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| **Universität Basel** | | | | | | | | | | | | | | | | | | |
| Medizinische Fakultät | | | | | | | | | | | | Basel, | | | Datum | | | |
| **FAKULTÄTSANTRAG AN DIE REGENZ** | | | | | | | | | | | | | | | | | | |
| **Genehmigung zur Verleihung des Grades Dr. habil. und des Titels einer Privatdozentur** | | | | | | | | | | | | | | | | | | |
| Titel, Vorname Name, geb.-Datum | | | | | | | |  | | | | | | | | | | |
| Adresse | | | | | | | |  | | | | | | | | | | |
| Heimatort/Nationalität | | | | | | | |  | | | | | | | | | | |
| für Fach | | | | | | | |  | | | | | | | | | | |
| **Akademischer Werdegang (Stichworte):** | | | | | | | | | | | | | | | | | | |
| Studium, von-bis, Ort | | | | | |  | | | | | | | | | | | | |
| Promotion: Jahr, Ort | | | | | |  | | | | | | | | | | | | |
| Weitere Titel Jahr, Ort | | | | | |  | | | | | | | | | | | | |
| Assistenzarztzeit von-bis, Ort | | | | | |  | | | | | | | | | | | | |
| OA, Spital …, Fach, von-bis | | | | | |  | | | | | | | | | | | | |
| LA, Spital….Fach, von-bis | | | | | |  | | | | | | | | | | | | |
| Auslandsaufenthalte: von bis, (Ort) | | | | | |  | | | | | | | | | | | | |
| aktuelle Position | | | | | |  | | | | | | | | | | | | |
| **Lehre: (nur betreffend Studenten der Med. Fakultät; \*Total letzte 2 Jahre)** | | | | | | | | | | | | | | | | | | |
| Vorlesungen\*  (Stunden) | | Tutoriate\* | | | | OSCE, Prüfungen\* | | | | Kurse für Studenten\* | | | Betreuung Masterarbeiten | | | Betreuung Dissertationen | | |
|  | |  | | | |  | | | |  | | |  | | |  | | |
| **Publikationen**: (nur Papers gemäss Reglement) | | | | | | | | | | | | | | | | | | |
| Erstautor | | | Letztautor | | Koautor | | | | Reviews | | | | | Case Reports | | | Buchkapitel | |
|  | | |  | |  | | | |  | | | | |  | | |  | |
| **Drittmittel**: (x 1000, CHF) | | | | | | | | | | | | | | | | | | |
| Kompetitiv  Peer reviewed | | | | Private Stiftungen | | | | | Industrie | | | | | | Anderes | | | |
| PI | CA | | | PI | | | CA | | PI | | CA | | | | PI | | | CA |
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| **Thema Habilitation:** |  | | |
| **Fachvertreter:** | |  | |
| **Die nachfolgenden Angaben werden vom Dekanat ausgefüllt** | | |
| **Gutachter:** 1 intern / 1 extern | | |
| **Probevortrag:** XX, 18.15 Uhr, Hörsaal 1, Klinikum 1, USB | | |
| **Thema Probevortrag:**  Thema | | |
| **Vertreter der Regenz:** Prof. Dr. | | |
| **Beschluss der Medizinischen Fakultät:** | | |
| **Stimmenverhältnis Fakultät:** | | |