



CHARLES UNIVERSITY
Third Faculty of Medicine

Prague, November 4, 2020

Subject: Practice - 5th year students

Dear Sir / Madam,

we would hereby like to kindly ask for your support and cooperation with the Third Faculty of Medicine, Charles University in Prague, in educating future doctors.

As part of compulsory tuition defined by the study plan, students of the 5th year of our faculty must complete a 1-week practice in the field of surgery. We politely request that you ensure professional guidance of our student in accordance with the attached syllabus.

If you agree with the practice of the student

Name, surname, date of birth.....

in your hospital, please fill in the confirmation slip below.

The date of the practice must be in accordance with the Dean's Order

No. 34/2005:

- Practice in **surgery**:
at any time after the end of tuition of the given subject

Thank you for your understanding. We believe that the practice will not cause any problems. Should you have any questions, please contact Jiří Bayer, M.D., who is responsible for surgery practices. (tel: 00420 267 162 413, FNKV, Šrobárova 50, 100 34 Praha 10, Czech Republic).

Best regards and thank you for your cooperation,

David Marx, M.D., Ph.D.
Vice-dean for Undergraduate Education
and Student affairs

Remove here.....

Confirmation Slip - 5th Year Students' Practice

I agree with the practice of the student

Name, surmane, date of birth.....

at the surgical department, clinic (please fill in)

.....

from till

In on the

Signature and stamp



CHARLES UNIVERSITY
Third Faculty of Medicine

Prague, November 4, 2020

Subject: Practice - 5th year students

Dear Sir / Madam,

we would hereby like to kindly ask for your support and cooperation with the Third Faculty of Medicine, Charles University in Prague, in educating future doctors.

As part of compulsory tuition defined by the study plan, students of the 5th year of our faculty must complete a 2-week practice in the elective field. We politely request that you ensure professional guidance of our student in accordance with the attached syllabus.

If you agree with the practice of the student

Name, surname, date of birth.....

in your hospital, please fill in the confirmation slip below.

The date of the practice must be in accordance with the Dean's Order

No. 34/2005:

- Practice in **elective field**:
 at any time after the end of tuition of the given subject

Thank you for your understanding. We believe that the practice will not cause any problems. Should you have any questions, please contact doc. MUDr. Monika Kneidlová, CSc., who is responsible for this practice.
 (tel: 00420 267 162 679, FNKV, Šrobárova 50, 100 34 Praha 10, Czech Republic).

Best regards and thank you for your cooperation,

David Marx, M.D., Ph.D.
 Vice-dean for Undergraduate Education
 and Student affairs

Remove here.....

Confirmation Slip - 5th Year Students' Practice

I agree with the practice of the student

Name, surname, date of birth.....

at the elective department, clinic (please fill in)

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fromtill

In on the

Signature and stamp



CHARLES UNIVERSITY
Third Faculty of Medicine

Prague, November 4, 2020

Subject: Practice - 5th year students

Dear Sir / Madam,

we would hereby like to kindly ask for your support and cooperation with the Third Faculty of Medicine, Charles University in Prague, in educating future doctors.

As part of compulsory tuition defined by the study plan, students of the 5th year of our faculty must complete a 2-week practice in the field of gynaecology & obstetrics. We politely request that you ensure professional guidance of our student in accordance with the attached syllabus.

If you agree with the practice of the student

Name, surname, date of birth.....

in your hospital, please fill in the confirmation slip below.

The date of the practice must be in accordance with the Dean's Order

No. 34/2005:

- Practice in **gynaecology & obstetrics:**
at any time after the end of tuition of the given subject

Thank you for your understanding. We believe that the practice will not cause any problems. Should you have any questions, please contact prof. MUDr. Lukáš Rob, CSc., who is responsible for this practices.

(tel: 00420 267 162 730, FNKV, Šrobárova 50, 100 34 Praha 10, Czech Republic).

Best regards and thank you for your cooperation,

David Marx, M.D., Ph.D.
Vice-dean for Undergraduate Education
and Student affairs

Remove here.....

Confirmation Slip - 5th Year Students' Practice

I agree with the practice of the student

Name, surname, date of birth.....

at the gynaecology & obstetrics department, clinic (please fill in)

.....

from till

In on the

Signature and stamp