



ACCEPTANCE LETTER FOR EMERGENCY MEDICINE

A.	Personal data of the student
Surname:	First name:
Email address:	EHA code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .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 position:	Email:
Telephone number:	Fax:
The course description of the Emergency Medicine:	
Course description of practice in Emergency Medicine:	
The sixth year students have to practice the elements of advanced life support during a 10-working-day (60-hour) practice with maintaining free airway, peripheral venous cannulation, oxygen therapy and monitoring basic parameters in operating theatre.	
Goals of the practice:	
The course will provide final and comprehensive practice on acute lifesaving methods in the final year of medical curriculum.	
<ul style="list-style-type: none">○ Endotracheal intubation and use of other airway devices○ Peripheral venous cannulation○ Oxygen therapy and○ Monitoring of basic parameters in operating theatre Using the five-digit scale, the tutor has to assess student's skills in	
<ul style="list-style-type: none">○ artificial airway management<ul style="list-style-type: none">• diagnosing respiratory failure,• ventilating patient's lungs with face mask and○ providing adequate postoperative analgesia.	
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.