

Acceptance statement for community nurse practice

I certify, that i accepted the student from the University of Szeged Faculty of Health and Social Sciences for a 2 week (60 hour) community nursing practice.

2 STUDENTS CAN COMPLETE THEIR PRACTICE WITH THE SAME GENERAL PHYSICIAN AT THE SAME TIME!

Name of the student:.....

.....

Subject/department/year:

.....

Name/ code of the practice:.....

.....

Date and period of the practice:

.....

Name and address of the host doctor:.....

.....

Service phone number of the host doctor:.....

Name of community nurse providing the training: (+email address).....

.....

.....
Name and stamp of doctor

.....
Name of community nurse

Service order time:

Date	Week 1	Week 2
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please return the acceptance statement no later than 2 weeks before the start of the internship to the education organizer Dominika Tari in person, by letter, or by email.

University of Szeged Faculty of Health and Social Sciences

6726 Szeged, Temesvári krt. 31.,

Phone: 62/546-406

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