

**GENERAL INFORMATION FOR AUTHORIZATION OF A
DEPARTMENT FOR THE 6-YEAR'S CLINICAL ROTATIONS**

Information about the hospital

Name of the hospital:

Address and website:.....

.....

Population receiving health care service:.....

.....

Number of inpatients and outpatients cared for per year:

.....

Departments under hospital supervision:

.....

.....

Clinical training programs (if present, affiliation to university):

.....

.....

Specific information regarding the desired department

Name of the Department:

Sub-divisions (if present):

Specialties:

Outpatient-ward information:.....

Number of beds:

Contact information: