



**No:**

**Date:**

**Subject:** Request for Acceptance of Medical Student for Summer Clinical Practice

Dear Sir/Madam,

On behalf of the Faculty of Medicine, University of Banja Luka, Bosnia and Herzegovina, we kindly request that you provide our student, who is enrolled in the six-year Doctor of Medicine (MD) study programme and is currently attending the fourth/fifth year of studies (please circle the appropriate year of study), with the opportunity to complete the required summer clinical practice at your institution.

In accordance with the curriculum of our study programme, students are required to complete a summer clinical placement consisting of supervised clinical observership and practical training in the following departments, depending on their year of study:

- Fourth-year students are required to complete 90 hours of clinical practice at the Department of Internal Medicine or another institution capable of providing clinical training in Internal Medicine, and 60 hours at the Department of Radiology or another institution capable of providing clinical training in Radiology.
- Fifth-year students are required to complete 90 hours of clinical practice at the Department of Surgery or another institution capable of providing clinical training in Surgery, and 60 hours at the Department of Clinical Biochemistry or another institution capable of providing clinical training in Clinical Biochemistry.

The purpose of this clinical placement is to enable students to gain practical insight into everyday clinical practice and, under the supervision of qualified healthcare professionals, to observe and perform basic medical procedures appropriate to their level of training.

We would be grateful if your institution could provide the student with the opportunity to complete the above-mentioned clinical practice and assign an appropriate mentor or supervisor. We would also appreciate it if the designated mentor could confirm the successful completion of the required training by signing and stamping the enclosed clinical practice record form.

For your convenience, we have enclosed:

- an official Certificate of Enrolment issued by the Faculty of Medicine, University of Banja Luka;
- a Clinical Practice Confirmation Form, which should be completed upon completion of the placement.

We greatly appreciate your willingness to support the education and professional development of future physicians. Your assistance in facilitating this clinical placement is of great importance to our students.

Thank you for your consideration and cooperation. Should you require any additional information, please do not hesitate to contact us.

Yours sincerely,

Dean, Prof. Ranko Škrbić, PhD

Faculty of Medicine  
University of Banja Luka