
(Seal of the teaching hospital)

Certificate concerning practical training

The Student of Medicine: _____

Date of birth: _____

Place of birth: _____

has regularly participated in the following institution, under my supervision and guidance in the training in:

(Name of specialty)

Duration of the education: from: _____ to: _____

Missed days of education: from: _____ to: _____

This education comprised the following:

(more space on reverse side to continue)

This hospital, the training has been located, is a Teaching Hospital of the Medical Faculty of:

(Name of the University)

We hereby confirm that during his/her stay the medical student had the same rights, responsibilities and duties as a regular medical student of the apprenticing University on clinical placements. Additional we confirm, that the student was able to communicate with staff and patients.

(Date, Place)

(Signature of the physician in charge of the medical education)

Seal of the University