13th May 2026

SDU Agreement for:
Pre-graduate clinical training abroad B12

The University of Southern Denmark, The Faculty of Health Sciences | BSc in Medicine Program

Fill out the information below confirming that the department (mentioned by name) and the student (mentioned by name) have agreed on the following terms for an unpaid clinical training period.

Information

Student name and e-mail	[Name] [E-mail]
Semester abroad	B12
Clinic type	"[Type of clinic]"
Clinical training period	[DD-MM-YYYY] to [DD-MM-YYYY]
Number of clinical training weeks (max. 6 weeks)	[Weeks]
Clinical advisor	[Name] [Title]
Name of hospital and department/ward	[Hospital] [Department/Ward]
Address and country	[Address] [Country]
Working hours pr. week	"[Hours pr. week]"

Learning Objectives

During the clinical training period, the clinical advisor assesses the student's ability to:

1. Take a medical history using the medical interview
2. Under supervision, perform a physical examination of patients
3. Carry out basic practical clinical and paraclinical procedures
4. Interact with patients with respect and consideration

Student portfolio

Upon completion of the clinical training period, the clinical advisor evaluates the student's performance on the above-mentioned Learning Objectives by filling out a student portfolio. The portfolio must be signed by the clinical advisor as it serves as documentation and is essential for the student's subsequent ability to earn credits (ECTS) for the training period.

Teaching form and placement

Teaching form: A clinical advisor will be attached to the student for the duration of the training period. Placement requirements: Clinical training at hospitals, health clinics or similar attached to a a) university or b) with an educational infrastructure that provides teaching and competences of the highest standard for medical students.

Insurance

The student is responsible for taking out an insurance scheme that adequately covers the internship period and lives up to the clinical insurance requirements, e.g. public liability, professional indemnity/ medical malpractice and/or personal accident insurance.

Special conditions

Describe any special conditions applicable to the clinical training such as confidentiality, show of proof of required vaccinations, insurance, etc.

Documentation

By signing this agreement, I hereby attest that *[insert name of clinical advisor]* will make sure that *[student name]* will be assessed and evaluated in accordance with the Learning Objectives stated in this agreement. Upon completion of the clinical practice, *[insert name of clinical advisor]* will provide *[student name]* with a filled-out and signed student portfolio.

By signing this agreement, I also confirm that *[insert name of hospital/department]* is a) affiliated to a university hospital or b) has an educational infrastructure that provides teaching and competences of the highest standard for medical students.

X	X
Clinical adviser, date	Student name, date