

**GENERAL INFORMATION FOR AUTHORIZATION OF A DEPARTMENT  
FOR THE 6-YEAR'S CLINICAL ROTATIONS**

**Information about the hospital**

Name of the hospital: .....

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Address and website: .....

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Population receiving health care services: .....

Number of inpatients and outpatients cared for, per year: .....

Departments under hospital supervision: .....

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Clinical training programs (if present, affiliation to university): .....

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**Specific information regarding the desired department**

Name of the Department: .....

Sub-divisions (if present): .....

Specialties: .....

Outpatient-ward information: .....

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Number of beds: .....

Contact information: .....

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