

CERTIFICATE
OF COMPULSORY PRACTICE PLACEMENT IN
TRAUMATOLOGY^{(1)*}
AS PART OF THE TRAINING IN YEAR 6

STUDENT DETAILSNeptun ID^{(2)*}: _____

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 compulsory practice placement in

_____ ^{(3)*}
 at the

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