



SEMMELWEIS EGYETEM

Általános Orvostudományi Kar

Családorvosi Tanszék

Igazgató: Dr. Kalabay László egyetemi tanár

1125 Budapest, Kútvölgyi út 4.

Levelezési cím: 1428 Budapest, Pf.2.

Tel/Fax: (1)-355-8530, (1)-214-0841

Honlap: csot.semmelweis.hu

LETTER OF ACCEPTANCE

FOR OBLIGATORY INTERNSHIP IN FAMILY MEDICINE AS PART OF THE STUDENTS' SIXTH YEAR'S CURRICULUM

Student's Name:

Date and place of birth:

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The above student of SEMMELWEIS University, Budapest is authorized to perform his/her clinical rotation in our department according to the required rotation program.

Duration of practice: from until

.....

Date and Place

.....

.....

Name of Hospital/Clinic

Signature of Professor in charge/
Head of Department

.....

.....

Name in capital letters

Name in capital letters



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

Information about the hospital

Name of the hospital:

Address and website:

Population receiving health care service:

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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