

# LETTER OF ACCEPTANCE

FOR COMPULSORY PRACTICE PLACEMENT IN

(1)\*

AS PART OF THE TRAINING IN YEAR 6

## STUDENT DETAILS

Neptun ID<sup>(2)\*</sup>: \_\_\_\_\_

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

## 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:** \_\_\_\_\_

