STATEMENT

This form should be completed, signed and stamped by an authorised representative of an accredited health service institution located in an EU/USA Member State and providing the traineeship.

I. Data of the state-recognised institute of higher education providing accreditation to the health institution of the traineeship

Name: ............................................................................................................................
Full address: ............................................................................................................................

Data of state accreditation document
Number: ............................................................................................................................
Date: ............................................................................................................................

II. Data of the accredited health institution providing traineeship

Name: ............................................................................................................................
Full address: ............................................................................................................................

Data of accreditation document issued by the relevant state:
Number: ............................................................................................................................
Date: ............................................................................................................................

Data of accreditation
Field (surgery, etc.): ..........................................................................................
Length (start and expiry): ..........................................................................................

As the authorised representative of the accredited health service institution providing traineeship, I hereby declare that the data included in this document are true and correct.

I hereby declare, that our institution is able to ensure the acquirement of the skills in Internal Medicine defined in the list below.

Practical syllabus of the famulation
(Internal Medicine)

Cognition of the department of internal medicine, and the hospital.
Examination of patients, especially physical examination, and the examination of patients suffering cardiovascular and respiratory diseases.
Attendance of patients as an assistant physician assigned by the Head of the Department of Internal Medicine, under the supervision of the Head of Department, on the level of a 3rd year student without any pharmacology training.
Practice of the most important medical interventions.
Dosage of medicines. (Methods)
Examining the pulse, blood pressure measurement, body temperature measurement, weight-measurement, height-measurement.

/
Technique of cupping, learning and applying of injecting (i.m., i.v., s.c. insulin).
Knowledge of instruments (ECG, Doppler and/or oscillometry, monitors, supply of oxygen – according to the local possibilities.)
Compilation of infusion and the technique of infusion wiring (under supervision). Transfusions (under supervision).
Cognition of the patient documentation and independent documenting.
Learning of contacting patients and their relatives, especially informing patients and the medical confidentiality.
Practising the so-called small laboratory tests.
Participation in medical consultation, especially if it is about their patient.
Participation in the meetings of the institution.
On-call service.

Name: ............................................................................ Signature: ............................................................
Title/position: ........................................................................................................................................
Organisational unit: ...................................................................................................................................
Date: ......................................................................................................................................................

Institute stamp: