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| **Universität Regensburg**  **Prüfungsamt zur Durchführung der Prüfungen**  **nach der Approbationsordnung für Ärzte**  **im Auftrag der Regierung von Oberbayern**  **Franz-Josef-Strauß-Allee 11 Gebäude H 5** 93053 Regensburg |  |
| Ort, Datum |
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| Bitte vollständig ausfüllen und Zutreffendes ankreuzen ⌧ |
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| Bei Rückfragen wenden Sie sich bitte rechtzeitig an Ihr Prüfungsamt. |
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| **Meldeschluss: 10.01. bzw. 10.06.** |

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| Hiermit beantrage ich die Zulassung zum  **Zweiten Abschnitt der Ärztlichen Prüfung**  nach der ÄAppO 2002 (M2) in der ab Januar 2014 gültigen Fassung | **M2SP** |

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|  | im Frühjahr 20 |  |  |  | im Herbst 20 |  |  |

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| Ich bin im Fach Humanmedizin eingeschrieben an der Universität Regensburg | | |
| Matr.-Nr. |  |

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|  | Erstprüfung |  | Erste Wiederholungsprüfung |  | Zweite Wiederholungsprüfung |

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| Fehlversuche im Rahmen des Zweiten Abschnitts der Ärztlichen Prüfung nach der ÄAppO in der bis 30.09.2003 geltenden Fassung (alte ÄAppO) und der M2 nach der ÄAppO 2002 sind hierbei zu berücksichtigen / mitzuzählen. |

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| Familienname *(Schreibweise lt. Geburts- bzw. Heiratsurkunde, aber ohne Namenszusätze, siehe nächstes Feld)* | | | | | | | |
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| Namenszusätze  *(Dr., von, de, van usw.)* ggf. Telefon E-Mail-Adresse | | | | |
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| Geburtsname *(falls abweichend vom Familiennamen)* | | | | | | | | |
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| Vornamen *(Schreibweise lt. Geburts- bzw. Abstammungsurkunde)* | | | | | | | | |
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| Geburtsdatum *(z. B. 03.05.1980)* Geschlecht Staatsangehörigkeit | | | | | | | | | | | | | | |
|  | **.** |  | **.** |  |  |  |  |  |  |  | weiblich = 1  männlich = 2 |  | *(vgl. Seite 7 Schlüsselliste 1; falls dort nicht auf-geführt, bitte Kfz-Länderkennzeichen eintragen)* |

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| Geburtsort *(ohne Postleitzahl, Schreibweise lt. Geburts- bzw. Abstammungsurkunde)* |
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| Semester der Erstimmatrikulation  im Studienfach Humanmedizin im Inland | | Anzahl der med. Fachsemester einschl. ggf. angerechneter  Semester, aber ohne Urlaubssemester, z. B. 12 | | | |
|  | z.B. WS02/03  oder SS03 | |  |  |

**55.2**-**137**-I/10.12 - S -

**Anschrift, an welche die Prüfungsmitteilungen versandt werden sollen:**

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| **Hinweise:**  Geben Sie diesen Antrag mit den vorgeschriebenen Nachweisen bei dem oben angeführten **Prüfungsamt Ihrer Universität** bis **spätestens 10.1. bzw. 10.6.** ab.  Wegen noch laufender Lehrveranstaltungen ausstehende Scheine sind sofort nach Erhalt, spätestens jedoch bis eine Woche nach dem letzten Vorlesungstag des jeweiligen Semesters (Ausschlussfrist gem. § 10 Abs. 4 letzter Satz ÄAppO) nachzureichen. Wenn Sie einen oder mehrere der vorgeschriebenen Scheine nicht erhalten, bitten wir Sie, dies dem Prüfungsamt schriftlich mitzuteilen und Ihren Zulassungsantrag zurückzunehmen. |

**Angerechnete** Studiensemester verwandter Fachrichtungen oder im Ausland betriebener Medizinstudien

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| angerechnet durch *(Behörde)* Schreiben vom *(Datum und Geschäftszeichen)* | |
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**Medizinische Fachsemester** *(ohne angerechnete Studiensemester)*

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| Erster Abschnitt der Ärztlichen Prüfung bzw. | | | |
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Dem Antrag habe ich die nachfolgend angekreuzten Unterlagen im Original oder in amtlich oder notariell beglaubigter Ablichtung beigefügt.

Für fremdsprachige Urkunden liegen jeweils beglaubigte Übersetzungen bei.

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|  | | | | Ableistung der Famulatur  *(pro Monat mindestens 30 Kalendertage)* | | |
| **01** |  |  | Geburtsurkunde oder Auszug aus dem Familienbuch der Eltern  (Kopie ist ausreichend) |
|  | | | | vom | bis | Tage |
| **02** |  |  | Heiratsurkunde oder Auszug aus dem für die Ehe geführten Familienbuch  *(nur, wenn der jetzt geführte Name von dem in der Geburtsurkunde eingetragenen abweicht)* |
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| **03** |  |  | aktuelle Studienverlaufsbescheinigung; bei Hochschulwechsel zusätzlich Studienbuch/-bücher mit Exmatrikelvermerk |
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| **04** |  |  | Zeugnis über das Bestehen des Ersten Abschnitts der Ärztlichen Prüfung  bzw. der Ärztlichen Vorprüfung |
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|  |  |  | *(nur wenn der Erste Abschnitt nicht an der Universität Regensburg abgelegt wurde)* |
|  | | | | vom | bis | Tage |
| **Nachweise** über | | | |
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| **05** |  |  | angerechnete Studienzeiten nach § 12 ÄAppO |
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| **06** |  |  | anerkannte Scheine |
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| **07** |  |  | Famulatur  *(Zeugnis nach dem Muster der Anlage 6 zur ÄAppO)* |

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| **Angaben zu den Leistungsnachweisen nach § 27 ÄAppO** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Einzelfächer** auch wenn sie Bestandteil eines fächerübergreifenden | | | | | | | | | |  | | | | | anerkannt,  gemäß  § 12 ÄAppO | | | | | anerkannt,  gemäß  § 43 ÄAppO | | | | |
|  | | Leistungsnachweises sind (s. Blatt 5) | | | | | | | | **Note**[[1]](#footnote-1)\* | | | | |
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| EF0001 | Allgemeinmedizin | | | | | | | | | | |  | |  | | |  | |  | | |  | |  |
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| EF0002 | Anästhesiologie | | | | | | | | | | |  | |  | | |  | |  | | |  | |  |
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| EF0003 | Arbeitsmedizin, Sozialmedizin | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0004 | Augenheilkunde | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0005 | Chirurgie | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0006 | Dermatologie, Venerologie | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0007 | Frauenheilkunde, Geburtshilfe | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0008 | Hals-Nasen-Ohrenheilkunde | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0009 | Humangenetik | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0010 | Hygiene, Mikrobiologie, Virologie | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0011 | Innere Medizin | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0012 | Kinderheilkunde | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0013 | Klinische Chemie, Laboratoriumsdiagnostik | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0014 | Neurologie | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0015 | Orthopädie | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0016 | Pathologie | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0017 | Pharmakologie, Toxikologie | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0018 | Psychiatrie und Psychotherapie | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0019 | Psychosomatische Medizin und Psychotherapie | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0020 | Rechtsmedizin | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0021 | Urologie | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |
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| EF0022 | Wahlfach | | W | F |  |  |  |  | (vgl. Liste der Wahlfächer auf Seite 4) | |  | |  | | |  | |  | | |  | |  | |

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| **Nur vom Prüfungsamt**  **auszufüllen!** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Titel des Wahlfaches, falls nicht in der Liste auf Seite 4 enthalten | | | |  | |  | |  | | |
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| **Blockpraktika** | | | | | | | | | | | | | | | | | | |
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| BP0001 | | | Blockpraktikum Innere Medizin | | | | | |  |  |  |  | |  | |  | | |
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| BP0002 | | | Blockpraktikum Chirurgie | | | | | |  |  |  |  | |  | |  | | |
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| BP0003 | | | Blockpraktikum Kinderheilkunde | | | | | |  |  |  |  | |  | |  | | |
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| BP0004 | | | Blockpraktikum Frauenheilkunde | | | | | |  |  |  |  | |  | |  | | |
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| BP0005 | | | Blockpraktikum Allgemeinmedizin | | | | | |  |  |  |  | |  | |  | | |
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| **Liste der Wahlfächer** |

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| WF0001 | Allergologie | WF0049 | Orthopädie |
| WF0002 | Allgemeinmedizin | WF0050 | Pathologie |
| WF0003 | Anästhesiologie | WF0051 | Pharmakologie und Toxikologie |
| WF0004 | Angiologie | WF0052 | Phlebologie |
| WF0005 | Arbeitsmedizin | WF0053 | Phoniatrie und Pädaudiologie |
| WF0006 | Augenheilkunde | WF0054 | Physikalische Therapie |
| WF0007 | Balneologie und Medizinische Klimatologie | WF0055 | Physikalische und Rehabilitative Medizin |
| WF0008 | Betriebsmedizin | WF0056 | Plastische Chirurgie |
| WF0009 | Bluttransfusionswesen | WF0057 | Plastische Operationen |
| WF0010 | Chirotherapie | WF0058 | Pneumologie |
| WF0011 | Chirurgie | WF0059 | Psychiatrie und Psychotherapie |
| WF0012 | Diagnostische Radiologie | WF0060 | Psychoanalyse |
| WF0013 | Endokrinologie | WF0061 | Psychotherapeutische Medizin |
| WF0014 | Flugmedizin | WF0062 | Psychotherapie |
| WF0015 | Frauenheilkunde und Geburtshilfe | WF0063 | Rechtsmedizin |
| WF0016 | Gastroenterologie | WF0064 | Rehabilitationswesen |
| WF0017 | Gefäßchirurgie | WF0065 | Rheumatologie |
| WF0018 | Hals-Nasen-Ohrenheilkunde | WF0066 | Sozialmedizin |
| WF0019 | Hämatologie und Internistische Onkologie | WF0067 | Sportmedizin |
| WF0020 | Handchirurgie | WF0068 | Stimm- und Sprachstörungen |
| WF0021 | Haut- und Geschlechtskrankheiten | WF0069 | Strahlentherapie |
| WF0022 | Herzchirurgie | WF0070 | Thoraxchirurgie |
| WF0023 | Homöopathie | WF0071 | Transfusionsmedizin |
| WF0024 | Humangenetik | WF0072 | Tropenmedizin |
| WF0025 | Hygiene und Umweltmedizin | WF0073 | Umweltmedizin |
| WF0026 | Innere Medizin | WF0074 | Unfallchirurgie |
| WF0027 | Kardiologie | WF0075 | Urologie |
| WF0028 | Kinder- und Jugendpsychiatrie und -psychotherapie | WF0076 | Visceralchirurgie |
| WF0029 | Kinderchirurgie | WF0100 | Einführung in die forensische Psychiatrie und Psychologie |
| WF0030 | Kinderheilkunde | WF0101 | Klinische Forschung |
| WF0031 | Kinderkardiologie | WF0102 | Notfallmedizin |
| WF0032 | Kinderradiologie | WF0103 | Pädiatrische Ophthalmologie |
| WF0033 | Klinische Pharmakologie | WF0104 | Schmerztherapie |
| WF0034 | Laboratoriumsmedizin | WF0105 | Plastische Chirurgie |
| WF0035 | Medizinische Genetik | WF0106 | Hämatologie und Onkologie |
| WF0036 | Medizinische Informatik | WF0107 | Stoffwechselmedizin |
| WF0037 | Mikrobiologie und Infektionsepidemiologie | WF0108 | Cardio-OP, Rheumatologie, Get rythm, Spezielle Pädiatrie |
| WF0038 | Mund-Kiefer-Gesichtschirurgie | WF0109 | Operative Intensivmedizin |
| WF0039 | Naturheilverfahren | WF0110 | Klinische Anästhesie |
| WF0040 | Neonatologie | WF0111 | Plastische und wiederherstellende Gesichtschirurgie |
| WF0041 | Nephrologie | WF0113 | Pädiatrische Intensiv- und Notfallmedizin |
| WF0042 | Nervenheilkunde | WF0114 | Pädiatrische Hämatologie und Onkologie |
| WF0043 | Neurochirurgie | WF0115 | Plastische und ästhetische Chirurgie |
| WF0044 | Neurologie | WF0116 | Global Health |
| WF0045 | Neuropathologie | WF0117 | Aufklärung gegen Tabak |
| WF0046 | Neuroradiologie | WF0500 | Kinder- und Jugendpsychiatrie |
| WF0047 | Nuklearmedizin | WF1452 | Katastrophenmedizin |
| WF0048 | Öffentliches Gesundheitswesen |  |  |

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| **Fächerübergreifend** | | | | | | | | | | | | | | anerkannt, gemäß  § 12  ÄAppO | | | | anerkannt, gemäß  § 43  ÄAppO | | | |  | | | | | | | | |  | | | anerkannt, gemäß  § 12 ÄAppO | | | | | | anerkannt,  gemäß  § 43  ÄAppO | | | | | |  | | | | | | | | | be-  standen | | | | | | anerkannt, gemäß  § 12  ÄAppO | | | | | | | anerkannt,  gemäß  § 43  ÄAppO | | | | | |
|  | | |  | | | | | | | Note[[2]](#footnote-2)\* | | | |  | | | | | | | | | Note\* | | | **Note**\* | | | | | | | | |
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| MF |  |  | Klinisch Theoretische Grundlagen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | |  | | | |  | | |  | | | | |  | |  | |
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| MF |  |  | Nervenheilkunde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |  | | | |  | |  | | | |  | | |  | | | | |  | |  | |
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| MF |  |  | Klinische Medizin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | |  | | | |  | | |  | | | | |  | |  | |
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| **Querschnittsfächer** | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | | |  | | | |  | | | | | |  | | | | | | | | | anerkannt,  gemäß  § 12  ÄAppO | | | | | | | | | | | | | anerkannt,  gemäß  § 43  ÄAppO | | | | | | | |
|  | | | | | |  | | | | | **Note**\* | | | | | | | | |
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| QB0001 | | | | | Epidemiologie, medizinische Biometrie und medizinische Informatik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0002 | | | | | Geschichte, Theorie, Ethik der Medizin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0003 | | | | | Gesundheitsökonomie, Gesundheitssystem, Öffentliches Gesundheitswesen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0004 | | | | | Infektiologie, Immunologie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0005 | | | | | Klinisch-pathologische Konferenz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0006 | | | | | Klinische Umweltmedizin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0007 | | | | | Medizin des Alterns und des alten Menschen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0008 | | | | | Notfallmedizin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0009 | | | | | Klinische Pharmakologie/Pharmakotherapie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0010 | | | | | Prävention, Gesundheitsförderung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0011 | | | | | Bildgebende Verfahren, Strahlenbehandlung, Strahlenschutz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0012 | | | | | Rehabilitation, Physikalische Medizin, Naturheilverfahren | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0013 | | | | | Palliativmedizin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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| QB0014 | | | | | Schmerzmedizin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |  | | |  | | | | | | | |  | |  | |
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Ich habe am Zweiten Abschnitt der Ärztlichen Prüfung nach der ÄAppO in der bis 30.09.2003 geltenden Fassung (= alte ÄAppO)

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Die vorstehenden Angaben sind vollständig und wahr.

Gründe für die Versagung der Approbation als Arzt gemäß § 3 Abs. 1 Satz 1 Nrn. 2 und 3 der Bundesärzteordnung\*) liegen bei mir nicht vor. Ich bin weder vorbestraft, noch liegt derzeit ein Strafverfahren gegen mich vor.

Die beigefügten Nachweise habe ich in der im Antrag angegebenen Reihenfolge geordnet.

\*) § 3 Abs. 1 der Bundesärzteordnung in der derzeit geltenden Fassung hat folgenden Wortlaut (Auszug):

1. Die Approbation als Arzt ist auf Antrag zu erteilen, wenn der Antragsteller
2. .................
3. sich nicht eines Verhaltens schuldig gemacht hat, aus dem sich seine Unwürdigkeit oder Unzuverlässigkeit zur Ausübung des ärztlichen Berufs ergibt,
4. nicht in gesundheitlicher Hinsicht zur Ausübung des Berufs ungeeignet ist,
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| **Schlüsselliste 1:** STAATSANGEHÖRIGKEIT | | | | | | | |
| Ägypten | ET | Georgien | GO | Madagaskar | RDM | Senegal | SN | | |
| Äquatorialguinea | **AEQ** | Ghana | **GH** | Malawi | **MW** | Serbien/Montenegro | **SCG** | | |
| Äthiopien | **ETH** | Gibraltar | **GBZ** | Malaysia | **MAL** | Seychellen | **SY** | | |
| Afghanistan | **AFG** | Grenada (Westindien) | **WG** | Malediven | **MLD** | Sierra Leone | **WAL** | | |
| Albanien | **al** | Griechenland | **GR** | Mali | **RMM** | Simbabwe | **ZW** | | |
| Algerien | **dz** | Großbritannien u. Nordirland | **GB** | Malta | **M** | Singapur | **SGP** | | |
| Andorra | **and** | Guatemala | **GCA** | Marokko | **MA** | Slowakei | **SQ** | | |
| Angola | **ang** | Guinea | **RG** | Marshallinseln | **MH** | Slowenien | **SLO** | | |
| Antarktis-Territorium | **ANT** | Guinea-Bissau | **GUB** | Mauretanien | **RIM** | Somalia | **SP** | | |
| Antigua und Barbuda | **AG** | Guyana | **GUY** | Mauritius | **MS** | Spanien | **E** | | |
| Arabische Emirate | **UAE** | Haiti | **RH** | Mazedonien | **MK** | Sri Lanka | **CL** | | |
| Argentinien | **ra** | Honduras | **RHO** | Mexiko | **MEX** | St. Kitts und Nevis | **STK** | | |
| Armenien | **ARM** | Indien | **IND** | Mikronesien | **FM** | St. Vincent + die Grenadinen | **WV** | | |
| Aserbaidschan | **AZ** | Indonesien | **RI** | Moldau, Rep. (Moldawien) | **MOL** | Sudan | **SUD** | | |
| Ascension + St. Helena | **SH** | Irak | **IRQ** | Monaco | **MC** | Südafrika | **ZA** | | |
| Australien | **Aus** | Iran | **IR** | Mongolei | **MON** | Suriname | **SNE** | | |
| Bahama-Inseln | **BS** | Irland | **IRL** | Mosambik | **MOZ** | Swasiland | **SD** | | |
| Bahrain-Inseln | **BRN** | Island | **IS** | Myanmar | **BUR** | Syrien | **SYR** | | |
| Bangladesch | **bd** | Israel | **IL** | Namibia | **SWA** | Tadschikistan | **TAD** | | |
| Barbados | **BDS** | Italien | **I** | Nauru | **NAU** | Taiwan | **RC** | | |
| Belgien | **b** | Jamaika | **JA** | Nepal | **NEP** | Tansania | **EAT** | | |
| Belize | **BH** | Japan | **J** | Neuseeland | **NZ** | Thailand | **T** | | |
| Benin | **dy** | Jemen | **ADN** | Nicaragua | **NIC** | Tibet | **TIB** | | |
| Bhutan | **BHU** | Jordanien | **JOR** | Niederl. Antillen (einschl. Curacao) | **NA** | Togo | **TG** | | |
| Bolivien | **bol** | Kambodscha | **K** | Niederlande | **NL** | Tonga | **TON** | | |
| Bosnien-Herzegowina | **BIH** | Kamerun | **CAM** | Niger | **RN** | Trinidad und Tobago | **TT** | | |
| Botsuana | **RB** | Kanada | **CDN** | Nigeria | **WAN** | Tschad | **TSC** | | |
| Brasilien | **br** | Kap Verde | **CV** | Norwegen | **N** | Tschechische Republik | **CZ** | | |
| Brunei Darussalam | **BRU** | Kasachstan | **KAS** | Österreich | **A** | Türkei | **TR** | | |
| Bulgarien | **bg** | Katar | **Q** | Oman | **OM** | Tunesien | **TN** | | |
| Burkina Faso | **bf** | Kenia | **EAK** | Pakistan | **PK** | Turkmenistan | **TUR** | | |
| Burundi | **bu** | Kirgisistan | **KIR** | Palau | **PW** | Tuvalu | **TUV** | | |
| Chile | **rch** | Kiribati | **KI** | Panama | **PA** | Uganda | **EAU** | | |
| China Taiwan (Taiwan, Formosa) | **rc** | Kolumbien | **CO** | Papua-Neuguinea | **PNG** | Ukraine | **UA** | | |
| China (Volksrepublik) | **tj** | Komoren | **KOM** | Paraguay | **PY** | Ungarn | **H** | | |
| Costa Rica | **cr** | Kongo, Republik | **CG** | Peru | **PE** | Uruguay | **ROU** | | |
| Côte d’Ivoire | **ci** | Kongo, Dem. Republik | **CD** | Philippinen | **RP** | Usbekistan | **USB** | | |
| Dänemark | **dk** | Korea, Dem. Volksrepublik (Nord-) | **DVK** | Pitcairn-Inseln | **PIT** | Vanuatu | **VAN** | | |
| Deutschland | **d** | Korea, Dem. Republik (Süd-) | **ROK** | Polen | **PL** | Vatikanstadt | **V** | | |
| Dominikanische Republik | **dom** | Kroatien | **HR** | Portugal | **P** | Venezuela | **YV** | | |
| Domonica (Westindien) | **WD** | Kuba | **C** | Ruanda | **RWA** | Vereinigte Arabische Emirate | **UAE** | | |
| Dschibuti | **DS** | Kuwait | **KWT** | Rumänien | **RO** | Vereinigte Staaten von Amerika | **USA** | | |
| Ecuador | **ec** | Laos | **LAO** | Russische Förderation | **RUS** | Vietnam | **VN** | | |
| El Salvador | **es** | Lesotho | **LS** | Salomonen | **SAL** | Weißrussland | **BY** | | |
| Eritrea | **ERT** | Lettland | **LV** | Sambia | **Z** | West Samoa | **WS** | | |
| Estland | **eST** | Libanon | **RL** | Samoa | **WS** | Zentralafrikanische Republik | **RCA** | | |
| Fidschi Fiji | **FJI** | Liberia | **LB** | San Marino | **RSM** | Zypern | **CY** | | |
| Finnland | **fin** | Libyen | **LAR** | Sao Tome und Principe | **STP** |  |  | | |
| Frankreich | **f** | Liechtenstein | **FL** | Saudi Arabien | **SA** | Staatenlos | **XXX** | | |
| Gabun | **G** | Litauen | **LT** | Schweden | **S** |  |  | | |
| Gambia | **WAG** | Luxemburg | **L** | Schweiz | **CH** |  |  | | |

**- nur vom Prüfungsamt auszufüllen -**

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| **Bearbeitungsvermerke:** Sachbearbeiter Datum | | |
| Antrag vorgeprüft; Meldebelegdaten geprüft |  |

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| Die nach § 10 Abs. 4 ÄAppO geforderten Sachbearbeiter Datum | | |
| Antragsunterlagen sind vollständig;  Zulassungsschreiben fertigen |  |

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| Saal LPA-Nr. Unterlagen | | | | | | | | | | | | | | | | | | | | | | | | |
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| Meldung Wiederh. | | | | | | | | | | | | | | | | | | | | | | | | | |
| schriftl. mündl. schriftl. mündl. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Letzte Prüfungsteilnahme bzw. letzte Prüfungsmeldung | | | | | | | | | | | | | | | | | | | | | | | | |
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| Zuordnung nach § 14 Abs. 6 | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  | Referenz-  gruppe |  | Rest-  gruppe |  |  |  |  |  |  |  |  |  |  |

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| Erster Abschnitt bzw. Ärztliche Vorprüfung bestanden | | | | | | | | | | | | | | | | | | | | | | | | |
| Termin LPA LPA-Nr. | | | | | | | | | | | | | | | | | | | | | | | | |
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| Bemerkungen | | |
|  |  |

1. \* Einzutragen sind nur Noten, die im Rahmen eines in Deutschland absolvierten Medizinstudiums vergeben wurden. [↑](#footnote-ref-1)
2. \* Einzutragen sind nur Noten, die im Rahmen eines in Deutschland absolvierten Medizinstudiums vergeben wurden. [↑](#footnote-ref-2)