

## UNIVERSITY CLINIC / HOSPITAL STATEMENT

This form should be completed, signed and stamped by an authorized representative of the accredited University / Medical School of any EU Member State, Norway, Switzerland or USA, providing the practice placement as part of the medical training.

### 1. STUDENT DETAILS

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

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

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

### 2. DETAILS OF THE STATE-RECOGNIZED INSTITUTION PROVIDING THE PRACTICE PLACEMENT

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

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

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

### DETAILS OF THE STATE ACCREDITATION DOCUMENT

Number\*: \_\_\_\_\_

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

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 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/>).

**UNIVERSITY CLINIC / HOSPITAL STATEMENT- Form Filling Guide**

This form should be completed, signed and stamped by an authorized representative of the accredited Medical School of any EU Member State, Norway, Switzerland or USA, providing the practice placement as part of the medical training.

**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 PROVIDING THE PRACTICE PLACEMENT**Name\*: **Sahlgrenska University Hospital**Full address\*: **Sahlgrenska Universitetssjukhuset, 413 45 Göteborg, Sweden**Website: **<https://www.sahlgrenska.se/>****DETAILS OF THE STATE ACCREDITATION DOCUMENT**Number\*: **XXXXXX**Date of accreditation\*: **15 May 2001**

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 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: **Some Clinic**Date\*: **1 March 2022**

Institution stamp

Place of the stamp

**XXXX****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/>).