To the
Austria Medical Chamber
Weihburggasse 10-12
1010 Vienna
Austria
via the Province Medical Chamber

To be submitted together with the application
for credit of training periods undergone abroad
according to §14 Medical Act
www.aerztekammer.at , link: Arztinfo/Ausbildung/Ausbildung im Ausland-Anrechnung in Österreich

Evaluation of postgraduate training periods undergone abroad

This evaluation form constitutes evidence of training undergone in countries,
where no standardized country-specific credentials are foreseen

Personal data

Familiy name	
First name	
Academic degree	
Date of birth	
Nationality	
Promotion/Nostrifikation conferral date	
University	

[Please make sure that each page of this form is signed by the medical director and certified by the seal of the teaching institution]

A) EVALUATION OF THE HOSPITAL

Name	
Address	
Phone / Fax	
Email	
Website	

The hospital is under the authority of:

Name and medical specialization of the medical director:

What are the departments the hospital consists of?

Total number of beds:

Is the hospital a recognized training institution for medical doctors?

(Please indicate the specialties)

Teaching hospital since : (dd.mm.yyyy)

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B) EVALUATION OF THE DEPARTMENT

Denomination of the department:

Name and specialization of the head of department:

Number of beds in the department:

Out-patient department ○ yes Outpatients / day

○ no

Staffing of the department:

Total number of licensed general medical practitioners

licensed specialists

doctors in training

Equipment of the department:

Technical facilities

Diagnostic and therapeutic portfolio

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C) MEDICAL TRAINING UNDERGONE IN THE HOSPITAL

The doctor

(please requote your name)

was employed in the capacity of

- ○ a doctor in training (basic medical training)
- ○ a doctor in training in a specialty
- ○ other activities (please indicate)

% clinical % non-clinical

in the speciality of

from (dd.mm.yyyy) to (dd.mm.yyyy),

Degree of employment: hours per week

Average number of night- / weekend- and holiday duties per month:

Total number of days of absence due to holidays and sickness

Total number of days of absence for other reasons:

The training post was funded by:

- ☐ The hospital
- ☐ A national institution by means of a grant (please indicate)
- ☐ Others (please indicate)

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Detailed description of the activities of the doctor, the knowledge, experiences and skills acquired (if applicable, completed by output numbers of surgical, ultrasound or other relevant interventions):

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Additional qualifications acquired, courses, specialty-related projects or research activities:

Remarks by the trainer:

This is to certify the correctness of the statements:

Head of department :

Name

(place, date signature)

Medical director of the training institution:

Name

(place, date signature)

Official seal of the hospital / medical head office

(place, date signature)