



DECLARATION

I, the undersigned, Tiziana Mifsud, holder of the identity document series M, no. 353788M, issued by Maltese government, residing at 24, Triq il Madonna ta Pompej Birkirkara, hereby declare under my own responsibility that I will carry out the following teaching activities in the following subjects, within the Faculty of Biology and Geology, undergraduate study program in *Podiatry*:

1. Îngrijiri calificate în dermatovenerologie
2. Terapia durerii

Name and Surname:

Tiziana Mifsud,

Date:

20/5/25

Signature: