

LETTER OF ACCEPTANCE

FOR COMPULSORY PRACTICE PLACEMENT IN

(1)*

AS PART OF THE TRAINING IN YEAR 6

STUDENT DETAILS

Neptun ID^{(2)*}: _____

Name*: _____

Place and date of birth*: _____

Duration on practice*: from: _____ to: _____

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

Surgery	4 weeks	Obstetrics and Gynaecology	4 weeks	Family medicine <i>(e.g. in primary care, in a GP's office, at a Family Care setting)</i>	1 week	Neurology	3 weeks
Traumatology	1 week	Internal Medicine	6 weeks	Psychiatry	3 weeks	Pediatrics	6 weeks
Vascular surgery	1 week	Infectology	1 week	Transfusion course	1 week	Ambulance practice <i>(Prehospital Emergency Medicine)</i>	2 weeks

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

Hospital Clinic Ambulance Service

Name* (in capital letters): _____

Department*: _____

The above student of Semmelweis University, Budapest, Hungary is authorized to perform his/her clinical practice placement in our Department according he requirements described on the website of the competent Department at Semmelweis University.

Name of Professor in charge / Head of Department / Local director of the Ambulance Service* (in capital letters): _____

Date*: _____

Institution stamp: _____

Signature

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

Comments:

* – Required fields;

⁽¹⁾ – Name of the specialty (e.g., Gynecology, Psychiatry);⁽²⁾ – Neptun is a student registration system, and Neptun ID is the student's individual code at Semmelweis University.

DETAILS OF THE INSTITUTION THAT INCLUDES THE DEPARTMENT/WARD

Name: _____

Full address: _____

Website: _____

Population (number of people) receiving health care: _____

Number of inpatients and outpatients per year: _____

Departments / Wards in the hospital: _____

Clinical training programs (if any, affiliated university): _____

DETAILS OF THE DEPARTMENT/WARD

Name: _____

Sub-divisions (if applicable): _____

Specialties: _____

Outpatient-ward information: _____

Number of beds: _____

Number of patients cared for by the GP: _____

Contact information: _____

