PTK Bayern

Bayerische Landeskammer der
Psychologischen Psychotherapeuten und der
Kinder- und Jugendlichenpsychotherapeuten

Postfach 151506
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| Bitte IMMER ausfüllen!

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| [ ]  Ich habe eine KV-Zulassung/Ermächtigung seit:

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| [ ]  Ich bin Angestellte/r in einem nach § 108 SGB V zugelassenen Krankenhaus seit:

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|[ ]  Sonstige Tätigkeitsfelder: |
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| Bitte hier Barcode-Etikett mit Namen und EFN-Nummer einkleben und/oder ggf. Mitgliedsnummer

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| Jahresübersicht

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| [ ]  Ich reiche hiermit meine Jahresübersicht ein (bitte Beiblatt verwenden). |

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| Fortbildungsbescheinigung/Fortbildungszertifikat

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| [ ]  Ich habe 250 Fortbildungspunkte erworben und beantrage hiermit die Ausstellung eines Fortbildungszertifikats / einer Fortbildungsbescheinigung. |

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| Bitte beachten Sie: Für eine kostenfreie Bearbeitung Ihrer Fortbildungspunkte, senden Sie uns bitte Ihre Jahresübersicht jährlich zu. Der Nachweiszeitraum umfasst 12 Monate. Danach haben Sie noch 3 Monate Zeit diese einzureichen.Bei Jahresübersichten, die nach diesen 3 Monaten eingehen sowie bei Teilnahmebescheinigungen von Veranstaltungen, die vor mehr als 15 Monaten stattgefunden haben, wird pro Jahr eine Bearbeitungsgebühr in Höhe von 30,00 € fällig. |
| Beispiel: Jahresübersicht 1.1.2017 – 31.12.2017Für eine gebührenfreie Bearbeitung muss die Jahresübersicht bis spätestens 31.3.2018 bei uns eingehen. |

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| Ort / Datum |  | Unterschrift  |

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| Eingereichter Zeitraum von |

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| Bitte **Nachweise** zu den einzelnen Veranstaltungen **in** **Kopie** beilegen.Die **Kategorien** können Sie zur jeweiligen Veranstaltung selbst eintragen.

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| Fortbildungsart /Kategorie | Datumvon ... bis ... | Veranstaltungs- bzw. Akkreditierungsnummer / Thema | Punkte |
| E | Selbststudium durch Fachliteratur/Lehrmittel |      |
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| Ort / Datum, |  | Unterschrift  |