

**ACCEPTANCE LETTER FOR EXTRAMURAL PROFESSIONAL PRACTICE**

To whom it may concern,

In order to achieve the required level of practical training and readiness of students for future career during their study in General Veterinary Medicine study programme at the University of Veterinary Medicine and Pharmacy in Košice, Slovak Republic, we would like to ask for your consent with performance of the student's extramural professional practice at your veterinary practice.

Name and surname of student:

.....

Permanent address: .....

Study programme and year of study: General Veterinary Medicine / year of study: .....

Description of the practice:

- When completing extramural professional practice with private veterinary surgeons, students should get acquainted with the administration of private veterinary activities (keeping records of preventive activities and interventions, prescriptions, using and dispensing veterinary pharmaceuticals) and with performance of professional activities (diagnostic, preventive and therapeutic procedures within the field and outpatient practice).
- In line with UVMP Study Guidelines, student in the 4<sup>th</sup> and 5<sup>th</sup> year of study is obliged to complete 80 hours of supervised extramural professional practice outside the UVMP in Košice at the institution chosen by the student.
- Conditions, organisation and acquirement of professional practice are arranged individually by the student. UVMP takes no responsibility for any incident occurring during the extramural practice nor provides the student with insurance covering the practice.

Please confirm your consent with the performance of the practice below.

Thank you for your cooperation.

Martin Tomko, DVM, PhD  
Vice-Rector for Education

Name of the veterinary practice:

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Address: .....

Telephone number: .....

E-mail: .....

Name of the supervising veterinary surgeon: (name, surname, academic and scientific degrees):

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I agree – I do not agree\* for the above mentioned student to perform an extramural professional practice under my supervision.

\* inappropriate to be crossed out

Date: .....

Stamp and signature: