LETTER OF ACCEPTANCE

FOR OBLIGATORY INTERNSHIP IN PSYCHIATRY

AS PART OF THE STUDENT'S SIXTH YEAR'S CURRICULUM

Student's Name:	
Date and place of birth: Information about the HOST HOSPITAL/ CLINIC abroad: Name	
which is affiliated with	
Address of the hospital:	· ·
Clinical departments functioning in the hospital:	
Number of inpatients and outpatients cared for per	year:
Clinical training programmes established in the hos	
Duration of practice: from	to
for teaching by Semmelweis University.	
 Before starting your rotation abroad, you have to p stamped <u>statement of acceptance</u> issued by the teach rotation. 	
3. The Psychiatry rotation consists of 8 hours on 2 participate in the everyday work of the wards, in p all-night-duty is part of the rotation period.	
4. Writing a case report during rotation period is an ob Case Report is available on the website of our depar should not include patients' personal data (name, bir practice places are acceptable where the release of the	rtment: http://www.psych.sote.hu. Case reports rth date, insurance number, etc).). Only those
5. Students are eligible to sit the final exam in Psychi following documents:	atry if they are able to submit to the examiner the
 a) the signed and stamped Certificate of the praction b) the case report signed by your tutor c) the mark for the case report 	
d) the completed and signed Register of Ob http://www.psych.sote.hu	served Psychiatric Conditions
Without these documents students are not allowed to6. Final exams are after the last week of the 4-weeks-loSign up for the exam through the NEPTUN SYSTE	ng official rotation.
Date:	
Name of Hospital/Clinic	Name of the Professor in Charge Head of the Department
Name in capital letters	Name in capital letter