PTK Bayern

Bayerische Landeskammer der   
Psychologischen Psychotherapeuten und der   
Kinder- und Jugendlichenpsychotherapeuten

Postfach 151506  
80049 München

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| Bitte IMMER ausfüllen!   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Ich habe eine KV-Zulassung/Ermächtigung seit:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Ich bin Angestellte/r in einem nach § 108 SGB V  zugelassenen Krankenhaus seit:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | Sonstige Tätigkeitsfelder: | | | |  |  | | | |  | ab | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Bitte hier Barcode-Etikett mit  Namen und EFN-Nummer  einkleben und/oder  ggf. Mitgliedsnummer   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | | |
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| Jahresübersicht   |  | | --- | | Ich reiche hiermit meine Jahresübersicht ein (bitte Beiblatt verwenden). | |
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| Fortbildungsbescheinigung/Fortbildungszertifikat   |  | | --- | | 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 – 31.12.2017  Für 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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| |  |  |  |  | | --- | --- | --- | --- | |  | Monat Jahr |  | Monat Jahr | | Eingereichter Zeitraum von | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | bis einschließlich | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | |

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| Bitte **Nachweise** zu den einzelnen Veranstaltungen **in** **Kopie** beilegen.  Die **Kategorien** können Sie zur jeweiligen Veranstaltung selbst eintragen.   |  |  |  |  | | --- | --- | --- | --- | | Fortbildungsart /  Kategorie | Datum von ... bis ... | Veranstaltungs- bzw.  Akkreditierungsnummer / Thema | Punkte | | E | Selbststudium durch Fachliteratur/Lehrmittel | |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  | | |  | |  | | Summe Punkte |  | |

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| Ort / Datum  , |  | Unterschrift |