

CERTIFICATE

OF PRACTICE PLACEMENT IN THE FIVE-WEEK COMPLEMENTARY ELECTIVE CLINICAL COURSE
AS PART OF THE TRAINING IN YEAR 6

STUDENT DETAILS

Neptun ID^{(1)*}: _____

Name*: _____

Place and date of birth*: _____

DETAILS OF THE INSTITUTION (HOSPITAL / CLINIC / AMBULANCE SERVICE)

Name*: _____

Full address*: _____

As the authorized representative of the Institution, I hereby declare that the above-named student of Semmelweis University has attained the practice placement in

_____ (2)*
as a **Five-week Complementary Elective course** at the_____ (3)*
of the Institution according to the requirements described on the website of the competent Department at Semmelweis University.

Duration of practice*: from: _____ to: _____

Completed weeks*: _____ Date of night shift⁽⁴⁾: _____

(Students in Year 6 are required to complete 40 learning hours per week.)

Evaluation*: excellent (5) good (4) fair (3) pass (2) fail (1)

Comments on the student's performance noting strengths and weaknesses:

Name* (capital letters): _____

Title / Position*: _____

Date*: _____

Institute stamp

Signature

(Professor in charge / Head of Department / Local director of the Ambulance Service)

IMPORTANT!Separate certificate must be filled for each specialty (e.g., one for Surgery, one for Traumatology, etc.)!**The certificate should be sent to the competent Department of Semmelweis University immediately after completing the practice placement!**

Comments:

* – Required fields;

⁽¹⁾ – Neptun is a student registration system, and Neptun ID is the student's individual code at Semmelweis University;⁽²⁾ – Name of the specialty (e.g., Infectology in Internal Medicine, Surgery);⁽³⁾ – Name of the ward / department (e.g., Internal Medicine);⁽⁴⁾ – Required for Neurology, Internal Medicine, Surgery, Psychiatry.