



Certificate on fulfillment of clinical practice in
PSYCHIATRY

A.	Personal data of the student
Surname:	First name:
Email address:	EHA code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .PTE
Mailing address:	Phone number:

B.	Practice details (to be completed by the host institution)
Name of Hospital /Clinic (Department):	
Address:	
Period of practice (from/until):	
Hours completed totally:	Supervisor's name:
Supervisor's position:	Email:
Telephone number:	Fax:
<u>The course description of the Psychiatry:</u> The duration of the practice is at least 3 weeks and at least 120 hours. 1. The sixth year Psychiatry practice is based on the education of the subject in the fifth year 2. The student has to work in every part/ward of the department/hospital. He/she is expected to connect to the work of the wards for organic, functional psychotic and non-psychotic patients. He/she must examine these kinds of patients with a teacher's supervision 3. The student has to know the psychiatric examination with the ability to evaluate syndromegenetic and etiologically based psychopathological thinking. He/she is expected to take part in the planning of these files 4. During the practice the student has to produce files on three patients; his/her duty is to follow the status and treatment of the patients; he/she has to report about the experiences on the final examination 5. The student has to take part in the night duty for psychiatric patients for a total of 12 hours 6. The student is expected to be familiar with the therapeutic strategy of the department/ hospital and, according to his/her competency and the possibilities, to take part in it (general medical duties, supportive psychotherapy etc.) The teachers of the department/hospital wait for the students to participate in the ongoing postgraduate or case conferences. Three consultations before the examination are offered.	
<input type="checkbox"/> I acknowledge that the student completed the practice according to the requirements mentioned above.	
<input type="checkbox"/> I acknowledge that the student completed the practice according to the requirements mentioned above <u>except the following:</u>	

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

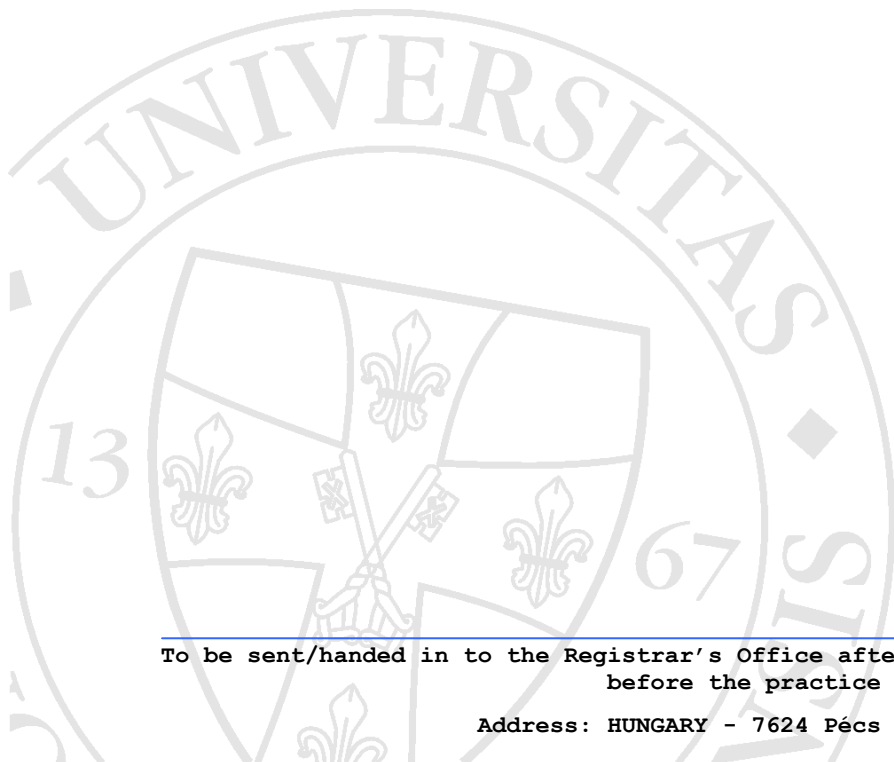
Address: HUNGARY - 7624 Pécs - Szigeti út 12.



UNIVERSITY OF PÉCS
Medical School
Registrar's Office

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Supervisor's signature:	Date / Stamp:
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