



UNIVERSITAS SCIENTIARUM SZEGEDIENSIS
UNIVERSITY OF SZEGED

Faculty of Dentistry

NURSING PRACTICE EVALUATION SHEET

2 weeks

This is to certify that Mr./Ms.
(born on (DD/MM/YYYY) in (city/country)/.....)
completed every one of the following tasks within a nursing practical training at our institution:

Getting acquainted with the work of the emergency ambulance:

- Observing the administrative tasks in connection with patient examination (assignments, computerized patient admission, ambulance diary, patient records).
- Procedure and practice of making a diagnosis.
- Getting acquainted with and carrying out the duties related to patient examination.
- Observing the examination of X-ray results, and diagnosis making.
- Getting acquainted with the procedure of patients' referral to certain departments.

Period of practice: From (DD/MM/YYYY) to (DD/MM/YYYY)

Name of the clinic/hospital in capital letters:

Address of the hospital/clinic in capital letters: Country: City:

Department:

Accreditations of the hospital/clinic:

Name of the supervisor in capital letters:

Phone number:

E-mail address:@.....

Evaluation of the student:

Date: Signature and stamp