



BOOK OF CLINICAL SKILLS
FOREIGN SIGNATURES FORM

IMPORTANT: In case you wish to fulfil any of the 6th year practices abroad, you need to fill in this form - a separate sheet for each practice/hospital/clinic - and get the signatures of accredited specialists who are entitled to sign the Book of Clinical Skills. Please send the completed form to the department concerned and afterwards to the Registrar's Office.

SECTION A		Personal details	
First/given name:		Family name:	
Email address:		Phone number:	
Mailing address:		EHA code: _____,PTE	

SECTION B		Practice details (to be completed by the host institution)	
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Neurology
<input type="checkbox"/> Obstetrics and Gyna.	<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Surgery
Name of Hospital /Clinic:			
Address:			
Supervisor's name:			
Position:		Email:	
Supervisor's signature:		Date / Stamp:	

SECTION C		List of accredited specialists entitled to sign the Book of Clinical Skills		
Title	Name	Position	Signature	ID/stamp number

To be sent/handed in to the Registrar's Office after A-B-C sections are COMPLETED
TOTALLY.

Address: HUNGARY - 7624 Pécs - Szigeti út 12.