



EMPFANGSBESTÄTIGUNG – NEUROLOGIE

A Persönliche Angaben	
Name:	Vorname(n):
E-Mail:	Telefon:
Postanschrift:	EHA-Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .PTE

B Angaben des Praktikums (wird vom Zielinstitut ausgefüllt)	
Name des Krankenhauses / der Klinik (Abteilung):	
Adresse:	
Praktikumszeitraum:	
Praktikumsstunden:	Name der betreuenden Person:
Posten:	E-Mail:
Telefon:	Fax:
Praktikumsanforderungen – Neurologie: Empfohlene Wochen- und Stundenzahl des Praktikums: 4 Wochen und 120 Stunden Minimale Wochen- und Stundenzahl des Praktikums: mindestens 3 Wochen und mindestens 120 Stunden	
<ol style="list-style-type: none">The duration of the clinical practice is four weeks (120 hours). Missing more than 15% of this period means that the practice will not be accepted.The duration of the daily practice is 7 hoursEach student has a tutor (senior specialist), who is responsible for the teaching of the student. Students should follow the instructions of their tutors. It is required to know the medical history of those patients who are treated or supervised by the tutor. It is also required to take active part in the neurological examination, diagnostic and therapeutic management of the patients.Students should visit the diagnostic units of the department to get familiar with the available diagnostic methods (CT/MRI, EEG, EMG/ENG, evoked potentials, carotid and vertebral artery ultrasound examinations, muscle and peripheral nerve histology, CSF evaluation)It is suggested to take part at the medical grand rounds twice a week.	
Die Praktikumsanforderungen sind mir bekannt, die ich hiermit akzeptiere.	
Unterschrift der betreuenden Person:	Datum / Stempel: