

## TEACHING HOSPITAL STATEMENT

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

## 1. STUDENT DETAILS

Neptun ID<sup>(1)\*</sup>: \_\_\_\_\_

Name\*: \_\_\_\_\_

Place and date of birth\*: \_\_\_\_\_

## 2. DETAILS OF THE STATE-RECOGNIZED INSTITUTION OF HIGHER EDUCATION PROVIDING ACCREDITATION TO THE HEALTH CARE INSTITUTION OF THE PRACTICE PLACEMENT

Name\*: \_\_\_\_\_

Full address\*: \_\_\_\_\_

## DETAILS OF THE STATE ACCREDITATION DOCUMENT

Number\*: \_\_\_\_\_ Date of accreditation\*: \_\_\_\_\_

## 3. DETAILS OF THE HEALTH CARE INSTITUTION PROVIDING THE PRACTICE PLACEMENT

Name\*: \_\_\_\_\_

Full address\*: \_\_\_\_\_

Website: \_\_\_\_\_

## DETAILS OF THE ACCREDITATION DOCUMENT:

Number\*: \_\_\_\_\_ Date of accreditation\*: \_\_\_\_\_

## DETAILS OF ACCREDITATION:

Field (surgery, etc.)\*: \_\_\_\_\_

Validity (start and expiry dates)\*: \_\_\_\_\_

As the authorized representative of the above-named accredited Institution providing the practice placement, 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 the field of .....<sup>(2)\*</sup>  
subject/subjects as defined in the competence list in the appendix Nr.3. of the 2010/10/VI. MAB<sup>(3)</sup> order.

Name\* (capital letters): \_\_\_\_\_

Title / Position\*: \_\_\_\_\_

Organizational unit: \_\_\_\_\_

Date\*: \_\_\_\_\_

Institution stamp

Signature\*

Head of Department

**Comments:** \* – Required fields; <sup>(1)</sup> – Neptun is a student registration system, and Neptun ID is the student's individual code at Semmelweis University; <sup>(2)</sup> – Name of the specialty (e.g., Infectology in Internal Medicine, Surgery); <sup>(3)</sup> – MAB is The Hungarian Accreditation Committee (<https://www.mab.hu/>)

## TEACHING HOSPITAL STATEMENT – Form Filling Guide

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

### 1. STUDENT DETAILS

Neptun ID<sup>(1)\*</sup>: **XXXXXX**

Name\*:

**JOHN SMITH**

Place and date of birth\*:

**Canada, Quebec, 24 May 1991**

### 2. DETAILS OF THE STATE-RECOGNIZED INSTITUTION OF HIGHER EDUCATION PROVIDING ACCREDITATION TO THE HEALTH CARE INSTITUTION OF THE PRACTICE PLACEMENT

Name\*:

**Karolinska Institute - Medical University**

Full address\*:

**171 77 Stockholm, Sweden**

#### DETAILS OF THE STATE ACCREDITATION DOCUMENT

Number\*: **XXXXXX**Date of accreditation\*: **15 May 2001**

### 3. DETAILS OF THE HEALTH CARE INSTITUTION PROVIDING THE PRACTICE PLACEMENT

Name\*:

**Karolinska University Hospital, Solna**

Full address\*:

**SE-171 76 Stockholm, Sweden**

Website:

**<https://www.karolinska.se/en/karolinska-university-hospital/>**

#### DETAILS OF THE ACCREDITATION DOCUMENT:

Number\*: **XXXXXX**Date of accreditation\*: **15 May 2001**

#### DETAILS OF ACCREDITATION:

Field (surgery, etc.)\*:

**Internal Medicine**

Validity (start and expiry dates)\*:

**since 11 Jan 1999**

As the authorized representative of the above-named accredited Institution providing the practice placement, 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 the field of

.....<sup>(2)\*</sup>

subject/subjects as defined in the competence list in the appendix Nr.3. of the 2010/10/VI. MAB<sup>(3)</sup> order.

Name\* (capital letters):

**Professor Doctor**

Title / Position\*:

**Head of Department of Internal Medicine**

Organizational unit:

**Department of Internal Medicine**

Date\*:

**1 March 2022**

Institution stamp

**place of the stamp****XXXXXXXX****Signature\***

Head of Department

**Comments:** \* – Required fields; <sup>(1)</sup> – Neptun is a student registration system, and Neptun ID is the student's individual code at Semmelweis University; <sup>(2)</sup> – Name of the specialty (e.g., Infectology in Internal Medicine, Surgery); <sup>(3)</sup> – MAB is The Hungarian Accreditation Committee (<https://www.mab.hu/>)