ACCEPTANCE LETTER FOR NEUROLOGY

A.	Personal data of the student
Surname:	**First name:**
Email address:	**EHA code:** ☐☐☐☐☐☐☐☐**.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 to be completed:	**Supervisor's name:**
Supervisor's position:	**Email:**
Telephone number:	**Fax:**

The course description of the Neurology:

The duration of the practice is at least 3 weeks and at least 120 hours.

1. Missing more than 15% of this period means that the practice will not be accepted.
2. The duration of the daily practice is 7 hours
3. Each 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.
4. 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)
5. It is suggested to take part at the medical grand rounds twice a week.

I acknowledge and accept that the practice will be completed according to the requirements mentioned above.	
Supervisor's signature:	**Date / Stamp:**