - COMPANY / PUBLIC BODY / PROFESSIONAL FIRM

(all information is mandatory - to be filled in block letters)

Name of the company/public body/professional firm

**ANSM**

**FRENCH NATIONAL AGENCY FOR THE SAFETY OF MEDICINES AND HEALTH PRODUCTS**

Registered office: *(Please, indicate complete address)*

**ANSM 143/147 BOULEVARD ANATOLE FRANCE 93285 SAINT-DENIS CEDEX**

Telephone **01 55 87 30 00**

Website **ansm.sante.fr**

E-mail **Rh@ansm.sante.fr**

Economic field of activity **PUBLIC ADMINISTRATIVE INSTITUTION, PLACED UNDER THE SUPERVISION OF THE MINISTRY OF HEALTH**

VAT Number/tax ID **SIRET N° 180 036 113 000 17** OR Fiscal Code .....

N. of permanent employees **1000 EMPLOYEES**

Legal representative **Marie-Julie MONTARRY**

Place of birth **France** Date of birth **03/22/1971**

Reference person for contacts with the University

Carmina DE SOUSA – Tel : +33 1 55 87 32 28 – e-mail : Carmina.DE-SOUSA@ansm.sante.fr

**Internship tutor : Cécile CHOQUET – Tel +33 1 55 87 35 51 e-mail : Cecile.CHOQUET@ansm.sante.fr**

Internship description:

Premises of the internship: *(Please, indicate department/offices and complete address)*

**ANSM – Medical Division for Medicines 2 (Direction médicale médicaments 2) – Department 4 Infectiology and Emerging Diseases**

Brief work description:

**Trainee as PV assessor. The trainee will be able to contribute :**

- **Analysis pharmacovigilance data from various source**
- **Writing safety sections of assessment reports as part of several procedures**
- **Assessment of safety sections of clinical trials substantial amendments and new safety issues**

Place and date

Stamp (if available) and signature

Saint-Denis, le 18/02/2024.