TEACHING HOSPITAL STATEMENT

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

1. DATA OF THE STATE-RECOGNIZED INSTITUTION OF HIGHER EDUCATION PROVIDING ACCREDITATION TO THE HEALTH INSTITUTION OF THE INTERNSHIP

Name: __________________________________________________________

Full address: ____________________________________________________

DATE OF STATE ACCREDITATION DOCUMENT

Number*: ___________________________ Date of accreditation*: __________

2. DATA OF THE ACCREDITED HEALTH INSTITUTION PROVIDING INTERNSHIP

Name*: __________________________________________________________

Full address*: ____________________________________________________

DATE OF ACCREDITATION DOCUMENT ISSUED BY THE RELEVANT STATE:

Number*: ___________________________ Date of accreditation*: __________

DATE OF ACCREDITATION:

Field (surgery, etc.)*: ______________________________________________

Validity (start and expiry dates)*: __________________________________

STUDENT DATA

Name*: __________________________________________________________

Place and date of birth*: __________________________________________

Neptun ID*(1)*: ____________________________________________________

As the authorized representative of the above named accredited Institution providing the internship, I hereby declare that the data included in this document are true and correct in every respect. I hereby declare that our institution is able to ensure the acquirement of the skills in Internal Medicine subject defined in the list below.

Name (capital letters)*: _____________________________________________

Title / Position*: __________________________________________________

Organizational unit: _________________________________________________

Date*: ____________________________________________________________

Institution stamp __________________________________________________

Signature* _________________________________________________________

Comments:

* – Required fields; (1) – Neptun is a student registration system, and Neptun ID is the student’s individual code at Semmelweis University
Practical syllabus of the famulation in 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.