

## INFORMATION ON THE APPLICANT

Name of the applicant (hospital, clinic, etc.):

Street, house number:

Postal code, city:

Phone:

Fax:

E-Mail:

Website:

Number of beds:

Hospital Sponsorship:

private  non-profit  state-run

## CONTACT PERSON FOR THE CERTIFICATION PROCESS

Name:

Position:

Phone:

E-Mail:

## IMPORTANT NOTICE

Thank you for your interest in working with UMCH.

In order for your hospital to participate in the training of our students, a simple certification process is required. This process is designed to ensure that certain quality standards are met.

Should you apply for the certification process after thorough consultation, costs of up to € 15,000 plus VAT may be incurred - depending on the type and size of the teaching hospital to be certified. If at least 10 students are admitted per year, the certification costs incurred will be covered in full by UMCH.

If you have any further questions regarding the certification process or possible costs, please do not hesitate to contact us.

By submitting this form, we are requesting certification of our facility as a UMCH teaching hospital.

.....  
Date, place

.....  
Signature

Please send the completed form by e-mail to [lehrkrankenhaus@edu.umch.de](mailto:lehrkrankenhaus@edu.umch.de) or by fax to **+49 (0) 40 2093485-09**.

Upon submission of the form, the UMCH Teaching Hospital Coordinator will contact you.