



Certificate on fulfillment of clinical practice in
NEUROLOGY

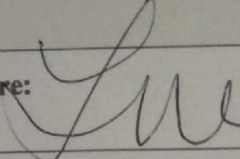
A.	Personal data of the student
Surname: KÖRNYEI	First name: BALINT SOMA
Email address: balint.kornyai@gmail.com	EHA code: K O B S A A I .PTE
Mailing address: 7625 Pécs, Mikszáth Kálmán u. 10.	Phone number: +36 30 401 0702

B.	Practice details (to be completed by the host institution)
Name of Hospital /Clinic (Department): Buffalo General Hospital Department of Neurology	
Address: 1010 Main Street, Buffalo, NY, 14202	
Period of practice (from/until): 2018. 10. 22. - 2018. 11. 18.	
Hours completed totally: 120	Supervisor's name: Laszlo Mechtler MD
Supervisor's position: clinical professor	Email: lmechtler@dentinstitute.com
Telephone number: +1 716 - 510 - 3719	Fax: +1 716 - 819 - 3814
<u>The course description of the Neurology:</u>	
The duration of the practice is at least 3 weeks and at least 120 hours.	
1. The duration of the clinical practice is four weeks (120 hours). Missing more than 15% of this period means that the practice will not be accepted.	
2. The duration of the daily practice is 7 hours	
3. Each student has a tutor (senior specialist), who is responsible for the teaching of the student. Students should follow the instructions of their tutors. It is required to know the medical history of those patients who are treated or supervised by the tutor. It is also required to take active part in the neurological examination, diagnostic and therapeutic management of the patients.	
4. Students should visit the diagnostic units of the department to get familiar with the available diagnostic methods (CT/MRI, EEG, EMG/ENG, evoked potentials, carotid and vertebral artery ultrasound examinations, muscle and peripheral nerve histology, CSF evaluation)	
5. It is suggested to take part at the medical grand rounds twice a week.	
☒ I acknowledge that the student completed the practice according to the requirements mentioned above.	
☐ I acknowledge that the student completed the practice according to the requirements mentioned above <u>except the following:</u>	

To be sent/handed in to the Registrar's Office after A-B-C sections are COMPLETED TOTALLY



UNIVERSITY OF PÉCS
Medical School
Registrar's Office

Supervisor's signature: 	Date / Stamp: 11/18/2018



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