



ACCEPTANCE LETTER FOR 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 to be completed:	Supervisor's name:	
Supervisor's position:	Email:	
Telephone number:	Fax:	
<u>The course description of the Psychiatry:</u>		
<p>The duration of the practice is at least 3 weeks and at least 120 hours.</p> <ol style="list-style-type: none">1. The sixth year Psychiatry practice is based on the education of the subject in the fifth year2. 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 supervision3. 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 files4. 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 examination5. The student has to take part in the night duty for psychiatric patients for a total of 12 hours6. 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.) <p>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.</p>		
I acknowledge and accept that the practice will be completed according to the requirements mentioned above.		
Supervisor's signature:	Date / Stamp:	

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.